

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Estimate

Date 9/13/88

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

of Dorothy E. Lukes

in a Double Crypt Vault/Urns Funeral, date, time \_\_\_\_\_

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

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes - 2 yrs U.S. Army

Lot 3163 Grave      Row      Section      Division/Block 10

Grave space & Care Fund Transferred by owner \_\_\_\_\_

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

Opening/Closing & Setup \_\_\_\_\_ 2nd Burial 320.00

Burial Container Double Crypt \_\_\_\_\_ 330.00

Handling Fees labor \_\_\_\_\_ 320.00

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

Recording and filing fee \_\_\_\_\_ 35 35.00

Sales taxes \_\_\_\_\_ 21.45

Total Due 1026.45

*Paid in full  
4/2/92*

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

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

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

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

*\** \_\_\_\_\_  
Signature of record holder of deed

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

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

Work Order # E 7701  
PV-883 (REV. 8-88)

*En need*  
 MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Estimate

Date 9/13/84

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

of Dorothy E. Lukas

in a Double Crypt 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 Yes - 2-yr U.S. Army

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Transferred by owner \_\_\_\_\_

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

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

Burial Container Double Crypt \_\_\_\_\_ 2nd Burial 320.00

Handling Fees labor \_\_\_\_\_ 320 320.00

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

Recording and filing fee \_\_\_\_\_ 35 35.00

Sales taxes \_\_\_\_\_ 35.00 21.45

Total Due 1026.45

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

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

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

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

*\* Frederick A. Kuras*  
 Signature of recorded holder of deed

Signature 124 Park Blvd.

Address St. Cajon, CA 92021

Phone 444-7205 Ex/Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 7701**

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

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

AUG 6-1988

E-7701

MT HOPE CEMETERY :-

THIS LETTER IS WRITTEN TO TELL YOU  
THAT MT. HOPE CEMETERY LOT 3163 DIV. 10  
WILL BE USED BY MY SON'S WIFE DORTHY  
KLUKAS WHO IS DYING OF TERMINAL CANCER.

IF YOU DESIRE MORE INFORMATION MY  
PHONE NO IS 444-5956. IT IS IN THE  
PHONE BOOK.

THANK YOU,

Frank Klukas

★  
★ F A KLUKAS  
★ 11447 FUERTE DR  
EL CAJON, CA 92020

9/13/88

Will mail in signed Paper -

Start a trust  
for Dorothy or Wm.  
Klukas -

124 Park Blvd

El Cajon Ca 92021

Phone # 444-9205

---

at \$25<sup>00</sup> per month  
Mail out Booklet

---

any Bal due at time  
of need payable in  
30 days

RECEIVED

SEP 13 1988

MT. HOPE CEMETERY

E-7701

OFFICIAL RECEIPT



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

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

E-7701  
No 42088

From: William X. X. X. Address: 121 Park Blvd, El Cajon Date: 4-6, 1992  
Two Hundred Three Dollars (\$ 203.00)  
In full Payment of Pre Need Trust

Lot 3143 Grave — Row — Section — Division Block 10

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

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

W.O. E-7701

BALANCE DUE ✓

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

4524

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

ISSUED BY

J. X. X.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>203.00</u>
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>203.00</u>

OFFICIAL RECEIPT



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

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

E 7701  
No 42050

From William Kluck Address: 124 Park Blvd, El Cajon 92021 Date: 3-25, 19 92  
Arthur Deane TR/W Dollars (\$ 67 )  
In \_\_\_\_\_ Payment of Pre-Need Trust

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7701  
BALANCE DUE \$178.

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

CREDIT	67007	
20% Sales Care	77184	
50% 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	83033	<u>67 W</u>
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>67 W</u>

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

AC-212 (Rev. 1-91) 4507

ISSUED BY J. White

OFFICIAL RECEIPT



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

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

E 7701  
No 42026

From: William Lukas Address: 124 Park Blvd, El Cajon, Calif Date: 3/14 1952  
Sixty-seven 70/10 Dollars (\$) 67.00  
In \_\_\_\_\_ Payment of Pre-Need Trust

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

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7701  
BALANCE DUE 8245.-

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

AC-212 (Rev. 1-91)

4500

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		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>67.00</u>	<u>67.00</u>

OFFICIAL RECEIPT



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

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

E7701  
 No 41833

From William Klukas Address: 124 Park Blvd, #2 Date: 2/3, 1992  
Sixty - Seven Dollars (\$ 67.00)  
 In \_\_\_\_\_ Payment of Pre-Need Trust

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

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7701  
 BALANCE DUE \$312.-

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		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	60033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>67</u>	<u>00</u>

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

4465

OFFICIAL RECEIPT



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

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

E7701  
 No 41726

From William Kupas Address: 124 Park Blvd, E.C. 92021  
Sixty-seven Dollars (\$ 67.00)  
 In Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave 1 Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7701  
 BALANCE DUE \$379 -

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

AC-212 (Rev. 1-91) 4435

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>67.00</u>
	9022	
Sales Tax	60101	
	75390	
TOTAL PAID	\$	<u>67.00</u>

OFFICIAL RECEIPT



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

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

E7701  
No 41672

Date: 12-18-, 1991

From: Doonally William Klukas Address: 127 PINKBLVD. LA CAJON, CA 92021

Fifty Seven AND 00 Dollars (\$ 67.00 )

In Part Payment of Pre-Need Trust

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

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

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

W.O. E-7701

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

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

# 4417  
AC-212 (Rev. 4-91)

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

CITY AUDITOR  
DEC 21 1991

006990

ISSUED BY Rand Jones

CREDIT	67007		
20% Sales Tax	77184		
Area Fee of Lots	100		
	77184		
Opening/Closing	100		
Burial Containers	77181		
	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		67.00
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$		67.00

OFFICIAL RECEIPT



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

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

E7701  
 No 41552

Date: 11-22-1991

From William Plukas Address: 124 Park Blvd El Cajon Ca. 92021

Sixty Seven and 00/100 Dollars (\$ 67<sup>00</sup>)

In Lot Payment of Pre-need Trust

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

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

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

W.O. E-7701

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

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

AC-212 (Rev. 7-81) #4384

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	53033	<u>67<sup>00</sup></u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>67<sup>00</sup></u>

OFFICIAL RECEIPT



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

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

E 7701  
 No 41426

Date: 10-25, 1991  
 From William Lukas Address: 124 Park Blvd, El Cajon, 92021  
Sixty Seven ( 7701/10 ) Dollars (\$ 67.00 )  
 In \_\_\_\_\_ Payment of Pre-Need Trust

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

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7701  
 BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 1-81) 4361

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

ISSUED BY J. [Signature]

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	83033	<u>67.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>67.00</u>

OFFICIAL RECEIPT



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

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

E 7701  
 No 41280

From: William Stipan Address: 1201 Park Blvd, El Cajon, CA 92021  
July Seven Dollars (\$ 670)  
 in \_\_\_\_\_ Payment of Pre-Need Trust

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

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7701  
 BALANCE DUE 8647.00

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	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	53033	<u>670</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>670</u>

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

OFFICIAL RECEIPT



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

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

E7701  
 No 39676

Date: 9.7.90, 1990

From: William A Kluk Address: 10' Pa. Blvd El Caimo 92021

Twenty-five and 00/100 Dollars (\$ 25.00 )

In part Payment of Pre need trust

Lot 3113 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. E-7701

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	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

E7701  
 No 41222

Date: 5-6, 1990

From: William Lukas Address: 124 Park Blvd El Cajon 92022  
Sixty-seven & 00/100 Dollars (\$ 67.00 )

In part Payment of part pre-need trust

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

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7701  
 BALANCE DUE 43.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>67.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>67.00</u>

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

ISSUED BY [Signature] 430

OFFICIAL RECEIPT

E17701



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

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

No 39452

Date: 7-5, 1990

From: WILLIAM A KLUMPS Address: 124 PARK BLVD.

FIFTY DOLLARS +  $\frac{20}{100}$  Dollars (\$) 50.00

In \_\_\_\_\_ Payment of PRE NEED TRUST

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. F-7701

BALANCE DUE 806.00

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

AC-212 (Rev. 10-87) # 3923

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>50</u>	<u>00</u>
	9022		
Sales Tax	60101		
	75390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

E7701  
 No 39313

Date: 6-4, 1990

From: WILLIAM KLUKAS Address: 724 PARK BLVD.

TWENTY FIVE DOLLARS & 00/100 Dollars (\$ 25.00 )

In \_\_\_\_\_ Payment of PRE NEED TRUST

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

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7701  
 BALANCE DUE 856.00

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

AC-212 (Rev. 10-87)

#3891

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		
Opening/ Closing	77184		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	63033	<u>25</u>	<u>00</u>
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

CITY AUDITOR  
 JUN 08 1990

OFFICIAL RECEIPT



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

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

E7701  
 No 39187

Date: 5-4, 1990

From: William Kuban Address: 124 Park Blvd

In Trust Payment of Pre-Need Trust Dollars (\$ 25.00 )

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

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

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

W.O. F-9701

BALANCE DUE 8766.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

Bill

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

CITY AUDITOR  
 MAY 14 1990

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	80101		
	78380		
TOTAL PAID	\$	<u>25.00</u>	

OFFICIAL RECEIPT



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

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

CITY AUDITOR

E7701  
No 39097

APR 16 1990

Date: 4-6, 1990

From: William A. Klukas Address: 124 Park Blvd

Twenty Five dollars Dollars (\$) 25.00

In \_\_\_\_\_ Payment of Preneed Trust Coupon # 19

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. E7701

BALANCE DUE 906 00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

3838

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

ISSUED BY

*[Handwritten 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	<u>25 00</u>
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>25 00</u>

OFFICIAL RECEIPT



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

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

CITY AUDITOR

E 7701  
 No 38988

MAR 20 1990

Date: 3-9- 1990

From: William A. KUKA- Address: 124 PARK BLVD, EL CAJON, CA 92021

In paid Payment of Preneed Trust Coupon #18 Dollars (\$ 251.00)

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. E 7701

BALANCE DUE 931.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

3808

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

ISSUED BY W. J. League

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	8022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



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

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

E 7701  
 NR 38704

From: William Kulas Address: 124 Park Blvd, El Cajon Date: 12 22, 1989

In fifty dollars plus Dollars (\$) 50.00  
 Payment of grave 16917 Placed Trust

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

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7701  
 BALANCE DUE 756.00

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 Andrea Vail

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	50.00
	9022	
	80101	
	78390	
		50.00

CITY AUDITOR  
 JAN 02 1990

3738

OFFICIAL RECEIPT



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

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

E7701  
 112 38090

Date: 10-31, 1989

From: William Ukas Address: 124 Park Blvd

In 50 dollars Payment of coupon 17815 Funeral Trust Dollars (\$ 50.00)

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-1701  
 BALANCE DUE 1006 00

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

AC-212 (Rev. 10-87) 3623

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

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>50 00</u>
Sales Tax	80101	
	76380	
TOTAL PAID	\$	<u>50 00</u>

NOV 05 1989

AUDITOR

OFFICIAL RECEIPT



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

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

E 7701  
 No 37987

From: William Klukas Address: 124 Fort Blvd, El Cajon, CA Date: 10-2, 1989  
Twenty-five no/10 Dollars (\$) 25.00 2021  
 In \_\_\_\_\_ Payment of Can pr 13 preneed trust

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7701  
 BALANCE DUE 1056.00

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

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

ISSUED BY Linda Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR  
 OCT 10 1989

OFFICIAL RECEIPT



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

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

NO E7701  
38459

From: William Klukas Address: 124 Oak Blvd, El Cajon  
Twenty-five dollars Dollars (\$ 25.00)  
 In Payment of Funeral Trust August 12

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 1-7701  
 BALANCE DUE 125.00

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	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	77183	<u>25.00</u>

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

3615

CITY AUDITOR  
 SEP 05 1989

OFFICIAL RECEIPT



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

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

E 7701  
No 38339

Date: Aug 1, 1989

From: William Klicker Address: 120 Park Blvd

Twenty five Dollars (\$ 25.00)

In part Payment of Pre-need Trust Coupon II

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. 57701

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

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

3571

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

ISSUED BY R. Jensen

CREDIT	67007	
20% Sales Tax	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25</u>
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25</u>

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

E 7701  
 No 38223

From: William Klukas Address: 124 Park Blvd. Col Cajon Ca 92021 Date: 7-5, 1989  
Twenty-five dollars & 00/100 Dollars (\$ 25.00)  
 In full Payment of Cemetary # 10 pre-need trust

Lot: 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

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

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

W.O. E-7701

BALANCE DUE 1,312.50

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

3500

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

ISSUED BY

Harriet Black

CREDIT	67007	
20% Sales Care	77184	CITY AUDITOR
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	JUL 10 1989
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>25.00</u>
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



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

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

E 7701  
 No 37882

From: William Klukas Address: 124 Park Blvd, San Diego Date: 6-1, 1989  
Twenty-five Dollars (\$ 25.00)  
 In Payment of Coupon 9 Funeral Trust

Lot: 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7701  
 BALANCE DUE 1156.25

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

AC-212 (Rev. 10-87) 3509

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

**CITY AUDITOR**  
**JUN 09 1989**

ISSUED BY Linda Wood

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	
	100	
	77183	
	63033	<u>25.00</u>
	9022	
	60101	
	78390	
		<u>25.00</u>

E 7701  
No 37720

OFFICIAL RECEIPT

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



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

Date: 5-1 1989

From: William A Klukas Address: 124 Park Blvd. El Cerrito, Ca 92021

Twenty-five dollars & 00/100 Dollars (\$ 25.00 )

In: Payment of COUPON # 8 Pre-need

Lot 3163 Grave      Row      Section      Division Block 10

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

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

W.O. E-7701

BALANCE DUE 1,181.25

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

3478

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

ISSUED BY Mrs Black

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	<u>25 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25 00</u>

CITY AUDITOR  
MAY 8 1989

E-7701  
No 37591

OFFICIAL RECEIPT

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



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

From: William Klutas Address: 124 Park Blvd, E.C. Date: 4-3, 1989  
Twenty five no/10 Dollars (\$) 25.00  
In Payment of Conjugal 7 Preneed

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-7701  
BALANCE DUE 1206.25

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE  
**CITY AUDITOR**  
**APR 05 1989**  
ISSUED BY Jordan [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77188		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>25.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
AG-212 (Rev. 10-87) 3452

OFFICIAL RECEIPT

E7701  
No 37417



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY

254-3151

From: William Ukas Address: 124 Park Blvd, St Louis  
Date: 3-1 1989

In: Twenty five Dollars (\$ 25.00)  
Payment of coupon 6 Mount St Bernard

Lot: 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7701  
BALANCE DUE 1231.25

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

CITY AUDITOR  
MAR 06 1989

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Grav. Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	<u>25.00</u>
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>25.00</u>

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

3419

ISSUED BY Linda Ward

E7701  
No 37290

OFFICIAL RECEIPT

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



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

From: William Klukas Address: 424 Park Blvd. El Cerrito  
Twenty-five No 1125 Date: 2-1 1989  
In: Payment of Coupon 5 Pre-need Trust Dollars (\$ 25.00)

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7701  
BALANCE DUE 1256.25

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

3396

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

CITY AUDITOR  
FEB 06 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	83033	25 00
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	25 00

E7701  
No 37153

OFFICIAL RECEIPT

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



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

From: William Klutas Address: 124 Port Blvd, El Cajon  
twenty-five rd/02 Date: 1-3 1989  
In: Payment of coupon of Preced Trust Dollars (\$ 25.00)

Lot 2163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7701  
BALANCE DUE 128.25

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
3366

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
CITY AUDITOR  
JAN 09 1989  
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>25 00</u>
	9022	
	60101	
	76390	<u>25 00</u>

E 7701  
No 37028

OFFICIAL RECEIPT

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



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

Date: 12-2 1988

From: William A Klukas Address: 124 Park Blvd. El Cajon Ca 92021

Twenty five dollars & 00/100 Dollars (\$ 25.00 )

In: put Payment of pre-need trust coupon #3

Lot: 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block: 10

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

Acct. No. E-7701

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

BALANCE DUE 1306.25

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

AC-212 (Rev. 10-87)

3998

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	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78300	
TOTAL PAID	\$	<u>25.00</u>

Recorded

OFFICIAL RECEIPT



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

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

E 7701  
 No 36911

From: William A Klukas Address: 134 Park Blvd. El Cajon, Ca 92021 Date: 11-3 1988  
Twenty-five dollars & 00/100 Dollars (\$ 25.00)  
 In part Payment of credit sales coupon #2

Lot 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. E-7701  
 W.O. \_\_\_\_\_  
 BALANCE DUE 1,331.25

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

ISSUED BY J. Black

CREDIT	57007	
20% Sales Cars	77184	
80% Sales of Lots	77184	<u>25.00</u>
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 3306

OFFICIAL RECEIPT



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

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

E 1701  
 No 36821

From: William Clark Address: 124. Park Blvd. El Cerrito  
twent - five Dollars (\$ 25.00)  
 In Payment of coupon 1 Pre-need Trust

Lot: 3163 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-1701  
 BALANCE DUE 1356.25

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
328

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	87007	
20% Sales Care	77184	
60% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	60101	
TOTAL PAID	78390	<u>25.00</u>

Send or bring one coupon with each remittance

**COUPON**

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7701

Preneed Trust

William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021

**Month and Day Due Indicated Below**

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

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



\$ 25.00

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**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7701

Preneed Trust

William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021

**Month and Day Due Indicated Below**

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

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

▶ \$ 25.00

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**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7701**

**Proneed Trust**

**William & Dorothy Klukas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

Amount due when paid on, or before  
due date above

\$ **25.00**

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

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

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

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

*CB # 3338  
12/3/8*

Send or bring one coupon with each remittance

**COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7701**

**Preneed Trust**

**William & Dorothy Klukas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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

\$ 25.00

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**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7701**

**Preneed Trust**

**William & Dorothy Klukas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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**

**6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

**Preneed Trust**

**William & Dorothy Klukas**  
**124 Park Blvd.**  
**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **H-7701**

**Preneed Trust**

**William & Dorothy Klukas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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



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

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

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

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

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

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7701**

**Preneed Trust**

**William & Dorothy Klukas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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

\$ **25.00**

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

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

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

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-7701**

**Pruned Trust**

**William & Dorothy Klukas**

**124 Park Blvd.,**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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



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

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

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7701**

**Pressed Trust**

**William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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



\$ \_\_\_\_\_ +

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

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7701**

**Pruned Trust**

**William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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



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

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

Amount Received

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

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

check (✓) if this is new address

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

**12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

**Pruned Trust**

**William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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



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

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

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

check (  ) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7701**

**Pressed Trust**

**William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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

▶ \$ **25.00**

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

▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7701**

**Preneed Trust**

**William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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

 \$ **25.00**

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

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

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

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

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

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

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

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

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

check (✓) if this is new address

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

**16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

**Pressed Trust**

**William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



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

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

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-7701**

**Pressed Trust**

**William & Dorothy Klukas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7701**

**Freedom Trust**

**William & Dorothy Kluhan**  
**124 Park Blvd.**  
**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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



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

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

Amount Received

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (  ) if this is new address

Use one coupon with each remittance

COUPON

18

NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7701

Pressed Trust

William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ 25.00

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



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

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

Amount Received

\$ 25.00

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. **2-7701**

**Fremont Trust**

**William & Dorothy Kishas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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. **B-7701**

**Proposed Trust**

**William & Dorothy Klukas  
124 Park Blvd.  
El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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



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

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

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-7701**

**Pruned Trust**

**William & Dorothy Kluge**  
**124 Park Blvd.**  
**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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. **E-7701**

**Pressed Trust**

**William & Dorothy Klukas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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

\$

**25.00**

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. **E-7701**

**Francis Trust**

**William & Dorothy Lukas  
124 Park Blvd.  
El Cajon, Ca 92021**

**Month and Day Due Indicated Below**

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

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



\$ **25.00**

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



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

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

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-7701**

**Fremont Trust**

**William & Dorothy Klukas**

**124 Park Blvd.**

**El Cajon, Ca 92021**

**SECOND COUPONS BOOK WILL BE FORWARDED**

**Month and Day Due Indicated Below**

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

Amount due when paid on or before  
due date above

\$ **25.00**

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**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pre-need Trust*

*Dorothy & William Klukas*

*124 Park Blvd.*

*El Cajon, Ca. 92021 E-7701*

**Month and Day Due Indicated Below**

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

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



\$ 67.00

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



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

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

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. *Pre-Need Trust*

*Dorothy & William Klukas*

*124 Park Blvd.*

*El Cajon, Ca. 92021*

*E-7701*

**Month and Day Due Indicated Below**

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

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



\$ *67.00*

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**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Trust*

*Dorothy & William Klukas*

*124 Park Blvd*

*El Cajon, Ca. 92021 E-7701*

**Month and Day Due Indicated Below**

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

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



\$ 67.00

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



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

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

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. *Pre-Need ~~Trust~~*

*Dorothy & William Klukas.*

*124 Park Blvd.*

*El Cajon, Ca. 92021 E-7701*

**Month and Day Due Indicated Below**

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

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



\$ *67.00*

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**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pre-need Trust*

*Donothy & William Klukas*

*124 Park Blvd.*

*El Cajon, Ca. 92021 E-7701*

**Month and Day Due Indicated Below**

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

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



\$ 67.00

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



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

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

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. *Pre-Need ~~Team~~*

*Dorothy & William Klukas*

*124 Park Blvd.*

*El Cajon, Ca: 92021 E-7701*

**Month and Day Due Indicated Below**

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

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



\$ 67.00

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**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pre-need Trust*

*Dorothy & William Klukas*

*124 Park Blvd.*

*El Cajon, Ca. 92021 E-7701*

**Month and Day Due Indicated Below**

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

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



\$ 67.00

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



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

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

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

check (  ) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need ~~Trust~~*

*Dorothy & William Klukas*

*124 Park Blvd.*

*El Cajon, Ca. 92021*

*E-7701*

**Month and Day Due Indicated Below**

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

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



\$ *67.00*

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



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

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

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pre-need Trust*

*Dorothy & William Klukas*

*124 Park Blvd.*

*El Cajon, Ca. 92021 E-7701*

**Month and Day Due Indicated Below**

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

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



\$ 67.00

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



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

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

Amount Received

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Edward Deun in a Bell Series <sup>Vault/Li</sup> Funeral, date, time Wed 10/19 2pm Church, Chapel, Graveside Ward & Howe; Lewis, Carl Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 37 Grave 4 Row \_\_\_\_\_ Section MAS Division/Block B

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

Additional spaces and care fund I need E-3038 \_\_\_\_\_

Opening/Closing & Setup (not guaranteed) 90.00

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

Handling Fees 39.50

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

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

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

Total Due 129.50

Paid receipt number 36859 129.50

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 \_\_\_\_\_

Louise Broderick  
Signature  
4922 Pacific Ln  
Address  
San Diego CA 92109  
State Zip Code  
619-581-6016  
Telephone

Work Order # E 7702

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

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7702

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ROY EDWARD DRUM</b>		SEX <b>male</b>	DATE OF BIRTH <b>Sept 22, 1914</b>	DATE OF DEATH <b>Oct 17, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Louise A. Broderick - sister</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>3091 El Cajon Blvd, Levia Colonial/Benbough San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>4922 Pacifica Drive San Diego, CA 92109</b>	

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a 2090 Buteville Rail Highway - Seaber</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a Bell Line</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 19 1988</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Roman</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/19/88</b> <b>37-4-MAS-B</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		

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

OFFICIAL RECEIPT



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

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

No 36859

Date: 10-18, 1988  
 From: Louise A. Brodwin Address: 4922 Roselea Dr.  
one hundred twenty-nine 50/100 Dollars (\$ 129.50)  
 In Payment of Roy Edward Drum  
 Lot 37 Grave 4 Row \_\_\_\_\_ Section 111A5 Division Block B

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7702  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
2454

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 OCT 31 1988  
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Core	77184	
80% Sales of Lots	100	
Opening/Closing	77184	90.00
Burial Containers	100	
	77182	39.50
Handling Fee	100	
Recording & Misc. Fee	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	83033	
	9822	
	80101	
	78390	
TOTAL PAID	\$	129.50

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10/17/88

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Geneva Somers

in a Linear Vault/Liner Funeral, date, time Tuesday 1 P.M. 10/18  
Church, Chapel, Graveside Chapel 4 GS; Merrill 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 108 Grave 6 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ... Single Burial Credit ..... 250.00

Additional spaces and care fund ... Box 2p 5 for 6 days .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... Onute Bell Liner - min ..... 100.00

Handling Fees ..... labor ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 650

Total Due ..... 857.50

Paid receipt number 36848- ..... 816.50

Balance due ..... 0

**PAID**  
OCT 17 1988

~~MT. HOPE CEMETERY~~ husband of the above named decedent  
~~CITY OF SAN DIEGO~~ has authority for the disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of dead \_\_\_\_\_

X. Harper Somers  
Signature  
5561 Santa Maria Lane  
Address  
San Diego Co. 92114  
City Zip Code  
264-2351  
Telephone

Work Order # E 7703

CV-683 (REV. 6-86)

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

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7703

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>GENEVA SOMERS</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>MAY 25, 1910</b>	DATE OF DEATH <b>OCT 14, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>HARPER I. SOMERS, HUSBAND</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MERLEY MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>5361 SANTA MARIA TERRACE SAN DIEGO, CA 92114</b>	

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal dealer in CA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell Line Held by Bill Kelley</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 17 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/18/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Loys W. Stelzer</b>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>108-6-2-11</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Sp Donald S. Cannon, P.M.D.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>		

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

OFFICIAL RECEIPT



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

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

No 36848

Date: 10/17, 1988

From: Harper Somers Address: 5361 Santa Monica Ave - D. 92114

In Full Payment of Interment of ad for Geneva Somers - dec Dollars (\$ 856.50 )

Lot 108 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7703  
 BALANCE DUE 0

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

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

CITY AUDITOR  
 OCT 19 1988

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	50	00
30% Sales	100	200	00
Of Lots	77184		
Closing/	100	320	00
Closing	77181		
Burial	100	100	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	35	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	6	50
	78390		
TOTAL PAID	\$	856	50

Credit Sale

MT. HOPE CEMETERY

**INTERMENT ORDER**

City of San Diego

Date

10/17/88

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

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 +

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 595.00

Additional spaces and care fund ..... none

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

Burial Container ..... at this time

Handling Fees ..... not arranged for

Flower vases - Marker setting fee ..... at this time

Recording and filing fee ..... not arranged for

Sales taxes ..... not arranged for

Total Due ..... 595.00

Paid receipt number #36864 ..... 25.00

Balance due 570.00

I hereby certify I am the myself # 44404 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

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

Signature John E. Cotton

Address 216-55-St. 92114

State San Diego CA

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

Telephone 619-266-0814

Work Order # E 7704

PY-883 (REV. 8-85)

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

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

NAME Cotton, John E.

ACCT. NO. E-7704

ADDRESS 216 55th Street, San Diego, Ca 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
10-17 88	Lot 628, Division 10	595.00			
10-19	Receipt # 36864			25 00	570 00
11-4 88	Receipt # 36923			2500	54500
12-5 88	Coupon # 3			2500	52000
1-4 89	Coupon # 4, Receipt 37161			2500	49500
3-1 89	Coupon # 6, Receipt 37414			5100	44400
4-24 89	Coupon 5, Receipt 37701			2500	41900
6-13 89	Coupon 7, Receipt 38155			2500	39400
7-6 89	Coupon 19, Receipt 38226			26 00	369 00
8-16 89	Coupon 11, Receipt 38432			2500	24400
9-26 89	Coupon 12, Receipt 37973			2500	319 00
9-27 89	Coupon 21, Receipt 37976			2500	294 00
11-24 89	Coupon 13 & 14, Receipt 38594			500	24400
1-29 90	Coupon 2, Receipt 38810			2500	2190
10-18-90	No Coupon # Receipt 41404			219 00	8

PAID IN FULL  
10-18-90

OFFICIAL RECEIPT



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

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

E 7704  
No 41404

Date: 10/18, 1991

From: JOHN E. COTTON Address: 216-55<sup>th</sup> ST, SAN DIEGO, CA 92114

TWO HUNDRED NINETEEN AND 00/100 Dollars (\$ 219<sup>00</sup> )

In Full Payment of credit lot.

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10

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

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

W.O. E-7704

BALANCE DUE 2

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) #3063

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

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>219<sup>00</sup></u>
Opening/ Closing	77181	
Burial Containers	77182	
Handling Fee	100	
Recording Misc. Fees	77185	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>219<sup>00</sup></u>

CITY AUDITOR

OCT 24 1991

OFFICIAL RECEIPT



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

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

E7704  
 No 36864

From: John E. Carter Address: 216 55th Street SD Date: 10-20 1988  
Attorney - fine no/100 Dollars (\$) 25.00  
 In \_\_\_\_\_ Payment of Credit for Sale

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7704  
 BALANCE DUE 570.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 OCT 31 1988  
 ISSUED BY Judith Ward

67007	
77184	
100	<u>25.00</u>
77184	
100	
77181	
100	
77182	
100	
77185	
100	
77183	
63033	
9022	
80101	
79390	
TOTAL PAID	\$ <u>25.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
2054

OFFICIAL RECEIPT



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

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

E 7704  
No 36923

From: John Callan Address: 216 55th Street, San Diego Date: 11-4, 19 88  
Parents - full roll Dollars (\$ 25.00)  
In \_\_\_\_\_ Payment of Mount pot

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7704  
BALANCE DUE 25.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
  
Andrea Pugh  
ISSUED BY \_\_\_\_\_

CREDIT	67007	
20% Sales Tax	77184	
60% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77186	
Recording & Misc. Fees	77189	
Pre-Need Trust	60033	
Sales Tax	60101	
	78390	
TOTAL PAID		<u>25.00</u>

CITY AUDITOR  
NOV 15 1988

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
AC-212 (Rev. 10-87) 2070

OFFICIAL RECEIPT



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

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

E 7704  
 No 37035

From: John E. Carter Address: 216 55th Street  
San Diego, Calif 92110  
 In \_\_\_\_\_ Payment of coupon & credit Dollars (\$ 25.00)

Date: 12-5 1988

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7704  
 BALANCE DUE 520.00

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

AC-212 (Rev. 10-87)

2035

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

CITY AUDITOR  
 DEC 9 1988

ISSUED BY Andrea Ward

CREDIT	57007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>25.00</u>
Planning/Clipping	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78290	
TOTAL PAID	\$	<u>25.00</u>

E 7704  
No 37161

OFFICIAL RECEIPT

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



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

Date: 1-4 1989

From: Johi Walter Address: 216. 55th Street, SD

Walter - your no 1100 Dollars (\$ 25.00 )

In Payment of Coupon & Credit for

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7704  
BALANCE DUE 445.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
CITY AUDITOR  
JAN 09 1989  
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
2085

E7704  
No 37414

OFFICIAL RECEIPT

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



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

Date: 2-1 19 89

From: John Cotton Address: 216 55th Street, SD 92114

In 51.00 Dollars (\$ 51.00)  
Payment of Coupon 586 Credit Lat

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-7704  
BALANCE DUE 444.00

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

CITY AUDITOR  
MAR 06 1989

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	51.00
Opening/Closing	77181	
Burial Containers	100	
77182	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
9022	9022	
Sales Tax	60101	
76360	76360	
TOTAL PAID	\$	51.00

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

AC-212 (Rev. 10-87) 234172342

ISSUED BY Andra Wood

E7704  
No 37701

OFFICIAL RECEIPT



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

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

From: John E. Cotton Address: 276 55th Street, SD  
Point, - fine 2/10 Date: 4-24 1989  
In \_\_\_\_\_ Payment of Coupon 5 Credit Lot Dollars (\$ 25.00)

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-17704  
BALANCE DUE 419.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25 00</u>

CITY AUDITOR  
MAY 01 1989

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
AG-212 (Rev. 10-87) 2379

OFFICIAL RECEIPT



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

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

E7704  
 NE 38155

Date: 6-13, 1989

From: John Patton Address: 216 55th Street, SD

In Parents - June 1989 Dollars (\$) 25.00  
 Payment of coupon 7 Credit Lot

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7704  
 BALANCE DUE 394.00

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	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

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

2414

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 **E 7704**  
**38226**

Date: July 6, 19 89

From: John E Cotton Address: 216 35<sup>th</sup> Street

Twenty five Dollars (\$ 25 00)

In Payment of Credit for credit lot

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. E-7704

BALANCE DUE 369.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

2252

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

ISSUED BY Sharon K Green

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>2 25 00</u>

**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

E 7704  
 No 38432

Date: 8-16, 1989

From: John E. Carter Address: 216 53th Street, SD

Twenty - Five Dollars (\$25.00)

In \_\_\_\_\_ Payment of Usage on 11 Credit Lot

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. 8-7704

BALANCE DUE 244.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 2460

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

CITY AUDITOR  
 AUG 21 1989

ISSUED BY Andrea [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78990	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



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

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

No. <sup>E7704</sup> 37973

From: John E. Cotton Address: 216 55th Street, San Diego  
the city, since noted  
 Dollars (\$) 25.00  
 In \_\_\_\_\_ Payment of Credit Lot Coupon 12

Date: 9-29, 1989

Lot 625 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E - 7704  
 BALANCE DUE 319.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

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

ISSUED BY [Signature]

CITY AUDITOR  
 OCT 02 1989



OFFICIAL RECEIPT



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

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

E-7704  
 38594

Date: 11-24 19 89

From: John E. Cotton Address: 216 55th Street, San Diego

fifty Dollars (\$ 50.00)  
 In Payment of Coupon 13 & 14 Credit Set

Lot 628 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. E-7704

BALANCE DUE 244.00

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

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

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

CITY AUDITOR  
 50  
 DEC 04 1989

2481-2547

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 267-3151

No **E-7704**  
**38810**

From: John E. Cotton Address: 216 55th St. S.D. 92114 Date: 1-29, 1990  
Twenty-Five Dollars Dollars (\$ 25.00)  
 In \_\_\_\_\_ Payment of Credit Lot

Lot 629 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7704  
 BALANCE DUE \$219.00

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

ISSUED BY J. White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

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

1967

Send or bring ~~any~~ coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7704

Credit Lot

John E. Cotton  
216 55th Street  
San Diego, Ca 92114

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										10	1990

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



\$ 25.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 26.00

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

ACCOUNT No.

E-7704

Credit Lot

John E. Cotton  
 216 55th 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.

▶ \$ 25.00

Amount due if paid more than 10 days  
 after due date above.

▶ \$ 1.00

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

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

ACCOUNT No.

E-7704

Credit Lot

John E. Cotton  
 216 55th 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.



\$ 25.00

Amount due if paid more than 10 days  
 after due date above.



\$ 1.00

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

Amount Received

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7704**

Credit Lot

**John E. Cotton**  
**216 55th 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.



\$ 25.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

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

NAME JOHN E. COTTON

ADDRESS 216-55-ST.

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-7704**

**Credit Lot**

**John E. Cotton  
216 55th 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.

\$ 25.00

Amount due if paid more than **10** days  
after due date above.

\$ 1.00

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

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

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

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

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

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

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

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7704**

**Credit Lot**

**John E. Cotton**

**216 55th Street  
San Diego, Ca 92114**

*APRIL*

**Month and Day Due Indicated Below**

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

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



\$ 25.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received

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

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

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

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

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

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

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7704**

**Credit Lot**

**John E. Cotton  
216 55th 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.



\$ 25.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received

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

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7704**

**Credit Lot**

**John E. Cotton  
216 55th 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:

**\$ 25.00**

Amount due if paid more than **10** days  
after due date above:

**\$ 1.00**

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

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON 12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7706**

**Credit Lot**

**John E. Cotton  
216 55th Street  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



**25.00**

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

Amount due if paid more than **10** days  
after due date above.



**1.00**

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

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

Amount Received

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7704**

**Credit Lot**

**John K. Cotton  
216 55th Street  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									<b>10</b> <i>2/27/76</i>		

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



\$ **25.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

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

Amount Received

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

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7706**

**Credit Lot**

**John E. Cotton  
216 55th Street  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



**25.00**

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

Amount due if paid more than **10** days  
after due date above.



**1.00**

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

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

Amount Received

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7704**

**Credit Lot**

**John E. Cotton  
216 55th Street  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



**25.00**  
\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**  
\$ \_\_\_\_\_

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

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

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

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

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

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7704**

**Credit Lot**

**John E. Cotton  
216 55th Street  
San Diego, Ca 92114**

**Month and Day-Due Indicated Below**

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

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



\$ **25.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

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

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

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

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

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

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

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

check (✓) if this is new address

J. E-7704

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 17 day of October, 1988, between John E. Cotton, 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 638, Grave —, Row —, Section —, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$          , payable as follows: \$ 525<sup>00</sup> cash herewith, the receipt of which is hereby acknowledged; \$ 25<sup>00</sup> on the 18 day of October, 1988; and the balance in installments of \$ 25<sup>00</sup> 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-7704

WITNESS our hands this day and year above written.

Deed to be issued to:

John E. Cotton  
Name

216-55th St  
Address

S.D. ~~92114~~ 92114

Payment book for  
22 @ \$25.00 mo.  
1 @ 20.00

PURCHASER

John E. Cotton

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: [Signature]

Credit Sale

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10/17/88

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

of Harper I Somers

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 Korea - Navy.

✓ Lot 108 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 36850 15.00

Balance due 235.00

} none necessary for  
at this time -

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

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Work Order # **E 7705**

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

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



OFFICIAL RECEIPT



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

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

No 37443

Date: \_\_\_\_\_, 19\_\_

From: Yvonne Jones Address: 5301 Santa Monica Ave  
with address 2071 Dollars (\$ 600)

In \_\_\_\_\_ Payment of expense 13-16 water dit

Lot 128 Grave 5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7705  
 BALANCE DUE 0

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

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

**CITY AUDITOR**  
**MAR 10 1988**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	500
80% Sales of Loss	100	500
Opining/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60033	500
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	600

OFFICIAL RECEIPT

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

No. 36850



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

Date: 10/17, 1988

From: Harper, James Address: \_\_\_\_\_  
1515 15th Ave  
In Deposit Payment of on credit Dollars (\$ 15.00)

Lot 108 Grave 5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7705  
BALANCE DUE 235.00

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

CITY AUDITOR  
OCT 19 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>15.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	76390	
TOTAL PAID	\$	<u>15.00</u>

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

OFFICIAL RECEIPT



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

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

No 36918

Date: 11-4 1988

From: Shirley Jones Address: 5351 Santa Monica Ave, SD

three dollars no 100 Dollars (\$ 3.00)  
 In Payment of Voucher 172 Credit Lot

Lot 108 Grave 5 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7705  
 BALANCE DUE 205.00

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

ISSUED BY India Ward

2287

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>30.00</u>
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>30.00</u>

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

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

No 37083

Date: 12-9, 1988

From: Harper Inner Address: 5361 Santa Maria Ter, SD

Int - June 92/100 Dollars (\$ 45.92)

In Payment of Coupon 3.24 and a flower cup  
credit dot

Lot 108 Grave 5 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

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

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

W.O. E-7705

BALANCE DUE 175.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

0241

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

ISSUED BY Andrea Ward

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>30.00</u>
Opening/Closing	77184	
	100	
Burial Containers	77181	
	100	<u>5.00</u>
Handling Fee	77182	
Recording & Misc. Fees	100	<u>60</u>
Pre-Need Trust	77185	
Sales Tax	60033	
	8022	
	60101	<u>32</u>
	78390	
TOTAL PAID	\$	<u>45.92</u>

CITY AUDITOR  
 DEC 14 1988

OFFICIAL RECEIPT



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

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

No 37249

Date: 1-23 19 89

From: Harper James Address: 5367 Santa Maria St. S.D.

In Payment of Coupon 5-8 Credit for Dollars (\$ 60.00 )

Lot 108 Grave 5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7705  
 BALANCE DUE 115.00

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
Opening/Closing	77181
Burial Containers	77182
Handling Fee	77185
Recording & Misc. Fees	77183
Pre-Need Trust	69033
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>60.00</u>

**CITY AUDITOR**  
**JAN 29 1989**

OFFICIAL RECEIPT

No 37377



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

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

Date: 2-21 1989

From: Harpur James Address: 5361 Santa Monica St, Sd

sixty dollars 10/100 Dollars (\$ 60.00 )

In Payment of Coupon 9-1/2 Credit lot

Lot 108 Grave 5 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

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

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

W.O. E-7105

BALANCE DUE 55.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

2314

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

CITY AUDITOR  
FEB 24 1989

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100	60	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	8022		
	80101		
	78300		
TOTAL PAID	\$	60	00

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7705

Credit Lot

Harper I. Somer  
5361 Santa Maria Terrace  
San Diego, Ca 92114

**Month and Day Due Indicated Below**

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

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



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 16.00

Amount Received \$ 15.00

NAME HARPER I. SOMERS

ADDRESS 5361 Santa Maria Terr.

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-7705

Credit Lot

Harper I. Somers  
5361 Santa Maria Terrace  
San Diego, Ca 92114

**Month and Day Due Indicated Below**

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

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



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 16.00

Amount Received

\$ 15.00

NAME HARPER I SOMERS

ADDRESS 5361 SANTA MARIA TERR

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-7705**

Credit Lot

**Harper I. Somer**  
**5361 Santa Maria Terrace**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

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

NAME HARPIER ISOMERS

ADDRESS 5361 SANTA MARIA TERR

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-7706**

Credit Lot

**Harper I. Somers**

**5361 Santa Maria Terrance**

**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.



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

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

NAME HARPER I SOMERS

ADDRESS 5361 Santa Maria Terr.

CITY San Diego STATE CA ZIP 92114

check  if this is new address

or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7705**

**Credit Lot**

**Harper I. Somer  
5361 Santa Maria Terrace  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received

\$ 15.00

**NAME** Harper I. Somers

**ADDRESS** 5361 Santa Maria Terrace

**CITY** San Diego **STATE** CA **ZIP** 92114

check (✓) if this is new address

or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7705**

**Credit Lot**

**Harper I. Somers  
5361 Santa Maria Terrance  
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.



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received

\$ 15.00

NAME Harper I. Somers

ADDRESS 5361 Santa Maria Terr

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. E-7705**

**Credit Lot**

**Harper I. Somer  
5361 Santa Maria Terrace  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received \$ 15.00

NAME Harper I. Somers

ADDRESS 5361 Santa Maria TERR

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7705**

**Credit Lot**

**Harper I. Somers**

**5361 Santa Maria Terrace**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received

\$ 15.00

NAME HARPER SOMERS

ADDRESS 5361 Santa Maria TERR

CITY SAN DIEGO STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7705**

**Credit Lot**

**Harper I. Somer**  
**5361 Santa Maria Terrace**  
**San Diego, CA 92114**

**Month and Day Due indicated Below**

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

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

\$ **15.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

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

Amount Received

\$ **15.00**

NAME **HARPER I Somer**

ADDRESS **5361 Santa Maria Tr**

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-7705**

**Credit Lot**

**Harper I. Somers  
5361 Santa Maria Terrace  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received

\$ 15.00

NAME HARPER SOMERS

ADDRESS 5361 Santa Maria Tr

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7705**

**Credit Lot**

**Harper I. Somer  
5361 Santa Maria Terrace  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



\$ **15.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

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

Amount Received \$ **15.00**

NAME **HARPER I. SOMERS**

ADDRESS **5361 SANTA MARIA TR**

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-7705**

**Credit Let**

**Harper I. Somers  
5361 Santa Maria Terrace  
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.



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received \$ 15.00

NAME HARPER I SOMERS

ADDRESS 5361 Santa Maria Tr

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-7705**

**Credit Lot**

**HARPER I. Somer**  
**5361 Santa Maria Terrace**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



**\$ 15.00**

Amount due if paid more than **10** days  
after due date above.



**\$ 1.00**

**\$ \_\_\_\_\_**

Amount Received **\$ 15.00**

NAME **HARPER I. SOMERS**

ADDRESS **5361 Santa Maria Terr**

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. **R-7705**

Credit Lot

**Harper I. Somers**

**5361 Santa Maria Terrace**

**San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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

\$ **15.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

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

Amount Received \$ **15.00**

NAME **HARPER I. SOMERS**

ADDRESS **5361 Santa Maria Terr.**

CITY **San Diego** STATE **CA** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance.

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7705**

**Credit Lot**

**Harper I. Somer  
5361 Santa Maria Terrace  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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

▶ \$ **15.00**

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

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

Amount Received \$ **15.00**

NAME **HARPER / SOMERS**

ADDRESS **5361 Santa Maria TERR.**

CITY **San Diego** STATE **CA** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7705**

**Credit Lot**

**Harper I. Somers  
5361 Santa Maria Terrance  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

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



\$ 15.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

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

Amount Received \$ 15.00

NAME HARPER I. SOMERS

ADDRESS 5361 Santa Maria Terr.

CITY San Diego STATE Ca. ZIP 92114

check  if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-17

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

of Mrs. Elizabeth Talley

in a Full Service Funeral, date, time Wed 10/19 10:00

Church, Chapel, Graveside Chapel of Hope Mrs. Eubank, Elmer Monday.

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

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

Lot 1676 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division 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 606.50

Total Due 606.50

Paid receipt number 36851 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.

Signature of recorded holder of deed \_\_\_\_\_  
Signature Loren B. Spert  
Address 10250 Progress Sp 63  
City San Diego State Ca Zip Code 92161  
Telephone 448-4451

Work Order # E 7706 Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_  
PY-693 (REV. 8-65)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7706

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Mary Elizabeth Talley</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Aug. 9, 1899</b>	DATE OF DEATH <b>Oct. 15, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lorena B. Spratt-Daughter 10250 Prospect Avenue #63 Santee CA, 92071</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Paris-Fredrick Mortuary-374 E. Magnolia Avenue</b>		CALIFORNIA LICENSE NUMBER <b>795</b>		

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery-3751 Market Street., San Diego CA, 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Pink arlington - wooden - cloth covered</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE (OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION) <b>Levin</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>OCT 18 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/19/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Loylea [Signature]</b>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	

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

OFFICIAL RECEIPT



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

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

No 36851

From: Arnes Spratt Address: 10250 Proser St Apt 63, Torrey  
Sit number 501100 Date: 10-17, 1988  
 Dollars (\$ 606.50)  
 In \_\_\_\_\_ Payment of Mary E. Talley's Interest

Lot 1670 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division 8  
 Block \_\_\_\_\_

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

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

W.O. 2-7706

BALANCE DUE 3096

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 19 1988

ISSUED BY Arnes Spratt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	320.00
Burial Containers	100	100.00
Handling Fee	77185	145.00
Recording & Misc. Fees	77183	35.00
Pre-Need Trust	63033	
Just	9022	
Sales Tax	60101	6.50
	78390	
TOTAL PAID	\$	606.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

10/17/88

MESHACK

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

of David Troy Meshack

in a T.S. Vault Funeral, date, time Wed - 10/19/88 - 1PM

Church, Chapel, Graveside Chapel - G.S. Calif/Bernal Mortuary.

All Funeral cars must 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 133 Grave 6 Row - Section 2 Division/Block 12

Grave space & Care Fund ..... 495<sup>00</sup>

Additional spaces and care fund .....

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

Burial Container ..... Topsoil Concrete Vault 175<sup>00</sup>

Handling Fees ..... Labor 170<sup>00</sup>

Flower vases - Marker setting fee .....

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

Sales taxes ..... 11.37

Total Due ..... 1206.37

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

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

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

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

Signature Billie J. Meshack

Address 4150 41<sup>th</sup> #12

State S.D. Ca Zip Code 92105

Telephone 584-4411

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

Work Order # E 7707

PY-683 (REV. 9-85)

Invoice # 075482

Acct. # 028037

30 day note

W.O. # E-7707

NOTE

\$ 1206 <sup>37</sup>/<sub>xx</sub> San Diego, California

October 19 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 Twelve Hundred and 37/100 DOLLARS with interest from Now 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 \_\_\_\_\_

SIGNATURE Billie J. Mesback

ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. # 1 M0430831

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E7707

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>David Troy MESHACK</b>		SEX <b>Male</b>	DATE OF BIRTH <b>10-3-1970</b>	DATE OF DEATH <b>10-11-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Billie J. Meshack, (Mother) 4150 41st Street #12 San Diego, CA 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5607 El Cajon Blvd. San Diego, CA 92115</b>		CALIFORNIA LICENSE NUMBER <b>F-1357</b>		

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

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

**FOR CORONER'S USE ONLY**

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR <del>REMAINS</del> TO BE INTERRED <b>St. Hope Cemetery San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>10/19/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>Comets Vault - "Much Oxyg"</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 17 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/19/88</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE			

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

**FUNERAL/BURIAL VERIFICATION**

E7707 ARU

STATE OF CALIFORNIA

GEORGE DEUKMEJIAN, Governor

**STATE BOARD OF CONTROL**

VICTIMS OF CRIME PROGRAM  
P.O. BOX 3036  
SACRAMENTO, CA 95812-3036



(916) 322-4426

MT. HOPE CEMETERY  
3751 MARKET ST.  
SAN DIEGO, CA 92102

DATE: 11-14-88  
148934 v  
BILLIE MESHACK  
(Applicant)

Deceased Victim: DAVID MESHACK

Date of Death: 10-11-88

A claim has been filed with the California Victims of Crime Program for Funeral/Burial expenses related to the above-referenced victim and applicant. In order for this claim to be processed, please send a copy of the contract and the itemized statement, complete the lower portion of this form, and return these documents in the enclosed self-addressed envelope.

An Authorization for Information is enclosed for your records. If you have any questions, please feel free to contact the undersigned. Thank you for your cooperation in this matter.

Sincerely,

D.H.

Claims Specialist  
(916)

Enclosures

**THE STATE REQUIRES A FULLY DOCUMENTED CLAIM. YOUR PROMPT REPLY ASSURES QUICK RESOLUTION. THANK YOU!**

ALL INFORMATION REQUESTED IN THIS FORM MUST BE RETURNED TO THE BOARD WITHIN 10 BUSINESS DAYS. (Government Code Section 13962(b)).

WHO CONTRACTED FOR THIS EXPENSE? \$ <u>Billie J. Meshack</u>		WAS THIS A PRE-NEED PURCHASE? (IF SO, PROVIDE CONTRACT)	
FUNERAL EXPENSES \$	BURIAL EXPENSES \$ <u>1206.37</u>	HEADSTONE EXPENSES \$	YOUR FACILITY'S TOTAL EXPENSE \$
SOCIAL SECURITY BENEFIT \$	VETERAN'S BENEFIT \$	INSURANCE PAYMENT \$	PAID BY CLAIMANT \$ <u>Billie J. Meshack</u>
OTHER PAYMENTS - FROM WHOM? \$			BALANCE \$ <u>-0-</u>
NAME OF INSURANCE COMPANY		ADDRESS	CITY STATE ZIP
POLICY NUMBER	POLICY HOLDER		PHONE ( )
COMMENTS			

SIGNATURE George W. Stelter DATE 11/21/88  
TITLE Cemetery Manager PHONE 619 264-3151

E 7707

SECTION 8 - AUTHORIZATION TO OBTAIN INFORMATION

APPLICANT'S NAME (PRINT) <b>Billie J. Meshack</b>	MEDICAL NO <b>N/A</b>	VICTIM'S NAME(S) (PRINT) <b>DAVID TROY Meshack</b>	MEDICAL NO <b>N/A</b>
	MEDICARE NO		MEDICARE NO

Pursuant to Section 13959 et seq., California Government Code - Aid to Victims of Crimes.

I HEREBY VOLUNTARILY CONSENT AND AUTHORIZE the State Board of Control, or their representatives, to examine this application and all employment, funeral/burial, or medical records, including diagnosis, prognosis, or evaluations, necessary for the verification of those losses claimed; and records of all sources of recovery pertaining to losses claimed, including but not limited to governmental or private unemployment and disability insurance, donations, Social Security benefits, Veterans Administration benefits, and governmental or private health or hospital/medical insurance benefits.

I further authorize the examination of all Federal and State tax data and/or tax returns which I provide for income verification purposes, and waive all legal privileges pertaining to such as would otherwise apply.

I understand this authorization is granted for a period of one year, for the purpose of pursuing a claim under the Victims of Crime Program, pursuant to California Government Code Section 13959 et seq. I further authorize the use of a photo copy of this release, as being as valid as the original.

Billie J. Meshack  
Applicant Signature

10-21-88  
Date Signed

SECTION 9 - AUTHORIZATION & ASSIGNMENT TO PAY BENEFITS TO PROVIDERS OF SERVICE

APPLICANT'S NAME (PRINT) <b>Billie J. Meshack</b>	VICTIM'S NAME(S) (PRINT) <b>DAVID TROY Meshack</b>
--	---

I hereby authorize and assign payment directly to any medical and/or funeral/burial provider of services described within this claim, should reimbursement or payment of these service be approved by the State Board of Control.

The execution of the assignment of benefits does not guarantee payment by the State Board of Control to the applicant or the provider of services.

Billie J. Meshack  
Applicant Signature

10-21-88  
Date Signed

SECTION 10 - CLAIMANT'S REPRESENTATIVE INFORMATION

NAME <b>Juba H. Holly</b>	NAME OF FIRM OR ORGANIZATION	PHONE NUMBER ( )
ADDRESS	STREET	CITY
		STATE ZIP CODE

E-7707

# Mount Hope Cemetery

3751 MARKET STREET  
SAN DIEGO, CALIFORNIA 92102

## STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
November 21, 1988	E-7707

TO: Billie J. Meshack  
4150 41th Street, #12  
San Diego, Ca 92105

DESCRIPTION OF CHARGE	AMOUNT
David Toy Meshack's Interment	
Lot 133, Grave 6, Section 2, Division 12	\$ 495.00
Opening/Closing	320.00
Top Seal Vault	175.00
Handling Fee	170.00
Recording Fee	35.00
Tax on Vault	11.37
<b>Total Due</b>	<b>\$1,206.37</b>
Payment Received November 17, 88	<u>-1,206.37</u>
<b>Balance Due</b>	<b>-0-</b>

*Joseph [Signature]*  
Cemetery mgr  
11/21/88

OFFICIAL RECEIPT

11/28

No 36984



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

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

From: Public Mastack Address: 4150 41st #12, San Diego Date: 11-17 1988

In \_\_\_\_\_ Payment of Daved Mastack's Interment Dollars (\$ 1206-37)

Lot 133 Grave 6 Row \_\_\_\_\_ Section 2 Division 12 Block 12

Invoice No. 075482  
Acct. No. 028037  
W.O. 2-7707  
BALANCE DUE 6

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>120637</u>

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

531

075482 10/27/88 028037 BILLIE J. MESHACK

100 072  
100 072  
100 072  
100 072  
100 072  
60101  
67007

11/17/88 CK 531  
77181 000072  
77182 000072  
77183 000072  
77184 000072  
77185 000072  
78390  
77184

1,206.37  
320.00  
175.00  
35.00  
396.00  
170.00  
11.37  
99.00

1,206.37  


PAID IN FULL 0.00

*9-7709*

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 1,846.37

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-11-88

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

of Velma Penney

in a Bell Tower Funeral date, time Wed 10/19 1:30

Church, Chapel, Graveside Chapel of the Goodbody Mortuary.

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

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

Lot 57 Grave 10 Row \_\_\_\_\_ Section 1 Division/Block 11

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

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

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

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

Recording and filing fee 35.00

Sales taxes 6.50

Total Due 606.50

Paid receipt number 36853 606.50

Balance due 0

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

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

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

Signature Ralph J. Strand

Address 5240 QUINCE ST.

City SAN DIEGO CA. 92105 Zip Code

Telephone (619) 262-1856

Work Order # E 7708

Pr-503 (REV. 9-86)

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

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7708

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>VELMA PINNEY,</b>		SEX <b>Female</b>	DATE OF BIRTH <b>August 12, 1904</b>	DATE OF DEATH <b>October 17, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Lemon Grove</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ralph F. Shard son-in-law</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Godbody Mort., 5027 El Cajon Blvd, San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F 790</b>		
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>5240 Quince Street</b> <b>San Diego, California 92105</b>		

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

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

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (FOR CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT <b>[Signature]</b>	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>OCT 18 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/19/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>			

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

OFFICIAL RECEIPT

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

No 36853



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

Date: 10-17 19 88

From: Mr. Ford Address: 5240 Quince St # 92105

In Five hundred and fifty 50/100 Dollars (\$ 606.50)  
Payment of Velma Penney's Interment

Lot 51 Grave 10 Row \_\_\_\_\_ Section 1 Division 11  
Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-7708  
BALANCE DUE 6

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

AC-212 (Rev. 10-87)

2341

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE  
CITY AUDITOR  
OCT 19 1988  
ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
30% Sales of Lots	100		
Opening/Closing	77181	<u>320 00</u>	
Burial Containers	100	<u>100 00</u>	
Handling Fee	77182	<u>145 00</u>	
Recording & Misc. Fees	77183	<u>35 00</u>	
Pre-Need Trust	63033		
Sales Tax	9022		
	65101	<u>6 50</u>	
	79380		
TOTAL PAID	\$	<u>606 50</u>	

OFFICIAL RECEIPT



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

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

No 37260

Date: 1-26, 1989

From: Mr. Ralph Had Address: 5240 Quince St SD

one hundred thirty-five no Dollars (\$ 135.00 )

In Payment of Marker Installation fee  
Valma Penney

Lot 57 Grave 10 Row \_\_\_\_\_ Section 1 Division 11  
 Block \_\_\_\_\_

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

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

W.O. 2-17706

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

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR  
 FEB 06 1989

ISSUED BY Ralph Had

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>135 00</u>
	8022	
	80101	
	76090	
		<u>135 00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-17-88

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

of Sula Mae Deckett

in a Top Seal Vault Funeral, date, time Fri 10/21 1:30

Church, Chapel, Graveside Church & 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 61 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 11.37

Total Due ..... 1206.37

Paid receipt number 12/7/88 1206.37

2/02/89 Balance due 0

*30 days notice*

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 \_\_\_\_\_

Janie Lewis  
Signature  
2786 Karaman St  
Address  
San Diego, Ca. 92139  
State Zip Code  
475-9637  
Telephone

Work Order # E 7709

PY-683 (REV. 8-85)

*[Redacted area]*

W.O. # 2-7709

NOTE

\$ 1206.37 San Diego, California

October 12 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 two hundred and 37/100 DOLLARS with interest from 12-21-88 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 Susie Lewis SIGNATURE Susie Lewis

ADDRESS 2786 Yuccaman St., S.D., Ca. 92139

CALIF. DRIVERS LIC. # 50437412

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7709

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Lula Mae Duckett</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 22, 1929</b>	DATE OF DEATH <b>October 14, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Susie L. Lewis - Daughter 2786 Kaufman Street San Diego, CA 92139</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd.</b>		CALIFORNIA LICENSE NUMBER <b>F1329</b>		

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

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Steel Non-Sealer</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Vault</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
		DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 18 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D.M.M.</i>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/21/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoyun Steffen</i>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>P.O. Box 85222 San Diego, CA 92138-5222 San Diego, Dept. of Health Services</b>		

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

075485 10/27/88 028040 SUSIE LEWIS

E-7709

100 072  
100 072  
100 072  
100 072  
100 072  
60101  
67007

12/07/88 CK 311

77181 000072  
77182 000072  
77183 000072  
77184 000072  
77185 000072  
78390  
77184

100.00  
26.53  
14.51  
2.90  
32.83  
14.09  
0.94  
8.20

1,206.37

1,106.37  
PARTIAL PAYMENT

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

184811

Date 10-18-88

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

of Erol Steauer  
in a Bell Liner Vault/Liner Funeral, date, time Thurs. 10/20 2pm  
Church, Chapel, Graveside Chapel of Mt. Carmel Mortuary.

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

Lot 20 Top Dip Grave Row Section 100F Imperial Gate Division/Block 31

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 36858 35.00

Balance due 0

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

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

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

Norathy Borja  
Signature  
757 Seannada  
Address  
Santa Diego 94114  
City  
262-6340  
Telephone Zip Code

Work Order # E 7710  
PY-593 (REV. 8-85)

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

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7710

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>EARL - SHEARER</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 1, 1907</b>	DATE OF DEATH <b>Oct. 17, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Dorothy M. Barajas-Daughter</b> <b>752 Joanna Drive</b> <b>San Diego, CA 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Conrad Lemon Grove Mortuary</b> <b>7387 Broadway-Lemon Grove, CA 92045</b>		CALIFORNIA LICENSE NUMBER <b>F 941</b>		

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery <sup>3751 Market Street</sup> San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell liner on top DIP — not too much cover —</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT  ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED <b>OCT 18 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Dorothy M. Barajas, M.D.M.M.</b>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/20/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Debra J. Stettin</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	

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

OFFICIAL RECEIPT



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

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

No 36858

Date: 10-18, 1988

From: Indelia Lopez Address: 752 JOURNAL BL, SD 92114  
thirty-five Dollars (\$ 35.00 )

In \_\_\_\_\_ Payment of Recording Fee for  
Earl Hoover

Lot 20 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section TODF Division Block 31

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. 8-7710  
 BALANCE DUE 8

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 Ward

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
	100	
	77183	
Handling Fee	100	
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR  
 OCT 31 1988

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**  
 City of San Diego

Trust

Date 10/18/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. P. Morgan in a Top Seal Vault Funeral, date, time \_\_\_\_\_ Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

Lot 10 Grave 14 Row \_\_\_\_\_ Section 8 Division/~~Block~~ 5

Grave space & Care Fund See B-7725 \_\_\_\_\_

Additional spaces and care fund none \_\_\_\_\_

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

Burial Container Top Seal Vault \_\_\_\_\_ 175<sup>00</sup>

Handling Fees Labor \_\_\_\_\_ 170<sup>00</sup>

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

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

Sales taxes \_\_\_\_\_ 11<sup>39</sup>

Total Due \_\_\_\_\_ 711.39

Paid receipt number 36857 711.39

Balance due 0

**PAID**  
 OCT 18 1988  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

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 Andrew E Morgan  
 Signature  
 x 1905 S. Broadway St  
 Address  
 x San Diego, Ca 92111  
 State  
 x (619) 271-4766 Zip Code  
 Telephone

Work Order # E 7711  
 PY-683 (REV. 8-85)

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

OFFICIAL RECEIPT



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

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

004419

No 36857

Date: 10/18 1988

From: Andrew E Morgan Address: 1902 Abbe St - San Diego 92111

Seven Hundred and 39/100 Dollars (\$ 711<sup>39</sup> )

In Full Payment of For the future need of  
Nora P. Morgan

Lot 10 Grave 14 Row \_\_\_\_\_ Section 8 Division 5

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

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

W.O. E-7711

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87) 0535

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

CREDIT	87007	
90% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Grav	100	
Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	89033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>711 39</u>

ISSUED BY: Gregory [Signature]

MT HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-18-88

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

of Alice P. Taylor

in a Bell Services Funeral, date, time Tues 10/24 3pm

Church, Chapel, Graveside Chareside Pacific Beach Mortuary.

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

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

Lot 2742 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

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

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

Opening/Closing & Setup 350.00

Burial Container 100.00

Handling Fees 145.00

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

Recording and filing fee 35.00

Seles taxes 6.50

*Will Mail  
payment*

Total Due 606.50

Paid receipt number 36988 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.

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

Carl Taylor Jr  
Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

Work Order # E 7712

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

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7712

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ALICE P. TEXTOR</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>OCT. 30, 1900</b>	DATE OF DEATH <b>OCT. 18, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>LA JOLLA</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>CARL F. TEXTOR, JR.—SON 304 N. MAIN ST., APT. 19 COUPEVILLE, WA 98239</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (IF OTHER THAN THE ISSUING OFFICE) <b>PACIFIC BEACH MORTUARY—SAN DIEGO, CA 92109</b>		CALIFORNIA LICENSE NUMBER <b>815</b>		

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING         </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY—3751 MARKET ST.—SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Bell Line</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 19 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/24/88</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

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

OFFICIAL RECEIPT



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

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

No 36968

Date: 11-14 1988

From: Carl J. Jahn, Jr Address: 304 N. Main #19, Escondido, Ca

Six hundred six 50/100 Dollars (\$ 606.50) 98239

In Payment of Alice B. Jahn's Interment

Lot 2742 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

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

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

W.O. E-7712

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0139

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

CITY AUDITOR  
 NOV 21 1988

[Signature]

ISSUED BY

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>320 00</u>	
Burial Containers	100	<u>100 00</u>	
Handling Fee	77182	<u>145 00</u>	
Recording & Misc. Fees	100	<u>35 00</u>	
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101	<u>6 50</u>	
	78380		
TOTAL PAID	\$	<u>606 50</u>	

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-19-88

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

of Bobby Ray Sanchez

in a          Vault/Line Funeral, date, time Fri 10/21 11am

Church, Chapel, Graveside Delmar Club / Allison Wilson Mortuary.

All Funeral cars must arrive 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 2 Row          Section 2 Division/Block 11

Grave space & Care Fund 93-2 - on top of Bell - 28.00

Additional spaces and care fund Foot of grave

Opening/Closing & Setup 45.00

Burial Container         

Handling Fees         

Flower vases - Marker setting fee         

Recording and filing fee         

Sales taxes         

Total Due 73.00

Paid receipt number         

Balance due         

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 #           
PV-663 (REV. 8-85)

**E 7713**

*[Redacted area]*

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7713

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Luis Social Sanchez</b>	SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 18, 1968</b>	DATE OF DEATH <b>Oct. 18, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Maria Sanchez 715 Quince San Diego, CA</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Albino Wilson Mortuary 225 S. Broadway San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>297</b>	

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>St. Rita Cemetery 3751 Market St. San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED <b>n/a</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>no line on top of Bell line</b>	
CREMATED REMAINS	DESCRIPTION OF REMAINS <b>41" x 16" x 10"</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT  ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
		DATE PERMIT ISSUED <b>OCT 20 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D. CV</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/21/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Acosulito</b>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>	

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-19-88

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

of Hugo De La Cruz Aguilar

in a \_\_\_\_\_ Vault/Liner Funeral, date, time Friday 10/20 3pm

Church, Chapel, Graveside Delvian 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 142 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 55.00

Additional spaces and care fund ..... 90.00

Opening/Closing & Setup ..... 90.00

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

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

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

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

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

Total Due ..... 145.00

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

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

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 075487

Acct # 000752

Work Order # E 7714

PY-583 (REV. 8-86)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7719

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>aka Angiolo De La Cruz</b>	NAME OF DECEDENT <b>De La Cruz Angiolo</b>	SEX <b>Male</b>	DATE OF BIRTH <b>1-31-68</b>	DATE OF DEATH <b>FOUND</b> <b>6-18-88</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>BORGES-ROBERTS MORTUARY National City, CA</b>		CALIFORNIA LICENSE NUMBER <b>F0284</b>		

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Partel Road &amp; Box</b>	DATE CREMATED <b>10/20/88</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A No level - on bottom</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>[Signature]</b>
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/20/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>OCT 20 1988</b>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-21-88

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

of Elizabeth E. Ball

in a Asst Vault Funeral date, time Thurs 10/27 AM

Church, Chapel, Graveside Deliver J. 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 100 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8 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 36873 242.60

Balance due 0

*Call Mary Jo... 10/28... 413-5443*

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

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

Signature of recorded holder of dead \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

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

Work Order # E 7715

ELIZABETH E. BALL

E7715

EXISTING GRAVE SITE

HOWARD A. BALL

I WOULD LIKE TO BE NOTIFIED  
WHEN THE BURIAL WILL TAKE  
PLACE, PLEASE CALL ME.

THANK YOU,

Mary Alice  
Thompson

443-8403

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CAMARY..... CEMETERY  
 PINK..... AUDITOR

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

No 36873

From Mary Alice Thompson Address: 11729 Waterhill Rd, Lakeside  
two hundred forty-two 60/100 Dollars (\$ 242.60 ) 1988  
 In \_\_\_\_\_ Payment of Elizabeth E. Ball's Interment

Lot 100 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7715  
 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 27 1988

ISSUED BY Andrea Reed

CREDIT	67007	
10% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	105 00
Burial Containers	77181	40 00
Handling Fee	100	60 00
Recording & Misc. Fee	77185	35 00
Pre-Need Trust	83033	
Sales Tax	9022	2 60
	80101	
	78390	
TOTAL PAID	\$	242 60

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7715

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>AKA ENNA E. BALL AKA ELIZABETH E. BALL</b>	SEX <b>Female</b>	DATE OF BIRTH <b>April 22, 1903</b>	DATE OF DEATH <b>Oct. 18, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Lenox Grove</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Newton E. Ball - Son 1356 Knoxville Street San Diego, CA 92110</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Conrad Lenox Grove Mortuary 1357 Broadway-Lenox Grove, CA 92045</b>		CALIFORNIA LICENSE NUMBER <b>F 941</b>	

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Mariposa Ct 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Lenada, Inc. 14045 Olds Hwy 80 El Cajon, CA</b>	DATE CREMATED <b>10/24/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Conrad's Vault Cashwood Box</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 20 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>10/29/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.M.M.</i>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-24-88

*Mexico  
Just*

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

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 154 Grave 12 Row \_\_\_\_\_ Section 1 Division/Block 11

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

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

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

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

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

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

Recording and filing fee \_\_\_\_\_ 35.00

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

Total Due 35.00

Paid receipt number 26868 35.00

Balance due 0

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

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Work Order # E 7716

PY-693 (REV. 8-85)

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

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

OFFICIAL RECEIPT

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

No 36868



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

From: Pauline Berdel Address: 4884 33rd Street, SD 92116 Date: 10-24 19 88

In thirty-five Dollars (\$) 35.00  
Payment of Pre-need Trust recording fee

Lot 15 Grave 12 Row \_\_\_\_\_ Section 1 Division 11  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7716  
BALANCE DUE 35

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
OCT 30 1988  
ISSUED BY India Wood

CREDIT	67007	
20% Sales Tax	77184	
20% Sales Tax	100	
on Lot 988	77184	
Opening	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-need	63033	<u>35.00</u>
Trust	9022	
Sales Tax	60101	
	75390	
TOTAL PAID	\$	<u>35.00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
843

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/25/88

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

of Mary Ballard

in a \_\_\_\_\_ Vault/Liner Funeral, date, time Wed 10/26 1pm

Church, Chapel, Graveside Delving Day El Cajon Corral Mortuary.

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

Lot 142 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 55.00

Additional spaces and care fund ..... 40.00

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

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

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

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

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

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

Total Due ..... 145.00

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

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

PA 1061224

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 075478

Acct. # 000852

Work Order # E 7717

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7717

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Mary Ballard</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 17, 1917</b>	DATE OF DEATH <b>Oct. 19, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>El Cajon Mortuary 684 So. Holliston Ave. - El Cajon, CA 92020</b>		CALIFORNIA LICENSE NUMBER <b>F-1022</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>5201-A Ruffin Rd. San Diego, CA 92123</b>	

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

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>St. Hope Cemetery - 3751 Market St. - San Diego, CA 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Cardboard Box</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>No Heedman</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <b>Top of Double Bural</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 25 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/26/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D.</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-25-88

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

of Jim Marsh

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

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

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

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

Lot 5 Grave 2 Row \_\_\_\_\_ Section 3 Division/Block 12

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

Additional spaces and care fund Deed transfer \_\_\_\_\_

Opening/Closing & Setup Jim Richard & Lygia \_\_\_\_\_

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

Handling Fees Adoles to \_\_\_\_\_

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

Recording and filing fee Ronald L. Warren 35.00

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

Total Due 35.00

Paid receipt number 36870 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 dead.

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Work Order # E 7718

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

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



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

5/23/1978

E-7718  
Nº 9444

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Richard G. & Ingrid E. Fowler for the sum of \$ 270.00 (DOLLARS)  
LEGAL DESCRIPTION Lpt 5 Gr 2 Sec 3 Div 12 (D.I.P.)  
AS DESCRIBED ON PURCHASE ORDER NUMBER D-9266

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

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

Flush Marker Only Allowed

G. Udelsone

Cemetery Manager

✓ W.H. MacFarlane

Property Director

E-7718

SEAL

ACKNOWLEDGEMENT - INDIVIDUAL

STATE OF CALIFORNIA }  
COUNTY OF San Diego } SS.

On July 21<sup>st</sup> 1988, before me, the under-  
signed Notary Public, personally appeared \_\_\_\_\_

Richard George Fowler and  
Ingrid E. Kenger Fowler

(personally known to me) (proved to me on the basis of satisfactory evidence)  
to be the person S whose name are subscribed to the within  
instrument and acknowledged that they executed the same.

Signature \_\_\_\_\_

Kari Kainz



OFFICIAL SEAL  
**KARI KAINZ**  
NOTARY PUBLIC - CALIFORNIA  
PRINCIPAL OFFICE IN  
SAN DIEGO COUNTY  
My Commission Exp. April 10, 1992

# POWER OF ATTORNEY

E 7718

## SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Richard G. Fowler and Ingrid E. Fowler, 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 2  
Lot 5, Section 3, Division 12, Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 21st day of July, 1988.  
Richard G. Fowler Ingrid E. Fowler

STATE OF CALIFORNIA }  
 COUNTY OF San Diego } ss.

On this 21st day of July, in the year 1988, before me, the undersigned, a Notary Public in and for said State, personally appeared Richard George Fowler and Ingrid E. Fowler

personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name are subscribed to the within Instrument, and acknowledged to me that they executed it.

WITNESS my hand and official seal.

Kari Kainz  
 Notary Public in and for said State.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. Helen Warren in a 1.5 Vault Funeral, date, time Wed 10/26 10:00 Church, Chapel, Gravesite 1800 E. 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 5 Grave 2 Row \_\_\_\_\_ Section 3 Division/Block 12

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

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

Opening/Closing & Setup Mered D-9453 \_\_\_\_\_

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

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

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

Recording and filing fee \_\_\_\_\_ 35.00

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

Total Due \_\_\_\_\_

Paid receipt number 36870 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 7719

PY-583 (REV. 8-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7719

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Gary Alan Warren</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 25, 1958</b>	DATE OF DEATH <b>Oct. 20, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ronald L. Warren - Father</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>	7451 Gatewood Lane <b>San Diego, CA 92114</b>	

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal Casket</b>	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Vault</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 24 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/26/88</b> (ENTER DATE) <b>3/23/12</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Sequoia</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Dept. of Health Services P.O. Box 85222 San Diego, CA 92138-5222</b>		
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Cameron, M.D.</b>		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		

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

OFFICIAL RECEIPT

No 36870



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 364-3151

Date: 10-25 1988

From: David Brown Address: 644 Hayd Ave, SD 92010

Account no 100 Dollars (\$ 70.00)

In Payment of Need transfer & handling fee for Mrs. A. Noble's interment

Lot 5 Grave OR Row 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7710 & E-7719  
 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.  
**OCT 31 1988**  
 ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
50% Sales	100	
Books	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	<u>70.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	75380	
TOTAL PAID	\$	<u>70.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-26-88

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

of Sallie Davis

in a none Vault/Urns Funeral, date, time 10/28/88

Church, Chapel, Graveside none ; Paysondale Mortuary.

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

Lot 177 Grave 3 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 \_\_\_\_\_

*Mary 308 P.A. 1061313*

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

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Work Order # E 7720

Invoice # 075935

Acct # 00752

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7720

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>SALLY DAVIS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Nov. 11, 1919</b>	DATE OF DEATH <b>Oct. 23, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrators Records 5201-A Ruffin Road San Diego, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort: 5050 Federal Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Deepoff - Plywood China - Pastor P. Hardman</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A no line - old depth</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Deep in by Geo - 4 Witnesses - few Words of Comfort</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 28 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/28/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Loeyen Stitts</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Co. Dept. of Health Services San Diego, CA 92138-5222</b>		

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Saura J. Rubendall in a T.S. Vault Funeral, date, time Fri 10/28 10:00 Church, Chapel, Graveside Chapel & Home; Crematorium Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge Donation will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 2033 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Grave space & Care Fund .....	_____
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>175.00</u>
Handling Fees .....	<u>170.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>11.37</u>
Total Due .....	<u>711.37</u>
Paid receipt number <u>36875</u> .....	<u>711.37</u>
Balance due .....	<u>0</u>

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 G. Sage  
Signature  
15657 Summer SAGE Rd.  
Address  
Poway CA. 92064  
State Zip Code  
679-0388  
Telephone

Work Order # E 7721  
PY-583 (REV. 8-86)

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7721

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Laura Lavon Robenall</b>	SEX <b>Female</b>	DATE OF BIRTH <b>Aug. 7, 1908</b>	DATE OF DEATH <sup>Found</sup> <b>Oct. 25, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>William Sage - Son 15657 Summit Sage Rd. Poway, CA. 92064</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Claremont Mortuary 4266 Mt. Abernathy Ave.</b>		CALIFORNIA LICENSE NUMBER <b>P-1126</b>	

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>10/28/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 26 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/28/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ransom, M.D.</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

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

OFFICIAL RECEIPT

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

No 36875



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

Date: 10-27, 1989

From: William J. Inc. Address: 15657 Summer Ave. El Cajon  
San Diego 92011

seven hundred eleven 37/100 Dollars (\$ 711.37)

In Payment of Trans. Ruffinall's Interment

Lot 2033 Grave \_\_\_\_\_ Row CITY AUDITOR Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-77W  
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.

OCT 31 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>320.00</u>
	77181	
Burial Containers	100	<u>175.00</u>
	77182	
Handling Fee	100	<u>170.00</u>
	77186	
Recording & Misc. Fees	100	<u>37.00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	<u>11.37</u>
	78390	
TOTAL PAID	\$	<u>711.37</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/27/88

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

of Shulam Muhammad Shah

in a None - family Funeral, date, time 10/28 - 2 P.M.

Church, Chapel, Graveside Church & G.S.; 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 19 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section Mosd. Division/Block \_\_\_\_\_

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

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

Opening/Closing & Setup \_\_\_\_\_ 250.00

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

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

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

Recording and filing fee \_\_\_\_\_ 35.00

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

Total Due \_\_\_\_\_ 285.00

Paid receipt number 37101 \_\_\_\_\_ 285.00

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 7722

PY-582 (REV. 8-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7728

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>GHULAM MAHAMMAD SHAH</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 17, 1932</b>	DATE OF DEATH <b>Oct. 26, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Munawar Shah - Wife</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>4449 Utah Street Apt. C San Diego, CA 92116</b>	

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

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Wooden, Cloth Covered - flat chins</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Plastic Advance</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A No gravel - Earth burial, 2' depth Sp# 19 - foot to tully -</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>OCT 28 1988</b>
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramon, M.D. M.M.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/28/88</b> (ENTER DATE) <b>19-male</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Co. Dept. of Health Services San Diego, CA 92138-5222</b>		

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

OFFICIAL RECEIPT



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

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

No 37101

Date: 12-13, 19 88

From: Muslim Organization Address: P.O. Box 261058, SD

Two hundred eight - five Dollars (\$ 285.00)

In Payment of Shahar M. Hall's Interment

Lot 19 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section Mus Division Block \_\_\_\_\_

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

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

W.O. 2-7122

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>230 00</u>
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	<u>35 00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>285 00</u>

CITY AUDITOR

DEC 27 1988

100

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maurice Joseph F. Giltstrap in a Double Crypt Funeral, date, time Nov 2 1pm Church, Chapel, Graveside Graveside Unionmont Mortuary.

All Funeral cars must 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 - Air Corp - AAF.

Lot 1210 Grave      Row      Section 1 Division/Block 8

Grave space & Care Fund	<u>Bottom D.C.</u>	<u>595.00</u>
Additional spaces and care fund	<u>Double Crypt</u>	<u>    </u>
Opening/Closing & Setup	<u>    </u>	<u>320.00</u>
Burial Container	<u>Concrete Double Crypt</u>	<u>320.00</u>
Handling Fees	<u>Labor</u>	<u>320.00</u>
Flower vases - Marker setting fee	<u>Later</u>	<u>    </u>
Recording and filing fee	<u>    </u>	<u>35.00</u>
Sales taxes	<u>    </u>	<u>21.45</u>
<u>20% marker</u>	<u>    </u>	<u>    </u>
<b>Total Due</b>	<b>36879</b>	<b>1621.45</b>
<b>Paid receipt number</b>	<b>36879</b>	<b>1621.45</b>
<b>Balance due</b>	<u>    </u>	<u>    </u>

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

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

Signature of recorded holder of deed  
16 Chair

Mary Lou Giltstrap  
Signature  
6912 MORSE CT.  
Address  
SAN DIEGO, Cal 92111  
State  
275-0748 Zip Code  
Telephone

Work Order # **E 7723**  
PY-593 (REV. 8-88)

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7723

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Maurice Fenton Gilstrap</b>	SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 4, 1919</b>	DATE OF DEATH <b>Oct. 28, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mary Lou Gilstrap - Wife 6912 Morse Ct. San Diego, CA. 92111</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Clairmont Mortuary 4266 Mt. Abernathy Ave.</b>		CALIFORNIA LICENSE NUMBER <b>F-1126</b>	

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

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA.</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Sealed Oak - now sealed wooden casket</b>	DATE CREMATED <b>N/A</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Top Quality Bottom Double Crypt</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Graveside Veteran - Catholic</b>	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT  ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/4/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>OCT 31 1988</b>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joseph Stelter</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramey M.D.</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

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

OFFICIAL RECEIPT



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

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

No 36879

Date: 10/31/88, 1988

From: Mary Lou Silstrup Address: 6912 Morse Ct. S.D. 92111

In Seventeen hundred twenty one <sup>45</sup>/<sub>100</sub> Dollars (\$ 162 <sup>45</sup>/<sub>100</sub>)

Payment of grave space - double crypt and interment for Marine F. Silstrup - Veteran - deceased

Lot 1216 Grave            Row            Section 1 Division 8

Invoice No.                       
 Acct. No.                       
 W.O. E 7723  
 BALANCE DUE 0

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

AC-212 (Rev. 10-87)

117

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

CITY AUDITOR  
 NOV 8 1988

ISSUED                     

CREDIT	57007		
20% Sales Care	77184	119	00
80% Sales	100	476	00
of Lots	77184		
Opening/ Closing	100	320	00
	77181		
Burial Containers	100	330	00
	77182		
	100	320	00
Handling Fee	77185		
Recording & Misc. Fees	100	35	00
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	21	45
	78380		
TOTAL PAID		\$ 1621	45

OFFICIAL RECEIPT



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

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

No 36989

Date: 11-18, 1988

From: Mary Jane Steyer Address: 1912 Morse Ct San Diego, CA

under numbered twenty-one 45th Dollars (\$ 1621.45)

In \_\_\_\_\_ Payment of check returned amount

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block NOV 25 1988

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

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

W.O. 2-7723

BALANCE DUE 0

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

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>119 00</u>
80% Sales	100	<u>476 00</u>
of Lots	77184	
Opening/	100	<u>320 00</u>
Closing	77181	
Burial	100	<u>330 00</u>
Containers	77182	
	100	<u>320 00</u>
Handling Fee	77185	
Recording &	100	<u>35 00</u>
Misc. Fees	77183	
Pre-Need	53033	
Trust	9022	
Sales Tax	90101	<u>21 45</u>
	76290	
TOTAL PAID	\$	<u>1621 45</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10-31-88

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

of Mary B. Flegner  
 in a Topseal Vault Vault/Case Funeral, date, time Wed 11-2 2pm  
 Church, Chapel, Graveside Seaside : Louis Mortuary.

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

Lot 1441 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund ..... prepaid B-2248

Additional spaces and care fund .....

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

Burial Container ..... Topseal Vault 175<sup>00</sup>

Handling Fees ..... Labor 170<sup>00</sup>

Flower vases - Marker setting fee .....

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

Sales taxes ..... 11<sup>37</sup>

Total Due ..... 714<sup>37</sup>

Paid receipt number 36880 711<sup>37</sup>

Balance due 0

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

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

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

Diane J Johnson  
 Signature \_\_\_\_\_  
1800 Box 604  
 Address \_\_\_\_\_  
Seaside Ca 92025  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
745-8258  
 Telephone \_\_\_\_\_

Work Order # E 7724

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

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

E-7724

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MARY BURTON FLESNER</b>		SEX <b>female</b>	DATE OF BIRTH <b>Dec 11, 1892</b>	DATE OF DEATH <b>Oct 30, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>June F. Johnson - daughter</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>P.O. Box 504 Escondido, CA 92025</b>	

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

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

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a Solid Hardwood - Batesville</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a non sealer - T. &amp; Vault</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a Gravenide -</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 1 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Harold E. Ramon, M.D., M.M.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/2/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>			

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

OFFICIAL RECEIPT



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

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

No 36880

Date: 10/31/88, 1988

From: James F. Johnson Address: 4009 Hill St. S.D. 92164

Seven hundred Eleven and 3/100 Dollars (\$ 711.37)

In full Payment of Interment of father Mam B. Flesner - deceased

Lot 1441 Grave      Row      Section 1 Division 8

Invoice No.     

Acct. No.     

W.O. E-7724

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1796

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

CITY AUDITOR  
 NOV 8 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	320 00
Burial Containers	100	175 00
Handling Fee	77182	170 00
Recording & Misc. Fees	100	35 00
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	11 37
	78390	
TOTAL PAID	\$	711 37

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-2-88

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

of Charles Lee Sept

in a \_\_\_\_\_ Vault/Urns Funeral, date, time Thurs 11-3 1pm

Church, Chapel, Graveside Delaney Only; Calif Crem & 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 156 Grave 2 <sup>Bottom</sup> 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 \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 077158

Acct. # 000152

Work Order # E 7725

PY-593 (REV. 8-86)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7725

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Charles Lee Sept</b>		SEX <b>Male</b>	DATE OF BIRTH <b>6/12/57</b>	DATE OF DEATH <b>9-16-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego County Public Admin 5201-A Ruffin Rd. San Diego, CA 92123</b>
NAME AND ADDRESS OF FUNERAL HOME OR BURIAL CHAPEL <b>California Cremation &amp; Burial Chapel 5602 El Cajon Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F1357</b>		

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A County of - Bottom - No</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 02 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/4/88</b> (ENTER DATE) <b>156-2-B-1-12</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Rayen Stett</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-2-88

(X)

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

of Margarita Alvarez Avila

in a          Funeral, date, time Wed-11/5/2 PM

Church, Chapel, Graveside Intercess Club / Encinitas Mortuary         

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

and billed to undersigned. War time veteran 3rd Ven Marine  
753-1142

Lot 46 Grave 8 Row          Section          Division/Block 11

Grave space & Care Fund          14

Additional spaces and care fund         

Opening/Closing & Setup          29

Burial Container         

Handling Fees         

Flower vases - Marker setting fee         

Recording and filing fee         

Sales taxes         

Total Due 43

Paid receipt number         

Balance due         

*Mark Hoster  
PA 106 18.36*

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7726

PV-583 (REV. 8-88)

*029157*

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

#57293

E 77 26

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

**Encinitas Mortuary**

NAME OF DECEDENT <b>Margarita Alvarez Avila</b>		SEX <b>Female</b>	DATE OF BIRTH <b>AUG 27, 1945</b>	DATE OF DEATH <b>NOV 2, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Encinitas</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Maria De La Luz Avila Mother 925 N. Vulcan Avenue #111 Encinitas, CA 92024</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Encinitas Mortuary, 340 Malrose Ave., Encinitas</b>		CALIFORNIA LICENSE NUMBER <b>857</b>		

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

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Cypress View Crematory 3953 Imperial Avenue, San Diego</b>	DATE CREMATED <b>10-3-88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A P.A. # 106-1836 - <u>Power in Place</u> -</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A <u>Carton in Cement - 24" deep.</u></b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 03 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/16/88</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald B. Ramos, M.D. C.D.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-3-88

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

of Elizabeth Miles

in a Bell Line Vault/Line Funeral, date, time 11-4 Fri 1:00

Church, Chapel, Graveside Chapel of Hope, Pasadena Mortuary.

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

Lot 108 Grave 12 Row - Section 2 Division/Block 11

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

Additional spaces and care fund none

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

Burial Container Cremate Bell Line 100<sup>00</sup>

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

Flower vases - Marker setting fee not included

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

Sales taxes 650

Total Due 856.50

Paid receipt number 36924 856.50

Balance due 0

*Family to pay  
30 days before  
Bill Pasadena  
of Mrs*

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 \_\_\_\_\_

Attorney Armstrong  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone 947208

Work Order # E 7727

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7727

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ELIZABETH MILES</b>		SEX <b>Female</b>	DATE OF BIRTH <b>August 1, 1911</b>	DATE OF DEATH <b>October 27, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>William Barkley - Grandson 3771 Dove Street San Diego, California 92103</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Bl.; Ca.</b>		CALIFORNIA LICENSE NUMBER <b>f 1329</b>		

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal Center Sealer - 209a - (Crown)</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell Line -</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>NOV 2 1988</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/4/88</b> <b>08-12-2-11</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Dept. of Health Services P. O. Box 85222 San Diego, California 92138-85222</b>		

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

OFFICIAL RECEIPT



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

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

No 36924

Date: 11-4, 19 88

From: Anderson Rosedale Address: 5050 Federal Blvd, San Diego

eight hundred fifty-six 50/100 Dollars (\$ 856.00)

In Payment of Elizabeth Miles' Interment

Lot 108 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 115

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

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

W.O. 2-7727

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

10402

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

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Tax	77184	<u>50.00</u>
80% Sales of Lots	100	<u>200.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>100.00</u>
Handling Fee	77185	<u>145.00</u>
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	90101	<u>6.50</u>
	78390	
TOTAL PAID	\$	<u>856.50</u>

NOV 15 1988  
 CITY AUDITOR

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sasha Alexandra-Pose

in a Monlejo Vault/Liner Funeral, date, time Fri 11-4 2:30

Church, Chapel, Graveside Graveside Jackson-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 None

Lot 3531 Grave 9 Row 1 Section 1 Division/Block 9

Grave space & Care Fund ..... 180.00

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 36903 199.00

Balance due 0

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

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

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

Signature Robert A. Monty

Address 1020 CALLA AVE #E

City CA.

State \_\_\_\_\_ Zip Code 92032

None Telephone \_\_\_\_\_

Work Order # E 7728

PY-583 (REV. 5-86)

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

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

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7728

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>SASHA ALEXANDRA-ROSE MONTEJANO</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>NOV 2, 1988</b>	DATE OF DEATH <b>NOV 2, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>CORONADO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ROBERT E. MONTEJANO, FATHER</b> <b>1020 CALLA AVENUE, APT 1</b> <b>IMPERIAL BEACH, CA 92032</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>PIRCHAM-HITCHELL MORTUARY, 806 13TH STREET,</b> <b>IMPERIAL BEACH, CA 92032</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A 2'-6" Wooden Cloth Covered oval top</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A No lines East Beach.</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED <b>[Blank]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 4 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/4/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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 36903

Date: 11-3, 1988

From: Luz M. Martinez Address: 1050 Calle Cuellar, Encinitas, CA

In no recorded receipt - new receipt Dollars (\$) 199.00

In no recorded receipt - new receipt Payment of Luz M. Martinez - Rose's Interment

Lot 3531 Grave \_\_\_\_\_ Row CITY Section 1 Division Block 9

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

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

W.O. 2-7728

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1520

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

CITY  
 NOV 8 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>20 00</u>
60% Sales of Lots	100	<u>80 00</u>
Opening/ Closing	77181	<u>64 00</u>
Grav. Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	8022	<u>35 00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>199 00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

11/3/88

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

of Mary Ann McNeil - 26-  
in a Topseal Vault Funeral, date MONDAY 11-7- P.M. Chapel  
Church, Chapel, Graveside Chapel - S.S.; Topseal Mortuary.

All Funeral cars must 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 161 Grave 8 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund Single Burial 300.00

Additional spaces and care fund none \_\_\_\_\_

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 1011.37

Paid receipt number \_\_\_\_\_ 300.00

Balance due 711.37

I hereby certify I am the Mathew of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability 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 Kennie McNeil  
Signature  
x 3121 Tustin Rd  
Address  
x Spring Valley 92077  
State  
x 589-7146 Zip Code  
Telephone

Work Order # E 7729  
PY-583 (REV. 8-85)

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

E 7729

**CALIFORNIA BURIAL CHAPEL**



Mon.  
11-17-88  
Serrano 1 PM.

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## **CALIFORNIA CREMATION & BURIAL CHAPEL**

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- Offering Traditional Funeral Service
- Direct Cremation Service
- Insurance
- World-wide Shipping
- Pre-need Planning
- Arrangement is made in your home, or one of our three convenient locations.

**(619) 234-3272**

---

Representative

**MAIN CHAPEL LOCATION**

**5602 El Cajon Blvd. • San Diego, CA 92115**

W.O. # E-7729

NOTE

\$ 711<sup>37</sup>/<sub>100</sub> San Diego, California

Nov 3 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 Seven Hundred Eleven and 37/100 DOLLARS with interest from Dec 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 JANNIE McNeil SIGNATURE Jannie McNeil

ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. # No-

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7729

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MARY ANN McNEIL</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Jan. 2, 1962</b>	DATE OF DEATH <b>Oct. 31, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Jannie McNeil - Mother 3121 Helix Street Spring Valley, California 92077</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary; 5050 Federal Bl.; Ca.</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

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

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

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED. <b>Mt. Hope Cemetery; 3751 Hahket Street; San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A T.S. Vault - Metal Casket</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A foot at tree</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>NOV 4 1988</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramon, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/7/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Dept. of Health Services P. O. Box 85222 San Diego, California 92186-5222</b>		

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

OFFICIAL RECEIPT



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

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

No 36909

Date: 11/3/88, 1988

From: Jamnie M. Neil Address: 31217 Lelia - Spring Valley 92077

Three Hundred Dollars (\$ 300<sup>00</sup>)

In full Payment of grave space for Mary Ann M. Neil - Dec  
Bal due for opening & container etc -

Lot 161 Grave 8 Row - Section 1 Division 12

Invoice No.                     

Acct. No.                     

W.O. E-7729

BALANCE DUE 711<sup>31</sup>

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**  
**NOV 8 1988**

*[Signature]*

ISSUED                     

CREDIT	67007		
30% Sales Tax	77184	<u>60</u>	<u>00</u>
50% Sales Tax	100		
& Lots	77184	<u>240</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77189		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>300</u>	<u>00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-3-88

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

of Philip Sutherland

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

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

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

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

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

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

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

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

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

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

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

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

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

Total Due \_\_\_\_\_

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

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7730**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rafael Gutierrez

in a Bell Service Funeral, date, time Wed 11-9 11am

Church, Chapel, Graveside Church of Jesus Christ - Robert Mortuary.

All Funeral cars must arrive before 5:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran                     

Lot 85 Grave 1 Row                      Section 2 Division/Block 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....                     

Opening/Closing & Setup ..... 350.00

Burial Container ..... 180.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....                     

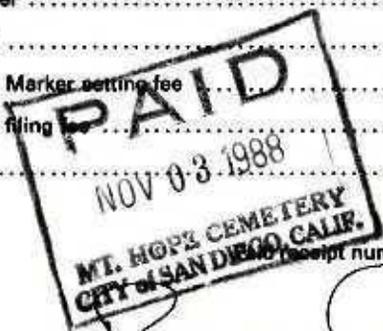
Recording and filing ..... 35.00

Sales taxes ..... 6.50

Total Due ..... 1101.50

Receipt number 36910 1101.50

Balance due                     



I hereby certify I am the Ramon of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Ramon Carreon  
Signature  
2479 K St.  
Address  
San Diego, CA 92102  
Zip Code  
(619) WORK # 234-6121  
Telephone  
Home # 696-9948

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 7731

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7731

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>PEARL C. GUTIERREZ</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 19, 1929</b>	DATE OF DEATH <b>Nov. 2, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mr. Ramon Carrion - Son</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>HESS-BORCHERS MORTUARY 107 National City Blvd. National City, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-284</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>2479 'K' Street San Diego, CA 92102</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)             | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Cloth Covered Wooden</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Concrete Liner</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 08 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/9/88</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos, M.D.</b>	
	85-1-2-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joseph [Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36910

From: Conan Carver Address: 2479 K Street, San Diego Date: 11-3 1988  
one thousand one hundred one 50/100 Dollars (\$ 1101.50)  
 In \_\_\_\_\_ Payment of Solar Sintering; Interment

Lot 85 Grave 1 Row \_\_\_\_\_ Section 2 Division 12 Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7731  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 10447

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

CITY AUDITOR  
 NOV 8 1988

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	<u>99.00</u>
50% Sales of Lots	100	<u>710.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>100.00</u>
	77182	<u>140.00</u>
Handling Fee	100	<u>35.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	<u>6.50</u>
	75360	
TOTAL PAID		\$ <u>1101.50</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-4-58

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Julia Dunn  
in a Reg. Seal Vault <sup>Vault/Liner</sup> funeral, date, time Thurs 11-10 11am  
Church, Chapel, Graveside St. Paul & Shaw Rosevale Mortuary.  
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 1239 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 575.00  
Additional spaces and care fund .....  
Opening/Closing & Setup ..... 320.00  
Burial Container ..... 175.00  
Handling Fees ..... 170.00  
Flower vases - Marker setting fee .....  
Recording and filing fee ..... 35.00  
Sales taxes ..... 11.37  
Total Due ..... 1306.37  
Paid receipt number 36913 1306.37  
Balance due 0

I hereby certify I am the Mary L. Ponder of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Mary L. Ponder  
Signature  
51605 Bonita St.  
Address  
San Diego Ca 92114  
City  
Ph. 262-9491  
Telephone  
Zip Code

Work Order # E 7732  
PY-663 (REV. 6-56)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7732

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JULIA DUNN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>December 3, 1992</b>	DATE OF DEATH <b>Nov. 3, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mary Ponder - Daughter 5605 Bonita Drive San Diego, California 92114</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.; 5050 Federal Bl.; Ca.</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery; 3751 Market St.; San Diego, California, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Solid Metal Sealer - Batesville</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A T.S. Vault</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>NOV 8 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/10/88</u> (ENTER DATE) <b>1239-10</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramon, M.D. et</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>George [Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Dept. of Health Services: P. O. Box 85222 San Diego, California 92138-5222</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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 36913

From: Mrs. J. Posden Address: 5605 Courts Dr, San Diego 92114 Date: 11-4 19 88  
thirteen hundred 2/4 3100 Dollars (\$ 1306.37)  
 In \_\_\_\_\_ Payment of Julia Deans's Interment

NOV 15 1988

Lot 1239 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. E-7732  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Tax	77184	119.00
80% Sales of Lots	100	476.00
Opening/Closing	77181	320.00
Burial Containers	100	175.00
Handling Fee	77182	170.00
Recording & Misc. Fees	100	35.00
Pre-Need Trust	77183	
Sales Tax	53033	
	8022	11.37
	60101	
	78380	
<b>TOTAL PAID</b>		<b>\$ 1306.37</b>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

718

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-4-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Wesley

in a          Funeral, date, time         

Church, Chapel, Graveside         ;          Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran         

Lot 105 Grave 4 Row          Section 2 Division/Block 11

Grave space & Care Fund          300.00

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 300.00

Paid receipt number 20.00

Balance due 280.00

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed         

James C. Wesley  
Signature

Address         

State          Zip Code         

Telephone         

Invoice #         

Acct. #         

Work Order # E 7733



E7733

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To James C. Veasley

Address 7503 Black Oak Rd. S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 105, Grave 4, Row -, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on November 4, 1988, by and between Mt. Hope Cemetery and James C. Veasley 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        day of March, 1995.

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Michelle L. Clark  
Clerical Assgt. II

E 7733

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-4-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Wesley

in a          Vault/Urns Funeral, date, time         

Church, Chapel, Graveside         ;          Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran         

Lot 105 Grave 4 Row          Section 2 Division/Block 11

Grave space & Care Fund .....	<u>300.00</u>
Additional spaces and care fund .....	<u>        </u>
Opening/Closing & Setup .....	<u>        </u>
Burial Container .....	<u>        </u>
Handling Fees .....	<u>        </u>
Flower vases - Marker setting fee .....	<u>        </u>
Recording and filing fee .....	<u>        </u>
Sales taxes .....	<u>        </u>

Total Due 300.00

Paid receipt number 20.00

Balance due 280.00

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed         

James C. Wesley  
Signature

Address         

State          Zip Code         

Telephone         

Invoice #         

Acct. #         

Work Order # E 7733  
FY-552 (REV. 8-86)

## AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 4 day of November, 1988, between James Vesley, 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 105, Grave 4, Row     , Section 2 Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$300.00, payable as follows: \$20.00 cash herewith, the receipt of which is hereby acknowledged; \$20.00 on the 10 day of December, 1988; and the balance in installments of \$20.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

WITNESS our hands this day and year above written.

Deed to be issued to:

*\$20 for 14 Months*

James C. Vesley  
Name

4398 Delta Street, Apt 2  
Address

San Diego, CA 92113

PURCHASER

\_\_\_\_\_

\_\_\_\_\_

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Andra L. Lueder

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36921

From: James Vlasak Address: 4398 Delta Street #2 Date: 11/7 1988

In Twenty Dollars Payment of Mount Hope Dollars (\$ 20.00)

Lot 105 Grave 4 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7733

BALANCE DUE 280.00

Pre-Need Lot  At Need  On Acct.   
 Pre-need Trust  Cash  Check

AC-212 (R) (6-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	6022	
	60101	
	78390	
TOTAL PAID		\$ <u>20.00</u>

CITY AUDITOR  
 NOV 7 1988

OFFICIAL RECEIPT

No 37102



WHITE TO CUSTOMER  
CANARY TO CEMETERY  
PINK TO AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
254-3151

Date: 12-13, 1988

From: James V. Vester Address: \_\_\_\_\_

In part - two Dollars (\$ 42.00 )  
Payment of credit for sale

Lot 105 Grave 4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-7733  
BALANCE DUE 238.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
30% Sales Care	77184	
60% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	7800	
TOTAL PAID		<u>42.00</u>

42.00  
CITY AUDITOR  
DEC 27 1988

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37224

From: James Vazler Address: 730<sup>BR</sup> Black Oak Rd, SD Date: 1-11 1989  
1000<sup>00</sup> Dollars (\$ 40.00)  
 In Payment of 243 Credit for

Lot 105 Grave 4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7733

BALANCE DUE 198.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>40.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	783	
TOTAL PAID		<u>40.00</u>

CITY AUDITOR  
 JAN 13 1989

ISSUED BY [Signature]

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7733

Credit Lot

James C. Veasley  
4398 Delta Street, Apt. 2  
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 10 days  
after due date above.

▶ \$ 1.00

\$ 21.00

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT NO. **E-7733**

Credit Lot

James C. Veasley  
4398 Delta Street, Apt 2  
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 10 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-7733

Credit Lot

James C. Veasley

4398 Delta Street, Apt. 2

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. 10

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

check (✓) if this is new address

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Richard Eejima

in a T.S. Vault Vault/Liner Funeral, date, time Wed 11/9 10am

Church, Chapel, Graveside Yonkerside 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 4952 Grave — Row — Section — Division/Block 10

Grave space & Care Fund On need -

Additional spaces and care fund 2 sp.

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Vault 175<sup>00</sup>

Handling Fees labor 170<sup>00</sup>

Flower vases - Marker setting fee —

Recording and filing fee 35<sup>00</sup>

Sales taxes 11.37

Total Due 711.37

Paid receipt number 36946 711.37

Balance due 0

*Before funeral  
Payment  
will be made -*

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

R. Philip T. Eejima  
Signature  
X 11234 PINESTONE CT  
Address  
X San Diego, CA 92128  
State Zip Code  
X (619) 487-2709  
Telephone

Work Order # E 7734

PR-553 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7734

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>RICHARD M. KEJIMA (AKA: MAKATO R. KEJIMA)</b>		SEX <b>male</b>	DATE OF BIRTH <b>June 27, 1912</b>	DATE OF DEATH <b>Nov 4, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mary Kejima - wife</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Beabough 3051 El Cajon Blvd. San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>	5427 Olvera Avenue <b>San Diego, CA 92114</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - 3751 Market Street San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a Solid Cherry Wood - Batesville</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a County Court</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 8 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/9/88</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Seoyoung Sheta</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36946

From: Mrs. Ejima Address: 11234 Limestone Ct San Diego  
Seven hundred eleven 37/100 Dollars (\$ 711.37)  
 In \_\_\_\_\_ Payment of Richard Ejima's Interment  
 Lot 4952 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7134  
 BALANCE DUE 6

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

163

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 NOV 21 1988

ISSUED BY Andra Beck

	67007		
CREDIT	77184		
20% Sales Care	100		
90% Sales	77184		
of Lots	100	320	00
Opening/	77181		
Closing	100	175	00
Burial	77182		
Containers	100	170	00
Handling Fee	77185		
Recording &	100	35	00
Misc. Fees	77183		
Pre-Need	60033		
Trust	9022		
Sales Tax	60101	11	37
	78390		
TOTAL PAID	\$	711	37

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Audrey Mae Foster

in a Bell Linder Funeral, date, time Mon 11/7 12:00

Church, Chapel, Graveside Memorial 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 160 Grave 8 Row \_\_\_\_\_ Section 1 Division B100 12

Grave space & Care Fund Single Burial 300.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting 35.00

Recording and filing fee \_\_\_\_\_

Sales taxes 6.50

Total Due 906.50

Paid receipt number 36952 50.00

Balance due 856.50

36980 857.50

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

OK - Dub - Leslie -

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 7735**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7735

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Audrey Mae Foster</b>		SEX <b>Female</b>	DATE OF BIRTH <b>March 2, 1925</b>	DATE OF DEATH <b>November 2, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Beater Thomas - Sister 4834 Logan Avenue Apt. 101 San Diego, California 92113</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.; 5050 Federal Bl.; Ca.</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <del>San Diego Crematory</del>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Cemetery not notified of the burial</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Sever held at 161-8-1-12 &amp; opened after usy time at 160-8-1-12 -</i>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Octagon Wooden Casket - Cloth covered -</i>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>NOV 7 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramon, M.D. D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11-7-88</b> <b>160-8-1-12</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Looy un tott</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Dept of Health Services: San Diego, California 92138-5222</b>			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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 36952

Date: 11-10, 1988

From: Interim - Kopsdale Address: 500 Federal Blvd, SD

In fifty dollars Dollars (\$ 50.00)  
 Payment of Quarry Mae Foster's Interment

Lot 160 Grave 1 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7735  
 BALANCE DUE 856.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 NOV 21 1988  
 ISSUED BY Andra Wood

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>50.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	8022	
	80101	
	78280	
TOTAL PAID	\$	<u>50.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 10422

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36980

Date: 11-16 1988

From: Anderson-Rosdale Address: 5050 Federal Blvd, San Diego

eight hundred fifty-six 50 Dollars (\$ 856.50)

In Payment of undivided share Foster's Interest

Lot 160 Grave 8 Row \_\_\_\_\_ Section \_\_\_\_\_ Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7735

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andy Wood

CITY AUDITOR

NOV 25 1988

CREDIT	67007	60.00
20% Sales Tax	77184	140.00
80% Sales of Lots	100	330.00
Opening/Closing	77181	100.00
Burial Containers	77182	145.00
Handling Fee	77185	35.00
Recording & Misc. Fees	77183	
Pre-Need Trust	89033	
	9022	
Sales Tax	80101	6.50
	78390	
<b>TOTAL PAID</b>		<b>\$ 856.50</b>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Thurmon & Justice Johnson

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 69 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 \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7736**  
PY-603 (REV. 8-86)

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11/8/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hattie C. Radick

in a Top Seal Vault Funeral date, time Wed - 11 Am - 11/9

Church, Chapel, Graveside Church & S.S. 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 No

Lot 2941 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/~~Block~~ 10

Grave space & Care Fund ..... Single Grave ..... 595<sup>00</sup>

Additional spaces and care fund ..... no .....

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... Courte T.S. Vault ..... 175<sup>00</sup>

Handling Fees ..... Labor ..... 170<sup>00</sup>

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 1137

Total Due ..... 1306.37

Paid receipt number 36945 ..... 1306.37

Balance due ..... 0

**PAID**

NOV 08 1988

MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Grand Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Mildred Griffin  
Signature  
X 2036 Harrison Ave  
Address

X  
State San Diego Calif Zip Code 92113

Telephone 619 233-6033

Work Order # E 7737

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7737

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>HATTIE CLARA REDICK</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 5, 1910</b>	DATE OF DEATH <b>Nov. 4, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mildred Griffin - Niece 2036 Harrison Avenue San Diego, California 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.; 5050 Federal Bl.; Ca.</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 10 DISPOSITION PENDING |
|--|---|---|

**FOR CORONER'S USE ONLY**

10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street: San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal Level Lock - 20 ga,</b>	DATE CREMATED <b>11/9/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
FINAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Concrete Vault</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p style="margin: 0;"><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>NOV 8 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/9/88</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>P. O. Box 85222 San Diego, California 92138-5222</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>2941-10</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 36945



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

Date: 11/8/88

From: Mildred Griffin Address: 2036 Harrison Ave. #D 92113

In full Payment of Interment of funds for Hattie C. Redick - deceased Dollars (\$) 1306<sup>37</sup>

Lot 294 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 7737

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	119	00
20% Sales Care	77184		
60% Sales of Lots	100	476	00
Opening/Closing	77181	320	00
Graves	100	175	00
Containers	77182	170	00
Handling Fee	67008	35	00
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	11	37
	78390		
TOTAL PAID		\$ 1306	37

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of J. Monte Stanley

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 250.00

Paid receipt number \_\_\_\_\_

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 dead.

Signature of recorded holder of dead \_\_\_\_\_

Signature J. G. Alameda

Address San Diego 92104

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7738

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37037

Date: 12-5, 1988

From: Wanda Furber Address: 3836 Alhambra, #1105 SD

1000 Dollars (\$ 10.00)  
 in Payment of Coupon 1 Credit Lot

Lot 134 Grave 1 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7738  
 BALANCE DUE 240.00

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	10 -
Cleaning/Closing	77181	
Burial Containers	77182	
Gravestone Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	80033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	10 -

1405

OFFICIAL RECEIPT

№ 37176



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

From: Janita Turkey Address: 3836 Alhambra St., #105, SD Date: 1-5, 1989  
Ten dollars & 00/100 Dollars (\$ 10.00)  
 In Payment of Coupon & Credit Act

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. E-7738  
 BALANCE DUE 230 00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 PAID IN THIS SPACE

ISSUED BY Lucia Ward

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
Sales Tax	53033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

10 00  
 CITY AUDITOR  
 JAN 11 1989

OFFICIAL RECEIPT

No 37308



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

Date: 2-6 19 89

From: Marita Smiley Address: 3836 Alameda #105, S

San Marcos, CA Dollars (\$) 10.00

In Payment of coupon 3 Credit lot

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7738

BALANCE DUE 220.00

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1429

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

**CITY AUDITOR**

**FEB 10 1989**

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>10.00</u>

OFFICIAL RECEIPT

No 37430



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 3-3, 1989

From: Janita Shirley Address: 3236 Alabama, #105, SD

See billings for 1/80 Dollars (\$ 10.00 )

In Payment of Waiver 4 Credit Set

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. 2-7738

BALANCE DUE \$10.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1448

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 MAR 10 1989

ISSUED BY Andra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Tourist Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E-7738  
 No 37581

Date: 4-3 1989

From: Jeanette Fairley Address: 3836 Alameda St  
San Diego 92110 Dollars (\$ 10.00)

In Payment of Cremation 5 Credit Lot

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 4-7736

BALANCE DUE 200.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 465

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
**APR 05 1989**

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>10.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37741

Date: 5-3 1989

From: Juanita Family Address: 3836 Alabama #105, San Diego CA 92104  
In dollars \$ 10.00 Dollars (\$ 10.00)  
 in past Payment of Credit lot, coupon # 10

Lot 134 Grave 1 Row      Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7238  
 BALANCE DUE 190.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	57007
20% Sales Tax	77184
50% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77182
Recording & Misc. Fees	100
Pre-Need Trust	77183
Sales Tax	63033
	9022
	60101
	78390
TOTAL PAID	\$ <u>10.00</u>

10.00  
 CITY AUDITOR  
 MAY 18 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E7738  
 NO 37899

From: Juanita Fairley Address: 3836 Alabama St, SD Date: 65 1989  
ten dollars per/100 Dollars (\$ 10.00)  
 In \_\_\_\_\_ Payment of coupon 7 credit dt  
 Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11  
 Block

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. \_\_\_\_\_  
 BALANCE DUE 180.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
 JUN 09 1989

ISSUED BY Sandy

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	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

1497

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
-MOUNT HOPE CEMETERY  
264-3151

No 38225

Date: July 6, 1989

From: Quantia Jurey Address: 3836 Alabama San Diego  
TRD Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Coupon & Credit lot

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7738

BALANCE DUE 170.00

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1521

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY Sharon A. Brown

CREDIT	67007		
20% Sales Carr	77184		
80% Sales of Lots	100	10	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	78380		
TOTAL PAID		\$	<u>10.00</u> <u>00</u> <u>50</u>

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

No 38364

Date: Aug 21 1989

From: Yvonne & Shirley Address: 3836 Alabamino

Don Dollars (\$ 10<sup>00</sup>)  
 In part Payment of Credit lot, Coupon 9

Lot 134 Grave 1 Row — Section 2 Division Block —

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 57738  
 BALANCE DUE 1600

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

4

ISSUED BY R. Johnson

CREDIT	77007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10</u>
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	
78380		
TOTAL PAID	\$	<u>10</u>

CITY AUDITOR  
 AUG 12 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 38492

Date: 9-6, 1989

From: Yvonne Shirley Address: 3536 Alhambra #105

PO Box 20/100 Dollars (\$) 10.00

In Payment of Balance 10 credit lot

Lot 134 Grave 1 Row 1 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7736

BALANCE DUE 150.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

120

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	87007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>10</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>10</u>

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

NO 37995

Date: 10-4 1989

From: Juanita Smiley Address: 3636 W. Warner #105, SD

Ten dollars 10/10 Dollars (\$) 10.00

In \_\_\_\_\_ Payment of Coupon 11 Credit set

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7736

BALANCE DUE 140.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

130

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	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>10 00</u>

10 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

NO 38526

From: Juanita Ariles Address: 3836 Alhambra St #105 Date: 11-7 19 89  
San Diego Dollars: \$ 10.00  
 In \_\_\_\_\_ Payment of Unpaid 12 Credit Sol

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 81-7738  
 BALANCE DUE 130.00

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.

ISSUED BY Andrea Perez

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	8022	
	60101	
	78380	
TOTAL PAID	\$	<u>10.00</u>

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

112 38640

E-7738

Date: 12-6, 1989

From: parents family Address: 3836 Alhambra #105, SD

ten dollars Dollars (\$ 10.00 )

In Payment of Aug 13 Credit Let

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7738

BALANCE DUE 120.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

166

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
TOTAL PAID	8022	<u>10 00</u>

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

№ 38738

Date: 1-4, 1990

From: Marita Fairley Address: 3836 Alabarna #105, S.D. 92104

Don Kallala 714/400 Dollars (\$ 10.00)

In Payment of ~~Marita Fairley~~ Credit lot

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-4438

BALANCE DUE \$110.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

181

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

007248

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	10	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	10	00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38844

Date: 2-5, 1990

From: Marcia Finley Address: 3836 ~~Alhambra~~ Alhambra St S.D. 92104  
San Hollis Dollars (\$ 10.00)

In \_\_\_\_\_ Payment of Credit Lot

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7738

BALANCE DUE 8100.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. A. Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
TOTAL PAID	78380	<u>10 00</u>

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

NO

E-7738  
 38935

MAR 12 1990

Date: 3-5, 1990

From: Marta Fairway Address: 3536 Mabona Ave, #105, St. Louis

144.00 Dollars (\$ 10.00 )

In Payment of Account Due

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-7738

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

213

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. H. White

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 39199

Date: 5-7, 1990

From: Murphy Family Address: 3836 Alameda St. #105, SB 92104  
San Diego 114/100 Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Credit for

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-11738

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 48

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. P. [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>10.00</u>

**CITY AUDITOR**  
**MAY 14 1990**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUDITOR

№ 39083

APR 9 1990

Date: 4-4, 1990

From: Janita Fairley Address: 3836 Alabama St 92106  
San Diego 78110 Dollars (\$) 10.00

In Payment of Credit Lot

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7736

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

224

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39327

Date: 6-6, 1990

From: Martha Fairley Address: 3530 Alvarado, I.D.

In San Diego Dollars (\$ 10.<sup>00</sup>)

Payment of Credit for

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-74138

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 266

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	<u>10.00</u>
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	80101	<u>10.00</u>
	78390	

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

No 39478

Date: 7-12, 1990

From: Marita Fair Address: 3830 Alameda Ave. San Diego

In 10.00 Dollars (\$ 10.00)

Payment of Pre-need Lot

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-4738

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
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	\$	<u>10.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39577

Date: 8-7, 1990

From: Quincy family Address: 2836 Alhambra St Apt 105 San Diego CA 92104

New and 300 Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Credit for

Lot 3836 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7724

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

# 300

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Robert Jones

CREDIT	67007		
20% Sales Care	77184	<u>10</u>	<u>00</u>
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
76390			
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39667

Date: 9-5, 1992

From: Marquita Fairley Address: 3836 Abasco T SAN DIEGO CA 92104

Ten 00/100 Dollars (\$ 10 00)

In \_\_\_\_\_ Payment of Credit for

Lot 124 Grave 1 Row — Section 2 Division — Block —

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7738

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) # 318

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	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39787

Date: 10-4-1990

From: JUANITA FAIRLEY Address: 3834 ALABAMA ST SAN DIEGO CA 92104

TEN - 00/100 Dollars (\$ 10<sup>00</sup>)

In \_\_\_\_\_ Payment of CREDIT LOT

Lot 134 Grave 1 Row — Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7738

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) # 338

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

ISSUED BY Rolf Jones

CREDIT	67007		
20% Sales Care	77184	<u>10<sup>00</sup></u>	
80% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>10<sup>00</sup></u>	

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39923

Date: 11-8, 1990

From: Juanita Family Address: 38316 N. Cabrera St San Diego

Twenty dollars (\$20.00) Dollars (\$ 20.00 )

In \_\_\_\_\_ Payment of Credit for

Lot 134 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-1738

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Maria Black

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

301

Send or bring gas coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley  
3836 Alamaba  
San Diego, Ca 92104

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											10

Amount due when paid on, or before,  
due date above.



\$ 10.00 =

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 11.00

Amount Received

\$ 10.00

NAME Juanita Fairley

ADDRESS 3836 Alabama St #105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley

3836 Alamaba

San Diego, Ca 92104

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

Amount due when paid on, or before,  
due date above.

\$ 10.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ 11.00

Amount Received

\$ 10.00

NAME

ADDRESS 3836 Alabama street 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley

3836 Alamaba

San Diego, Ca 92104

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											10

Amount due when paid on, or before,  
due date above



\$ 10.00 =

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ 10.00

NAME Juanita Fairley

ADDRESS 3836 Alamaba St Apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7738**

Credit Lot

**Juanita Fairley**  
**3836 Alamaba**  
**San Diego, Ca 92104**

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											10

Amount due when paid on, or before,  
due date above.

\$ 10.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$           

Amount Received \$ 10.00

NAME Juanita Fairley

ADDRESS 3836 Alamaba st apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7738**

**Credit Lot**

**Juanita Fairley**

**3836 Alamaba**

**San Diego, Ca 92104**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											<b>10</b>

Amount due when paid on, or before, due date above.



\$ **10.00** -

Amount due if paid more than **10** days after due date above.



\$ **1.00**

\$ .

Amount Received

\$ **10.00**

NAME

**Juanita Fairley**

ADDRESS

**3836 Alamaba St, apt 105**

CITY

**San Diego**

STATE

**Ca**

ZIP

**92104**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7738**

**Credit Lot**

**Juanita Fairley  
3836 Alamaba  
San Diego, Ca 92104**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											<b>10</b>

Amount due when paid on, or before,  
due date above.



\$ 10.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ .

Amount Received \$ 10.00

NAME Juanita Fairley  
ADDRESS 3836 Alamaba St apt 105  
CITY San Diego STATE Ca ZIP 92104

check  if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7738**

**Credit Lot**

**Juanita Fairley**  
**3836 Alabama**  
**San Diego, Ca 92104**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											<b>10</b>

Amount due when paid on, or before,  
due date above

▶ \$ **10.00** =

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ 10.00

Amount Received, \$

NAME

*Juanita Fairley*

ADDRESS

*3836 Alabama St Apt 105*

CITY

*San Diego*

STATE

*Ca*

ZIP

*92104*

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7738**

**Credit Lot**

**Juanita Fairley**

**3836 Alamaba**

**San Diego, Ca 92104**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											<b>10</b>

Amount due when paid on, or before,  
due date above.



\$ **10.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ **10 00**

Amount Received \$ **10.00**

NAME **Juanita Fairley**

ADDRESS **3836 Alamaba St apt 105**

CITY **San Diego** STATE **Ca** ZIP **92104**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7738**

**Credit Lot**

**Juanita Fairley**

**3836 Alabama**

**San Diego, Ca 92104**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											<b>10</b>

Amount due when paid on, or before,  
due date above.

▶ \$ **10.00** =

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ 10.00

NAME \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

NAME Juanita Fairley

ADDRESS 3836 Alabama st apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley  
3836 Alameda  
San Diego, Ca 92104

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											10

Amount due when paid on, or before,  
due date above.



\$ 10.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME

Juanita Fairley

ADDRESS

3836 Alameda st apt 105

CITY

San Diego

STATE

Ca

ZIP

92104

check  If this is new address

Send or bring one coupon with each remittance**COUPON****11****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-7738****Credit Lot****Juanita Fairley  
3836 Alamaba  
San Diego, Ca 92104****Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											<b>10</b>

Amount due when paid on, or before,  
due date above.▶ **10.00** =  
\$ \_\_\_\_\_Amount due if paid more than **10** days  
after due date above.▶ **1.00**  
\$ \_\_\_\_\_\$ 10.00

NAME

Amount Received \$ \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP

 check (✓) if this is new address*Juanita Fairley**3836 Alamaba street 105**San Diego Ca 92104*

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8-7738

Credit Lot

Juanita Fairley  
3836 Alameda  
San Diego, Ca 92104

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											10

Amount due when paid on, or before,  
due date above.



\$ 10.00

Amount due if paid more than 10 days  
after due date above.



1.00

\$ 10.00

Amount Received \$

NAME

Juanita Fairley

ADDRESS

3836 Alameda Street 105

CITY

San Diego

STATE

Ca

ZIP

92104

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **B-7738**

**Credit Let**

**Juanita Fairley  
3836 Alabama  
San Diego, Ca 92104**

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											<b>10</b>

Amount due when paid on, or before,  
due date above.

**10.00**

\$

Amount due if paid more than **10** days  
after due date above.

**1.00**

\$

\$

NAME

*Juanita Fairley*

Amount Received

\$ **10.00**

ADDRESS

*3836 Alabama st*

CITY

*San Diego*

STATE

*Ca*

ZIP

*92104*

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**1-7738**

**Credit Lot**

**Juanita Fairley  
3836 Alabama  
San Diego, Ca 92104**

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											<b>10</b>

Amount due when paid on, or before,  
due date above.



\$ 10.00

**10**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 10.00

Amount Received, \$ \_\_\_\_\_

NAME Juanita Fairley

ADDRESS 3836 Alabama Street Apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **H-7738**

Credit Lot

**Juanita Fairley**  
**3836 Alabama**  
**San Diego, Ca 92104**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											10

Amount due when paid on, or before,  
due date above.

▶ \$ 10.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 10.00

(Amount Received) \$ \_\_\_\_\_

NAME Juanita Fairley

ADDRESS 3836 Alabama Apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7738**

**Credit Lot**

**Juanita Fairley**

**3836 Alamaba**

**San Diego, Ca 92106**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											<b>10</b>

Amount due when paid on, or before,  
due date above.



\$ 10.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 10.00

NAME Juanita Fairley Amount Received \$ \_\_\_\_\_

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-7738**

**Credit Lot**

**Juanita Fairley  
3836 Alabama  
San Diego, Ca 92104**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											<b>10</b>

Amount due when paid on, or before,  
due date above.

▶ \$ **10.00** =

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ **10.00**

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS **3836 Alabama st apt 105**

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-7738

Credit Lot

Juanita Fairley  
3836 Alameda  
San Diego, Ca 92104

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											19

Amount due when paid on, or before,  
due date above.



\$ 10.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 10.00

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-7738**

Credit Lot

**Juanita Fairley**  
**3836 Alabama**  
**San Diego, Ca 92104**

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											10

Amount due when paid on, or before,  
due date above.

10.00

\$

Amount due if paid more than 10 days  
after due date above.

1.00

\$

\$ 10.00

Amount Received \$

NAME Juanita Fairley  
 ADDRESS 3836 Alabama st apt 105  
 CITY San Diego STATE Ca ZIP 92104

 check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON 20**  
Credit Log

DO NOT MAIL ENTIRE BOOK  
ACCOUNT No. **2-7738**

**Juanita Fairley**  
**3836 Alameda**  
**San Diego, Ca 92104**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											<b>10</b>

Amount due when paid on, or before,  
due date above.

▶ \$ 10.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 10.00

Amount Received \$ \_\_\_\_\_

NAME Juanita Fairley

ADDRESS 3836 Alameda Street #05

CITY San Diego STATE Ca ZIP 92104

check (A) if this is new address

Send or bring one coupon with each remittance.

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7738**

**Credit Lot**

**Juanita Fairley**  
**3836 Alabama**  
**San Diego, Ca 92104**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											10

Amount due when paid on or before  
due date above.

▶ \$ 10.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 10.00

Amount Received \$ \_\_\_\_\_

NAME Juanita Fairley

ADDRESS 3836 Alabama St, apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2-7738

Credit Lot

Jessita Fairley

3836 Alabama

San Diego, Ca 92104

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											10

Amount due when paid on, or before,  
due date above.

\$ 10.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ 10.00

NAME

Jessita Fairley

ADDRESS

3836 Alabama street 105

CITY

San Diego

STATE

Ca

ZIP

92104

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7738**

**Credit Lot**

**Juanita Fairley  
3836 Alabama  
San Diego, Ca 92104**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											<b>10</b>

Amount due when paid on, or before,  
due date above.

▶ \$ 10.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 10.00

Amount Received \$ \_\_\_\_\_

NAME Juanita Fairley

ADDRESS 3836 Alabama st apt 10 5

CITY San Diego STATE Ca ZIP 92104

check  If this is new address

Send or bring one coupon with each remittance **COUPON**

**24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **2-9736**

**Credit Lab**

**Juanita Fairley**  
**3836 Alabama**  
**San Diego, Ca 92104**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											<b>10</b>

Amount due when paid on, or before,  
due date above.



\$ **20.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ **20.00**

Amount Received

NAME Juanita Fairley

ADDRESS 3836 Alabama St apt 105

CITY San Diego STATE Ca ZIP 92104

check  if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-9-88

Auntie Jones Merle Jean  
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Auntie & Myrtle Neal

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Vault/Linear

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 133 Grave 576 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 2 @ 250 = 500.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 500.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature T.F.

Address 6602 Omega

City San Diego, CA 92139

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7739**

PV-693 (REV. 8-85)

NAME Neal, Willie J. &amp; Merle J.

6793 Parkside Ave 92139

ACCT. NO. E-7739

ADDRESS ~~8602 Omega~~, San Diego, Ca 92139 470-4001 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1-9 88	Lot 133, Graves 5 & 6, Section 2, Division 11	500 00			
3-7 89	Receipt 37469			100	400
4-4 89	Receipt 37607			100	500
9-5 89	Receipt 38482			100	600
7-6 90	Receipt <del>39454</del> 39454			100	700

OFFICIAL RECEIPT

No. <sup>E 7739</sup> 37469



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 3-7 1989

From: Walter & Marie Neal Address: 6602 Omega St, SD

10 dollars 10/100 Dollars (\$ 10.00 )

In credit Payment of lot

Lot 133 Grave 576 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7739

BALANCE DUE 490.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

CITY AUDITOR  
 MAR 10 1989

ISSUED BY Andee Webb

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	6022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUDITOR

E 7739  
 No 37607

APR 07 1989

Date: 4/4/89

From: Willie + Marie Neal Address: 6602 - Omya - SD 92139  
 Dollars (\$ 10<sup>00</sup>)

In Payment of Credit Sale -

Lot 133 Grave 54E Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7739  
 BALANCE DUE 480.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

*[Signature]*

ISSUED BY \_\_\_\_\_

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO **E 7739**  
**38482**

From: Wilbur Neal Address: 6602 Camino, SD 92139 Date: 9-5, 1989  
ten dollars Dollars (\$ 10.00)  
 In \_\_\_\_\_ Payment of Pre-need Credit

Lot 133 Grave 546 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7739  
 BALANCE DUE 470.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	<b>CITY AUDITOR</b>
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	<u>SEP 1 1989</u>
Pre-Need Trust	77183	
Sales Tax	63033	
	8022	
	80101	
	78380	
TOTAL PAID		<u>10.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 7739  
 No 39454

From: William Deal Address: 6713 Parkside Ave, SA 92139  
 Date: 4-6, 1990  
 In Two Hundred Dollars (\$ 10.00)  
 Payment of Credit for

Lot 133 Grave 516 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. E-7739  
 BALANCE DUE 841.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	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	\$	<u>10</u>	<u>00</u>

E7739

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Willie & Merle Neal

Address 6793 Parkside Ave. S.D. CA 92139

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 133, Grave 546, Row —, Section 2, ~~Block~~ Division 11 in Mt. Hope Cemetery, entered into on November 9, 1988, by and between Mt. Hope Cemetery and Willie & Merle Neal that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Michelle L. Clark  
Clerical Asst. II

E 7739

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Willie Jones Merle Jean Date 11-9-88  
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Willie & Merle Jean  
in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 133 Grave 586 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... R @ 250 = 500.00  
Additional spaces and care fund ..... \_\_\_\_\_  
Opening/Closing & Setup ..... \_\_\_\_\_  
Burial Container ..... \_\_\_\_\_  
Handling Fees ..... \_\_\_\_\_  
Flower vases - Marker setting fee ..... \_\_\_\_\_  
Recording and filing fee ..... \_\_\_\_\_  
Sales taxes ..... \_\_\_\_\_  
Total Due ..... 500.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed \_\_\_\_\_

[Signature]  
Signature \_\_\_\_\_  
6602 Omega  
Address \_\_\_\_\_  
San Diego, CA 92139  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 7739  
PY-603 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

## AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 23 day of November, 1988, between Beattie & Mark J. Neal, 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 33, Grave 546, Row 2, Section     , Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$500.00, payable as follows: \$      cash herewith, the receipt of which is hereby acknowledged; \$ 20.00 on the 10 day of January, 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 7739

WITNESS our hands this day and year above written.

Deed to be issued to:

Willie James & Merle Jean Heat  
Name

6602 Omega  
Address

San Diego, CA 92139

23 @ 20  
1 @ 40

PURCHASER

T. J.

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Anita Ward



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

Property Department  
264-3151

Business hours 8 a.m. to 4 p.m.  
Monday thru Friday • Gates open daily

E 7739

February 22, 1989

Willie J. & Merle J. Neal  
6602 Omega  
San Diego, Ca 92139

Re: Credit Lot Purchase

It has been over a year since a payment was received at Mt. Hope towards the purchase of your grave plot (s). If a payment is not received at Mt. Hope by March 15, 1989 it will be assumed you are no longer interested in the plot. The grave will be put on the market for sale. All funds paid thus far will be forfeited.

If you have any questions please call 264-3151.

Sandra Ward  
Administrative Aide II  
Mt. Hope Cemetery

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11/10/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Reather Mae Taylor  
 in a Double Crypt - on date Vault/Liner 11 Am - 11/15/Tues - Funeral, date, time  
 Church, Chapel, Graveside Church of Home Bogsdal Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

✓ Lot 42 Grave 2 Row - Section 2 Division/Block 11

Grave space & Care Fund .....	<u>300<sup>00</sup></u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	* <u>320<sup>00</sup></u>
Burial Container .....	<u>Concrete Double Crypt</u> <u>330<sup>00</sup></u>
Handling Fees .....	<u>Labor</u> <u>320<sup>00</sup></u>
Flower vases - Marker setting fee .....	<u>-</u>
Recording and filing fee .....	* <u>35<sup>00</sup></u>
Sales taxes .....	<u>21<sup>45</sup></u>
	<u>30 day note</u>
Total Due .....	<u>1326<sup>45</sup></u>
Paid receipt number <u>37081</u>	<u>1006<sup>45</sup></u>
Balance due	<u>0</u>

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 \_\_\_\_\_

\* Ed B. Taylor  
 Signature  
 \* 4944 manomet st  
 Address  
 \* San Diego CA 92113  
 State  
 \* 619-264-7426 Zip Code  
 Telephone

Work Order # E 7740  
 PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

005990

No 37081

CITY AUDITOR 28  
 12/9 DEC 14 1988

Date: \_\_\_\_\_ 19\_\_

From: Ed Taylor Address: 4944 Marmon St,

In \_\_\_\_\_ Payment of cheque received twenty - six 45 Dollars (\$ 1326.45)

Lot 42 Grave 2 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. 2-7740  
 BALANCE DUE 6

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	60 00
80% Sales of Lots	100	240 00
Opening/Closing	77184	320 00
Burial Containers	100	330 00
Handling Fee	77182	320 00
Recording & Misc. Fees	100	35 00
Pre-need Total	77183	
Sales Tax	63033	21 45
	9022	
	80101	
	78390	
TOTAL PAID		\$ 1326 45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
0125540

W.O. # E 7740

NOTE

\$ 1326<sup>45</sup> San Diego, California

Nov 10 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 thirteen hundred twenty six and 45/100 DOLLARS with interest from Nov 12, 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 \_\_\_\_\_

SIGNATURE X Ed B. Taylor

ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. X FO 797571

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7740

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Reather Mae Taylor</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 25, 1932</b>	DATE OF DEATH <b>Nov. 10, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ed B. Taylor - Husband</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd., San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>	ADDRESS OF FUNERAL HOME <b>4944 Manomet Street San Diego, CA 92113</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10 DISPOSITION PENDING                     |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal Sealant - Lewes Lock</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bottom on Double Crust</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 14 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/15/88</b> (ENTER DATE) <b>Ed - 28-2-11</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joyce ...</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN OTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego County Dept. of Health R. O. Box 85222 San Diego, CA 92138-5222</b>			

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Effie Patterson  
in a 11 Vault/Line Funeral date, time Mon 11/14 11:00 AM  
Church, Chapel, Graveside Chapel of Love, Huntington Mortuary.

All Funeral cars must arrive 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 \_\_\_\_\_  
Burial Container \_\_\_\_\_  
Handling Fees \_\_\_\_\_  
Flower vases - Marker setting fee \_\_\_\_\_  
Recording and filing fee \_\_\_\_\_  
Sales taxes \_\_\_\_\_  
Total Due \_\_\_\_\_ E

Paid receipt number \_\_\_\_\_  
Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 7741  
PY-583 (REV. 8-88)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7791

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>HELVIE ELIZABETH PATTERSON</b>	SEX <b>Female</b>	DATE OF BIRTH <b>09-22-1903</b>	DATE OF DEATH <b>11-09-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Hina Urbach (Daughter) 1352-A San Ysidro, Blvd. San Ysidro, CA 92073</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON TO WHOM REMAINS WERE DELIVERED) <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal Sealer - Zoja Batorath</b>	DATE CREMATED
DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A County Road - Rainy grave to be covered.</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED <b>NOV 10 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Cannon M.D.</b>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/14/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Zoja Batorath</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

90

Date 11/14/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ralph Haner in a Double Crypt Funeral, date, time Nov 11-15, 1:45 Church, Chapel, Graveside Selevery only; 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 Witness

Lot 2073 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/~~Block~~ 10

Grave space & Care Fund	<u>By Paid - E-4109</u>	
Additional spaces and care fund	<u>for Double Burial -</u>	
Opening/Closing & Setup		<u>320.00</u>
Burial Container		<u>330.00</u>
Handling Fees		<u>320.00</u>
Flower vases - Marker setting fee		
Recording and filing fee		<u>35.00</u>
Sales taxes		<u>21.45</u>
	Total Due	<u>1026.45</u>
	Paid receipt number <u>37279</u>	<u>1026.45</u>
	Balance due	<u>0</u>

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 record holder of deed \_\_\_\_\_

Lily Booth Haner  
Signature  
1018 E. Lexington  
Address  
El Cajon, Ca 92020  
City State Zip Code  
444 9254  
Telephone

Work Order # E 7742  
PY-883 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

*Send credit to Attorney's Office  
To 1600 S. Sweet Ave. Suite 2000  
San Diego, CA 92101*

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7742

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>RALPH HANER</b>	SEX <b>Male</b>	DATE OF BIRTH <b>June 26, 1907</b>	DATE OF DEATH <b>Nov. 11, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lily B. Haner (Wife)</b> <b>1018 East Lexington Avenue</b> <b>El Cajon, CA 92020</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON TO WHOM SUCH FUNERAL DUTIES ARE DELEGATED) <b>Humphrey Chula Vista Mortuary - 677 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b> </div> <input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Plywood Box 24X24X78</b>	DATE CREMATED <b></b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Non-embalmed - Big man -</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Double Crypt - on bottom</b>	
ACKNOWLEDGMENT OF APPLICANT	<b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b>	SIGNATURE OF APPLICANT <b></b>
		DATE SIGNED <b></b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/15/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>NOV 15 1988</b>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Geoyew [Signature]</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D. Co</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b></b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37279

Date: 2-1 19 89  
 From: Lily Booth Green Address: 1018 E. Lexington Ave, El Cajon  
one thousand twenty-six 45/100 Dollars (\$ 1026.45)  
 In \_\_\_\_\_ Payment of  Ralph Green's Interment

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7742

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-57)

103

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 FEB 06 1989

ISSUED BY Arden Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>320</u>	<u>00</u>
Burial Containers	77182	<u>330</u>	<u>00</u>
Handling Fee	77185	<u>220</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>35</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>21</u>	<u>45</u>
	78390		
TOTAL PAID	\$	<u>1026</u>	<u>45</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*air seal vault for her*

Date

*11/14/88*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of *Daphne F. Squires*

in a *vault* Funeral, date, time *Wed - 11/16 - 11:30A*

Church, Chapel, Graveside *Chapel & G.S.* *Bendon 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 *Boat Gate*

✓ Lot *X* Grave *12* Row *11* Section *2* Division *2*

Grave space & Care Fund *Per deed C-52087*

Additional spaces and care fund *none*

Opening/Closing & Setup *320.00*

Burial Container *175.00*

Handling Fees *170.00*

Flower vases - Marker setting fee

Recording and filing fee *35.00*

Sales taxes *11.37*

Total Due *711.37*

Paid receipt number *36960* *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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Invoice #

Acct. #

Work Order #

PR-503 (REV. 8-88)

**E 7743**

*Daphne L. Ball*  
*22 W 247 Glen Valley*  
*Glen Elyon, IL*  
*60137*  
*312/469-2618*

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7743

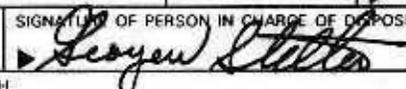
USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Daphne F. Squires</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 28, 1899</b>	DATE OF DEATH <b>Nov. 10, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Glen Ellyn</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Illinois</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Daphne L. Bell - Daughter 22 W. 247 Glen Valley Drive Glen Ellyn, IL 60137</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ISSUING PERMIT) <b>Cypress View/Bonham Brothers 3955 Imperial Ave. San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>670</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Wooden T.S. Vault</b>	DATE CREMATED —
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT, ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Vet WW2</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT _____ DATE SIGNED _____
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/16/88</b> (ENTER DATE) <b>via record - 2-2</b>	DATE PERMIT ISSUED <b>NOV 15 1988</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS**

OFFICIAL RECEIPT

No 36960



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

From: Daphne Ball Address: 22 W 24th San Valley Date: 11-14, 1988

Seven hundred eleven 37/100 - Dollars (\$ 711.37)

In \_\_\_\_\_ Payment of Daphne J. Aquino's Interment

Lot \_\_\_\_\_ Grave 12 Row 11 Section 2 Division 2  
Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7743

BALANCE DUE 8

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

730

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

CITY AUDITOR  
NOV 21 1988

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	320	00
Burial Containers	100	175	00
Handling Fee	77182	170	00
Recording & Misc. Fees	100	35	00
Pre-Need Trust	69033		
Sales Tax	9022		
	80101	11	37
	78380		
TOTAL PAID	\$	711	37

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Need John Burns 10:30 to pre-set casket Date 11-14

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eleanor Lund

in a T.S. Vault Funeral, date, time Nov 14 11 AM

Church, Chapel, Graveside Mortuary, John

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 379 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Bleek 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 25.00

Sales taxes 11.37

Total Due 711.37

Paid receipt number 36969 711.37

Balance due 0

*daughter will be here 1:00 11-14 to punch arrangement*

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 \_\_\_\_\_

Mrs Ethel M. Brown  
Signature

9255 Bellagio Rd.  
Address

San Diego, Ca. 92071  
State Zip Code

(619) 448-5456  
Telephone

Work Order # E 7744

PY-683 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7744

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ELEANOR BELL LUND</b>		SEX <b>female</b>	DATE OF BIRTH <b>June 3, 1899</b>	DATE OF DEATH <b>Nov 14, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ethel Anetta Bryant - daughter 9255 Bellagio Road Santee, CA 92071</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)             | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA...3751 Market St.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a Greenwood -</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a T.S. Vault -</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 16 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/17/88</u> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. ...</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Leoyen ...</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE			

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 36969

Date: 11-14 1988

From: Hel Supant Address: 9255 Bellagio Rd

San Diego 92110 Dollars (\$ 711.37)

In Payment of cleaner's fund's interest

Lot 379 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. B-7704

BALANCE DUE 1250

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

NOV 21 1988

ISSUED BY

Andrea Wald

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>320</u>	<u>00</u>
Burial Containers	100	<u>175</u>	<u>00</u>
Handling Fee	77182	<u>170</u>	<u>00</u>
Recording & Misc. Fees	100	<u>35</u>	<u>00</u>
Pre-Need Trust	63033		
Sales Tax	8022		
	60101	<u>11</u>	<u>37</u>
	78360		
TOTAL PAID	\$	<u>711</u>	<u>37</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anna E. Waite  
 in a Best Vault Funeral, date, time Tues 11/22 11:00  
 Church, Chapel, Graveside Deliver only: Sicken-Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Witness L

Lot 5 Grave 2 (Opp Reg'd) Section MPS Division/Block L

Grave space & Care Fund .....	_____
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>105.00</u>
Burial Container .....	<u>40.00</u>
Handling Fees .....	<u>60.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>2.60</u>
Total Due .....	<u>242.60</u>
Paid receipt number <u>36961</u>	<u>242.60</u>
Balance due	<u>0</u>

I hereby certify I am the Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
 Signature of recorded holder of deed

Dorothy W. Berman  
 Signature  
11 Lamberton Rd.  
 Address  
Oakville, Wash. 98568  
 State  
(206) 293-8200  
 Telephone Zip Code

Work Order # E 7745  
 PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7745

#57331

**Erickson Anderson**

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Anna Emeline Waite</b> <b>AKA Anna Emeline Waite</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 27, 1902</b>	DATE OF DEATH <b>Nov. 10, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Dorothy W. Barrian (Cousin)</b> <b>11 Langabeer Rd.</b> <b>Oakville, Washington 98568</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Erickson Anderson Mortuary</b> <b>8390 Ardison Ave., La Mesa, CA 92041</b>		CALIFORNIA LICENSE NUMBER <b>F296</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1 BURIAL INCLUDES ENTOMBMENT                           | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                       |   |  |

**FOR CORONER'S USE ONLY**

10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Rose Cemetery</b> <b>3751 Market St., San Diego, CA</b>	COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Cypress View Crematory</b> <b>3933 Imperial Ave., San Diego, CA</b>	DATE CREMATED <b>11-17-88</b>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Top Right Hand Side</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT <b>[Signature]</b>	
LOCAL REGISTRAR		<p>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT</p> <p>AMOUNT OF FEE PAID: <b>\$ 4.00</b></p> <p>DATE PERMIT ISSUED: <b>NOV 15 1988</b></p>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Powell M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	<p>I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/22/88</b> (ENTER DATE)</p> <p><b>5/8/ MMS/L</b></p>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... TO CEMETERY  
PINK ..... TO AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3181

No 36961

Date: 11-14, 1988

From: Donath Berman Address: \_\_\_\_\_  
100 Avenida Jerte - Two 60/00 Dollars (\$ 242.60)  
In \_\_\_\_\_ Payment of Bond E. Waites Summit

Lot 5 Grave 2 Row \_\_\_\_\_ Section MAS Division L

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7745

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

464

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

NOV 21 1988

ISSUED BY Andrea Reed

CREDIT	87007	
20% Sales Cars	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>105 00</u>
77181		
Burial Containers	100	<u>40 00</u>
77182		
100		<u>60 00</u>
Handling Fee	77185	
100		<u>35 00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	9022	
9022		
Sales Tax	80101	<u>2 60</u>
78380		
TOTAL PAID	\$	<u>242 60</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11/14/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emma Williams

in a Top lead Vault Vault/Liner Funeral date, time Fri-11/18 2pm

Church, Chapel, Graveside Wood & Grove, Regadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 34 Grave 8 Row \_\_\_\_\_ Section 15 Division/~~Block~~ 7

Grave space & Care Fund C-0042 Paid

Additional spaces and care fund none

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Sealed Vault - Earth 175<sup>00</sup>

Handling Fees labor 170<sup>00</sup>

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35<sup>00</sup>

Sales taxes 11.37

Total Due 711.37

Paid receipt number 38962 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.

I hereby authorize the interment in lot I hold under deed.

Signature Nelson Marsh

Address 2667 L St

State San Diego Calif Zip Code \_\_\_\_\_

Telephone 983-3963 92112

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 7746

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7746

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>EMMA WILLIAMS</b>		SEX <b>Female</b>	DATE OF BIRTH <i>1892</i> <b>May 24, 1988</b>	DATE OF DEATH <b>Nov. 11, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Helen Guy - Daughter</b> <b>2667 "L" Street</b> <b>San Diego, CA 92102</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.: San Diego, CA</b> <i>3050 Federal Blvd.</i>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <i>Cloth Covered Wooden</i>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>T.S. Vault</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 18 1988</b>  SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D.C.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <i>11/18/88</i> <b>37-8-11-7</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Raymond [Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego County Dept. of Health Services</b> <b>P. O. Box 85222</b> <b>San Diego, CA 92138-5222</b>		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36962

Date: 11/14, 1988

From: Helene Guy Address: 2667 - L St S.D. 92102

In full Payment of Seven Hundred Fifty and 37/100 Dollars (\$ 711.37)  
Interment of and for Emma Williams dec

Lot 34 Grave 8 Row — Section 15 Division 7

Invoice No. ~~~~~  
 Acct. No. ~~~~~  
 W.O. E 7746  
 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  
 NOV 21 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	<u>360.00</u>
Burial	100	<u>175.00</u>
Containers	77182	<u>170.00</u>
Handling Fee	100	
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	63033 9022	
Sales Tax	90101 78390	<u>11.37</u>
TOTAL PAID	\$	<u>711.37</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-14

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert Dale Dean

in a Cash Vault Funeral, date, time Wed 11-16 2pm

Church, Chapel, Graveside Seaside 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 yes WW2

✓ Lot 19 Grave 19 Row 16 Section 2 Division/Block 2

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105.00

Burial Container Cash Vault - ..... 40.00

Handling Fees Center Top 1/2 ..... 60.00

Flower vases - Marker setting fee over .....

Recording and filing fee ..... 35.00

Sales taxes ..... 2.60

Total Due ..... 242.60

Paid receipt number 26977 ..... 142.60

4/07/89 Balance due 100.00

*Maybe  
3 day - to pay  
guide VA of  
shows cost  
of space*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

mrs. Dean  
\* Norma Dean  
 Signature

Address

Signature of recorded holder of deed

State 728-3215 Zip Code

Telephone



Work Order # E 7747

Invoice # 028935  
 Acct. #

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7797

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Robert Dale Dean</b>		SEX <b>Male</b>	DATE OF BIRTH <b>3-31-1920</b>	DATE OF DEATH <b>11-12-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Fallbrook</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Norma M. Dean (Wife) 230 E. Fallbrook Street Fallbrook, CA 92028</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-1357</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market Street San Diego CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda Inc., 14065 Olde Hwy. 80 El Cajon, CA</b>	DATE CREMATED <b>11/15/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR POSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>Preneed by:</b> <i>[Signature]</i> DATE SIGNED <b>November 14, 1988</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 15 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/16/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

**COPY 1** OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 36977

From: Norma Dean Address: 230 E. Fullbrook St #9 - F.B. Ca 92028  
 Date: 11/16/88, 1988  
 Dollars (\$ 100.00)  
 is Part Payment of Instrument of Robert D Dean - Dec

Lot \_\_\_\_\_ Grave 19 Row 16 Section 2 Division 2

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 7747  
 BALANCE DUE 142.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

6

ISSUED BY [Signature]

CREDIT	87007
20% Sales Cert	77184
80% Sales of Lots	100
Opening/Closing	100
Serial Containers	77181
Handling Fee	100
Recording & Misc. Fees	77185
Pre-Need Trust	100
Sales Tax	63033
	9022
	60101
	76390
TOTAL PAID	\$ <u>100.00</u>

CITY/0.00  
 NOV 25 1988

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 AC-212 (Rev. 10-87) 111



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7798

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Tiffany Small</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 5, 1983</b>	DATE OF DEATH <b>Nov. 30, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Rennald Small - Father 2220 Dunlop St. Apt. 4 San Diego, CA 92111</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort. San Diego, CA 5050 Federal Blvd.</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A 4-0 Heghpile-Woodm-</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A #1 Bell Tower -</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 14 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/16/88</u> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Rennald K. Ramos, M.D., M.M.</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joseph Stettin</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego County Dept. of Health Services San Diego, CA 92138-5222</b>		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE P. O. Box 85222		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37118



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

Date: 12/9/29, 1938

From: W. D. Gentry  
Address: 5454 Ruffin Rd.

In full Payment of statement of + for following small  
Dollars (\$) 529.84

Lot 132 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division Block 9

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7748  
BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR  
JAN 09 1989

ISSUED BY [Signature]

CREDIT	67007	39 00
20% Sales Tax	77104	
30% Sales of Lots	100	156 00
	77194	
Opening/Closing	100	195 00
	77181	
Burial Containers	000001	75 00
		25 00
Handling Fee	77185	
Recording & Misc. Fees	100	35 00
	77183	
Pre-Need Trust	63033	
	9022	4 87
Sales Tax	60101	
	78390	
TOTAL PAID		529 84

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

P.A. 106-2182

Date 11-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Turner Jr. (Infant 2 wks) in a \_\_\_\_\_ Vault/Urner Funeral date, time Thurs 11Am - 11/17 Church, Chapel, Graveside Deliver Oak Ridge Mortuary. All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 112 Grave 6 Row \_\_\_\_\_ Section 100F Division/Block 43

Grave space & Care Fund .....	<u>28.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>45.00</u>
Burial Container .....	_____
Handling Fees .....	_____
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	_____
Sales taxes .....	_____
Total Due .....	_____
Paid receipt number .....	_____
Balance due .....	<u>73.00</u>

PA to call back with # 2-0 Flax

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

P.A # 106-2182

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 7749  
PY-593 (REV. 9-88)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7749

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Carl Ranell Turner, Jr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 25, 1988</b>	DATE OF DEATH <b>Nov. 9, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Carl Turner, Sr. - Father 24 No. Drexel Ave. National City, CA 92050</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>wooden (P.A.)</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT  ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
		DATE PERMIT ISSUED <b>NOV 14 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Dorall E. Ramos, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>P. O. Box 85222 San Diego County Dept. of Health Services San Diego, CA 92138-5222</b>	

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11/15/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nettie Cawner

in a Single Vault Funeral date, time 11/17 - Thu - 2 P.M.

Church, Chapel, Graveside Chapel & SS Levee 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 need help

Lot 125 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund Need # 11305 - E-6K2 -

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 11.37



Total Due 711.37

Paid receipt number 36970 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.

James H. Cawner  
I hereby authorize the interment in lot I hold under deed.

\* James Cawner  
Signature 4135 Jellison - # 7  
Address San Diego  
State CA. Zip Code 92104  
Telephone 281-1683

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 7750  
PV-883 (REV. 8-88)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7750

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>NETTIE E. CAVNER</b>		SEX <b>female</b>	DATE OF BIRTH <b>Aug 8, 1912</b>	DATE OF DEATH <b>Nov 14, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>James K. Cavanaugh - husband 4135 Illinois St. #17 San Diego, CA 92104</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Bembough 3051 El Cajon Blvd. San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA...3751 Market St.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Wooden</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 16 1988</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/17/88</b> (ENTER DATE) <b>125/3/24</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36970

From: James Cawen Address: 4/35 Del. #7 S.D. 92104 Date: 11/15/88

In full Payment of Interment fees for Nettie Cawen deceased Dollars (\$ 711<sup>37</sup>)

Complete - no marker included -

Lot 125 Grave 3 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 7750  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

259  
2

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR  
 NOV 21 1988

Raymond [Signature]

CREDIT	67007	
20% Sales Tax	77184	
60% Sales of Lots	100	
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77182	<u>170.00</u>
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	<u>11 37</u>
	76390	
TOTAL PAID	\$	<u>711 37</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-15-88

*Unseed  
 Trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert Adam or Henry Adam

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 43 Grave 8 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee Pd in full

Recording and filing fee 10-30-90 35.00

Sales taxes Pd \$713.37 11.37

Total Due 711.37

*23 @ \$29  
 1 @ \$4.37*

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 \_\_\_\_\_

*Robert Adam*  
 Signature Robert Adam  
 Address 1883 Leimrook Dr  
San Diego, CA 92111  
 Telephone 279-0439 Zip Code \_\_\_\_\_

Work Order # **E 7751**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

NAME Odom, Robert or Henry

ACCT. NO. E-7751

ADDRESS 1883 Lanbrook Drive, San Diego, Ca 92111

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
15 88	Lot 43, Grave 8, Section 1, Division 11 Opening/Closing, Top Seal Vault, Recording	711 37			
1/30 88	Coupon 1, Receipt 37007			300	681 37
1-5 89	Coupon 2, Receipt 37178			300	651 37
2-1 89	Coupon 3, Receipt 37283			290	622 37
2-28 89	Coupon 4, Receipt 37404			290	593 37
3-24 89	Coupon 5, Receipt 37547			290	564 37
4-28 89	Coupon 6, Receipt 37714			290	535 37
6-2 89	Coupon 7, Receipt 37893			290	506 37
6-16 89	Coupon 8, Receipt 38231			290	477 37
8-2-89	Coupon 9, Receipt 38352			29 -	448 37
8-21 89	Coupon 10, Receipt 38460			290	419 37
10-2 89	Coupon 11, Receipt 37986			290	390 37
10-31 89	Coupon 12, Receipt 38087			290	361 37
10-4 89	Coupon 13, Receipt 38625			290	332 37
1-4-90	Coupon 14, Receipt 38732			290	303 37
2-6-90	Coupon 15, Receipt 38853			290	274 37
3-6-90	Coupon 16, Receipt 38945			290	245 37
4-3-90	Coupon 17, Receipt 39066			290	216 37

pd in full  
 6/1/90

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

*5-2-90	Coupon 18, Receipt 39177				210.07
7-2-90	Coupon 19, Receipt 39436			29.00	181.37
8-3-90	Coupon 21, Receipt 39559			29.00	152.37
10-3-90	Coupon #22,23, Receipt# 39772			58.00	94.37
10-30-90	Coupon 24, Receipt 35877			44.37	50.00
*6-1-90	Receipt 35253			29.00	21.00

Paid-in full  
Debit Sent

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37007

Date: 11-30 1988

From: Robert Adam Address: 1883 Tibbuck Dr, SD

thirt, dollars no/100 - Dollars (\$ 30.00)  
 In Payment of vaugon 1 Preneed Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 11  
 Block \_\_\_\_\_

invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7751

BALANCE DUE 681.37

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1002

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 DEC 9 1988

ISSUED BY Sandra Nord

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77182		
Sales Tax	60101		
TOTAL PAID	78390		
		<u>30</u>	<u>00</u>
		<u>30</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

264-3151

No 37178

Date: 1-5, 1989

From: Robert Adam Address: 1783 Lakewood Dr, SD

Fifty dollars 10/10 Dollars (\$ 30.00 )

In Payment of coupon 2 Union Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-9751

BALANCE DUE 651.37

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

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>30 00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>30 00</u>

CITY AUDITOR  
 JAN 11 1989

ISSUED BY Sandra Ward

1017

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37283

From: Robert Chapman Address: 1883 Lenbrook Dr, SD Date: 2-1, 1989  
Wesley - Marie 10/1/88  
 Dollars (\$ 29.00)  
 In Payment of Invoice # 3 Pre-need Trust

Lot 43 Grave 6 Row \_\_\_\_\_ Section 1 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7751  
 BALANCE DUE 622.37

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1025

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
**FEB 06 1989**  
 ISSUED BY [Signature]

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	60303	<u>29.00</u>
	9022	
	60101	
	76390	
		<u>29.00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 37404

Date: 2-28, 1989From: Robert Adam Address: 1883 Leimbrook Dr, SP
Twenty-nine 20/100 Dollars (\$ 29.00 )  
 In \_\_\_\_\_ Payment of Prepaid Trust

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7751BALANCE DUE 593.37Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check 

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE.

CITY AUDITOR

MAR 06 1989

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Cars	77184	
90% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	<u>29.00</u>
	9022	
	60101	
	78360	
		<u>29.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37547

From: Robert Adams Address: 1883 Lenbrook Dr, D  
Twenty-nine Dollars (\$ 29.00)  
 In Payment of Prepaid Trust Expires 5

Date: 3-24, 1989

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 11  
 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7751  
 BALANCE DUE 564.37

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**  
**MAR 30 1989**

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
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	<u>29.00</u>
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>29.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37714

From: Robert Odum Address: 1883 Lumberbrook Dr, SD Date: 4-28, 1989  
Twenty-nine Dollars (\$ 29.00)  
 In Payment of Coupons to Fenced Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7751  
 BALANCE DUE 535.37

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	8022	
TOTAL PAID	60101	
	78390	

**CITY AUDITOR**  
**MAY 08 1989**  
29.00  
29.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

1056

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 37893

Date: 6-2 19 89

From: Robert Olson Address: 1063 Sanbrook Dr SD

In Trust - new will Dollars (\$) 29.00  
 Payment of Coupon 7 - Purced Trust

Lot 43 Grave 1 Row \_\_\_\_\_ Section 1 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7751

BALANCE DUE 506.37

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1069

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 JUN 09 1989

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>29.00</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>29.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38231

Date: July 6, 1989

From: Robert Odum Address: 1883 Lindbrook Drive

Twenty nine <sup>no 1100</sup> Dollars (\$ 29.00 )

In \_\_\_\_\_ Payment of Coupon B Preneed Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7751

BALANCE DUE \$ 477.37

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1141

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Sharon D. Crain

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	
	63033	29 00
	9022	
	80101	
	78380	
		29 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**  
 284-3151

No 38352

Date: Aug 3, 1989

From: Robert Odum Address: 1883 Kimbrook Dr

In part Payment of Pranad Trust 9 Dollars (\$ 29.-)

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7751

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1153

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY R. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>29.-</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>29.-</u>

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

112 38460

From: Robert Adams Address: 1123 Lenbrook Drive S.D. 92111 Date: 8-31, 1989  
Trusty - since 1960  
 Dollars (\$) 29.00  
 In Payment of Coupon Personal Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7751

BALANCE DUE 419.37

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.

ISSUED BY Supra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	63033	<u>29.00</u>
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>29.00</u>

CITY AUDITOR  
 SEP 05 1989

1165

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 37986

From: Robert Chan Address: 1883 Lenbrook Dr, SD Date: 10-2 1989

In Twenty-nine Dollars (\$ 29.00)  
 Payment of Copy for 11 Funeral Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7751  
 BALANCE DUE 390.37

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184	100	
Opening/Closing	77181	
Burial Containers	100	
77182	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183	60033	
Pre-Need Trust	8022	<u>29.00</u>
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>29.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 1178

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

NO 38087

Date: 10-31, 1989

From: Robert Olson Address: 1183 Leekwood Drive, SD

Twenty-nine Dollars (\$ 29.00)

In Payment of Aug 12 Pre-need Trust

Lot 43 Grave 8 Row 1 Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7751

BALANCE DUE 361.37

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1185

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>29.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>29.00</u>

CITY AUDITOR  
NOV 06 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 38625

From: Robert Obama Address: 783 Lenbrook Drive, S Date: 12-4, 1989

In twenty-nine Dollars (\$ 29.00)  
 Payment of Unpaid 13 Burial Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7751  
 BALANCE DUE 332.37

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1201

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY: [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	<u>29.00</u>
	9022	
	60101	
	78380	
		<u>29.00</u>

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 38732

Date: 1-4, 1990

From: Robert Odom Address: 1883 Linbeck Dr., La Jolla

In Twenty Nine Dollars Dollars (\$ 29.00)  
Payment of Coupon 14, ~~Pre-need Trust~~ Pre-need Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7751

BALANCE DUE 4303.37

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1213

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY J. A. Wait

CREDIT	67007	
20% Sales Care	77184	CITY AUDITOR
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	JAN 08 1990
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	63033	29 00
	9022	
	60101	
	78390	
TOTAL PAID	\$	29 00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

**NO 38853**

Date: 2-6, 1990

From: Robert Odum Address: 1883 Lenbrook Ave, 92111

Twenty Nine Dollars Dollars (\$ 29.00)

In Payment of Pre-Paid Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7751

BALANCE DUE \$274.31

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1220

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	CITY AUDITOR
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	FEB 12 1990
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
TOTAL PAID	100	<u>29.00</u>
	63033	
	9022	
	60101	
	78390	

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

CITY AUDITOR

NO 38945

Date: 3-6, 1990

From: Robert Odum Address: 1813 Linbrook Dr. SE, 92111

In Master-Price Bill Dollars (\$ 29.00)  
 Payment of Pre-Need Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7751

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1231

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83033	<u>29 00</u>
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>29 00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUDITOR

NO 39066

Date: 4-3, 19 90

From: Robert Adams Address: 1713 Leeward Ave, # 92111

Twenty Nine Dollars Dollars (\$ 29.00 )

In Payment of Plot Fee Trust Fund

Lot 43 Grave 9 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7757

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1339

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>29.00</u>
	9022	
Sales Tax	80101	
	78990	
TOTAL PAID	\$	<u>29.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

CITY AUDITOR

MAY 07 1990

No 39177

E-7751

Date: 5-2, 1990

From: Robert Odum Address: 1883 Fairbank Dr., St 92111

In Twenty-seven Dollars (\$ 27.00) Payment of Pre-need Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7751  
 BALANCE DUE \_\_\_\_\_

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	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>29 W</u>
Sales Tax	9022	
TOTAL PAID	60101	<u>29 W</u>
	76390	

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

1248

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E-7751  
 NO 39293

Date: 6-1, 1990

From: Robert Olson Address: 1103 Leimbeck Dr, St 92111

In Twenty-Nine Dollars (\$ 29<sup>00</sup>) Payment of Pre-Need Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 5-11-90

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>29.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>29.00</u>

**CITY AUDITOR**  
**JUN 8 1990**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39426

Date: 7-2, 1990

From: Robert Nelson Address: 1583 Limbert Ave, SA 92116

In Twenty Nine Dollars (\$ 29.00)  
 Payment of Lot & Pre-Need Trust

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-4451

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1268

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		
Opening/Closing	100		
Burial Containers	77181		
Handling Fee	100		
Recording & Misc. Fees	77182		
Pre-Need Trust	100		
Sales Tax	63033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>29</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39559

Date: Aug 3, 1990

From: Robert Nelson Address: 1873-Larkwood, S.E. 92111

In Twenty Seven Dollars (\$ 27.00)  
 Payment of Pre-Need Trust

Lot 43 Grave 9 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-97751

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1280

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY jaits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>29 00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>29 00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39772

Date: 10-3-1940

From: Robert & Henry Dixon Address: 1882 Hillbrook Dr San Diego 92111

FIFTY EIGHT AND 00/100 Dollars (\$ 58.00 )

In \_\_\_\_\_ Payment of PRE-NEED TRUST

Lot 43 Grave 8 Row — Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7751

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-67)

#1302

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Robert Dixon

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>58.00</u>
	9022	
	80101	
	78390	
		<u>58.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 39881

Date: 10-30, 1990

From: Robert Adams Address: 1883 Leeward Dr, La Jolla

Forty-Four Dollars (\$ 44 37)

In \_\_\_\_\_ Payment of Pre-need Trust

Lot 43 Grave 7 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-7751

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-67)

1308

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

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	<u>44</u>	<u>37</u>
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>44</u>	<u>37</u>

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7751

Preneed Trust

Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											10

Amount due when paid on, or before,  
due date above.

▶ \$ 29.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 30.00

NAME Robert Odom Amount Received \$ 30.00  
ADDRESS 1883 Lenbrook Dr  
CITY San Diego STATE Ca ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7751

Preneed Trust

Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

Amount due when paid on, or before,  
due date above.



\$ 29.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 30.00

NAME Robert Odom Amount Received \$ \_\_\_\_\_

ADDRESS 1883 Lenbrook Dr

CITY San Diego STATE Ca ZIP 92111

check (  ) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7751**

**Preneed Trust**

**Robert or Henry Odom  
1882 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											10

Amount due when paid on, or before,  
due date above.

▶ \$ 29.00

Amount due if paid more than ~~10~~ days  
after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7751

Preneed Trust

Robert or Henry Odom  
 1883 Lenbrook Drive  
 San Diegg, Ca 92111

## Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											10

Amount due when paid on, or before,  
 due date above.

▶ \$ 29.00

Amount due if paid more than 10 days  
 after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7751**

**Preneed Trust**

**Robert or Henry Odom  
1882 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											10

Amount due when paid on, or before,  
due date above.



\$ 29.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7751**

**Preneed Trust**

**Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											<b>10</b>

Amount due when paid on, or before,  
due date above.

**\$ 29.00**

Amount due if paid more than **10** days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7751**

**Preneed Trust**

**Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											10

Amount due when paid on, or before,  
due date above.

▶ \$ **29.00**

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7751**

**Pressed Trust**

**Robert or Henry Odom  
1882 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											<b>10</b>

Amount due when paid on, or before,  
due date above.



\$ **29.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$

Amount Received

\$ **29.-**

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-7751**

**Pruned Trust**

**Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca - 92121**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											<b>10</b>

Amount due when paid on, or before,  
due date above.



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7751**

**Pruned Trust**

**Robert or Henry Odom  
1882 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											<b>10</b>

Amount due when paid on, or before, due date above.



\$ **29.00** \_\_\_\_\_

Amount due if paid more than **10** days after due date above.



\$ **1.00** \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7751**

**Preneed Trust**

**Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											<b>10</b>

Amount due when paid on, or before,  
due date above.



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7751**

**Fronted Trust**

**Robert or Henry Odom,  
1883 Leebrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											<b>10</b>

Amount due when paid on, or before,  
due date above:



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above:



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**2-7751**

**Pressed Trust**

**Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

Amount due when paid on, or before,  
due date above.



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than 10 days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7751**

**Preneed Trust**

**Robert or Henry Odom  
1833 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											<b>10</b>

Amount due when paid on, or before,  
due date above.



\$ **29.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2-7751

Pruned Trust

Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											10

Amount due when paid on, or before,  
due date above.



29.00

\$

Amount due if paid more than 10 days  
after due date above.



1.00

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7751**

**Pressed Trust**

**Robert or Henry Odom  
1833 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											<b>10</b>

Amount due when paid on, or before,  
due date above.



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

**Preneed Trust**

**Robert or Henry Odon  
1883 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											<b>10</b>

Amount due when paid on, or before,  
due date above.

**29.00**  
\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.

**1.00**  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each installment

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**B-7751**

**Pruned Trust**

**Robert or Henry Oden  
1852 Leebrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											<b>10</b>

Amount due when paid on, or before  
due date above.



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7751**

**Pressed Trust**

**Robert or Henry Odon  
1883 Lambrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											<b>10</b>

Amount due when paid on, or before,  
due date above.



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (  ) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7751**

**Freedom Trust**

**Robert or Henry Odom  
1883 Leabrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											<b>10</b>

Amount due when paid on, or before,  
due date above.



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**W-7751**

**Freemad Trust**

**Robert or Henry Oden  
1883 Leabrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											<b>10</b>

Amount due when paid on, or before,  
due date above.



**29.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance.

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7751**

**Pressed Trust**

**Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											<b>10</b>

Amount due when paid on, or before,  
due date above.

▶ \$ **29.00**

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**24**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7751**

**Pruned Trust**

**Robert or Henry Odom  
1883 Lenbrook Drive  
San Diego, Ca 92111**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											<b>10</b>

Amount due when paid on or before  
due date above



\$ 44.37

Amount due if paid more than **10** days  
after due date above



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

E 7751



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

No 11801

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Robert or Henry Odom for the sum of \$ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 43; grave 8; section 1; division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5001

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 Marker is 12" X 24", Flat Marker Only

Wendy Jo League  
Cemetery Manager

Shea Sullivan  
Property Director

E 7751

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Interment*

Date 11-15-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Adam or Henry Adam

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 43 Grave 8 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund .....	_____
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>175.00</u>
Handling Fees .....	<u>170.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>11.39</u>
Total Due .....	<u>711.39</u>

23 @ \$29  
1 @ 44.37

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

Robert Adam  
Signature  
1830 S. Brook St  
Address  
San Diego, CA 92111  
City  
279-0439  
Telephone Zip Code

Work Order # E 7751  
PV-593 (REV. 5-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15 day of November, 1988, between Robert Olson, 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 43, Grave 8, Row     , Section 1, ~~Block~~ Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$711.37, payable as follows: \$711.37 cash herewith, the receipt of which is hereby acknowledged; \$29.00 on the 10 day of December, 1988; and the balance in installments of \$29.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE- STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE- STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

WITNESS our hands this day and year above written.

Deed to be issued to:

Robert or Henry, Adam  
Name

1883 Lenbrook Dr.  
Address

San Diego, CA 92111

PURCHASER

\_\_\_\_\_  
\_\_\_\_\_

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Andrea L. Wood

E 7751

THE CITY OF SAN DIEGO

DP 3760713 ✓

# REQUEST FOR DIRECT PAYMENT

DISTRIBUTION:  
PINK, WHITE, BLUE TO AUDITOR,  
VIA PURCHASING IF PAYMENT FOR  
MATERIALS OR SUPPLIES, ORIG.  
DEPT. RETAIN GREEN AND YELLOW.

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of trust for Robert Odom

43-8-1-11

E-7751

ENCUMBRANCE DOCUMENT NUMBER

COMPLETE

RESPONSIBLE DEPT. NO.: 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

Refund

PAYMENT DATE FUND OVERRIDE  
11 / 14 / 95

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYEE	SEQ	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY - STATE - ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A B C		Robert Odom 208 LaSalle Dr. Clovis NM 88101	Refund		4		\$713.37		

*Handwritten:* Paid 11-14-95  
Kutby

5 / TOTAL AMOUNT \$ 713.37

### DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		63033	072		9022		TRUST			713.37

AUTHORITY FOR PAYMENT

RES/DOC. NO.  
I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

JoAnn Waits  
DEPT. HEAD OR DESIGNEE  
PURCHASING APPROVAL

AGENT  
AUDITOR APPROVAL

PREPARED BY Jane Rauch PHONE 527-3400 DATE 11-6-95

DEPT. / DIV. NAME M.S.  
R.E.A.D. / Mt. Hope Cemetery# 72

DP 3760713

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Prepared*

Date 11-15-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Evelyn Hamilton

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 59 Grave 3 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund .....		<u>495.00</u>
Additional spaces and care fund .....		
Opening/Closing & Setup .....	<u>2 @ 320.00</u>	<u>640.00</u>
Burial Container .....		<u>330.00</u>
Handling Fees .....		<u>320.00</u>
Flower vases - Marker setting fee .....		
Recording and filing fee .....	<u>2 @ 35.00</u>	<u>70.00</u>
Sales taxes .....		<u>21.45</u>
	Total Due .....	<u>1876.45</u>

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.

Evelyn A. Hamilton  
Signature \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7752

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40089

Date: 12-20, 1990

From: Evelyn Hamilton Address: 7750 Madison Ave Lemon Grove

Parents' grave <sup>45</sup>/<sub>100</sub> Dollars (\$) 77.45

In \_\_\_\_\_ Payment of Lot & Trust

Lot 509 Grave 3 Row \_\_\_\_\_ Section 1 Division 1

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-7752

BALANCE DUE Q

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1089

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

ISSUED BY J. Ferguson

CREDIT	67007	<u>77.</u>	<u>45</u>
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		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>77</u>	<u>45</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUDITOR

112 39247

MAY 29 1990

Date: 5-17, 1990

From: Emily Hernandez Address: 1550 Madison, San Diego, Calif

In Twenty Eight Dollars (\$ 28.00)

Payment of Credit for Pre-Need Trust

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 6-7752

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

983

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Jean

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>78.00</u>
	8022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

CITY AUDITOR

NO 39141

APR 23 1990

Date: 4-19, 1990

From: Enoch Hernandez Address: 7530 Wade in Care, Loma Linda, Ca

Security Eight Dollars (\$ 78.00)

In Payment of Pre-Need Trust - Creditor Fee

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11152

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>78.00</u>
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

CITY AUDITOR

NO 39015

Date: 3-16, 1990

From:  Evelyn Harrison  Address:  7520 Madison, Lemon Grove 92045

In  Security Exp't  Dollars (\$  78.00  )

In  Pre-need Trust  Payment of

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O.  E-11152

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

825

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY  J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u> 78.00 </u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u> 78.00 </u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 38847

Date: 2-5, 19 90

From: Evelyn Hamilton Address: 4550 Winton Ave, San Diego 92145

Security Eight Dollars Dollars (\$ 78.00)

In Payment of Pre-Need Lot + Trust

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-4452

BALANCE DUE 8783.45

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 [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	83033	<u>78.00</u>
Sales Tax	80101	
TOTAL PAID	78390	<u>78.00</u>

**RECEIVED**  
**FEB 12 1990**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38760

From: Walter Hamilton Address: 7550 Alhambra Ave, L.B.  
Probert - Apt 101100 Dollars \$ 78.00  
 In Payment of Receipt 13, Trust  
 Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-17752  
 BALANCE DUE 861.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
77182	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>178.00</u>
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>76.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 763

OFFICIAL RECEIPT



WHITE..... TO-CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38706

Date: 12-26, 1989

From: William A. Hamilton Address: 7550 Madison Ave 26

Seneca - new not in Dollars (\$) 79.00  
 In \_\_\_\_\_ Payment of Pre-need Trust Coupon 12

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division 11  
 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7752  
 BALANCE DUE 938.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77194	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>79.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 746

CITY AUDITOR  
 JAN 02 1990

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38597

Date: 11-24, 1989

From: Pauline A. Hammett 7550 Madison Ave, San Diego Address: \_\_\_\_\_

In \_\_\_\_\_ Dollars (\$ 79.00 )

Payment of Pre-need Trust

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7752

BALANCE DUE 1017.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

717

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>79.00</u>
Sales Tax	9022	
TOTAL PAID	60101	<u>79.00</u>
	78390	

CITY AUDITOR

DEC 04 1989

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38055

Date: 10 13, 1989

From: Lucy A. Amilton Address: 7550 Madison Ave, Laguna Hills

Property - credit 2/1/80 Dollars (\$ 78.00 )

In Payment of Amilton 10 Credit Amt

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7752

BALANCE DUE 1096.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0682

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	<u>78.00</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

CITY AUDITOR  
 OCT 24 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37907

Date: 9-8, 1989

From: Rocky & Shmelter Address: 7550 Madison Ave, Lemon Grove

Twenty-eight and 00/100 Dollars (\$ 28.00)

In Payment of Pre-need Trust

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7752

BALANCE DUE 1174.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0651

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	<u>178.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	80101	<u>178.00</u>
	78390	

CITY AUDITOR  
 SEP 18 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 38440

Date: 8-21, 1989

From: Richard W. Christensen Address: 7500 Madrona Way, LA

In Seventy nine Dollars (\$ 79.00) See  
 Payment of Wagon & Credit

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7752

BALANCE DUE 1252.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 0641

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**AUG 28 1989**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>79.00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>79.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

№ 38305

Date: July 19, 1989

From: Evelyn Hamilton Address: 7550 madison Ave San Diego

In 5 Payment of Seventy-eight <sup>1100</sup> - Dollars \$ 78.00  
Coupon & Lot & Trust

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7752  
 BALANCE DUE \$ 1330.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
**JUL 24 1989**

ISSUED BY Shirley C. Crain

CREDIT	67007	
20% Sales Care	77184	<u>27 00</u>
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>51 00</u>
	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>78 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

0616

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

№ 38152

Date: 6-12, 19 89

From: Pauline Hamilton Address: 7530 Madison Ave 2 G

In Payment of Balance - credit roll Dollars (\$) 78.00

Lot 59 Grave 2 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-1752  
BALANCE DUE 1408.45

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>72.00</u>
80% Sales of Lots	100	<u>6.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>78.00</u>

CITY AUDITOR  
JUN 15 1989

ISSUED BY [Signature]  
0594

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 37804

Date: 5-10- 1989

From: EVELYN A. HAMILTON Address: 7550 MADISON AVE, LEMON GROVE 92045

SEVENTY-EIGHT DOLLARS AND <sup>xx</sup>/<sub>100</sub> Dollars (\$ 7.8.00 )

In part Payment of Lot and Trust

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E7752

BALANCE DUE 1986.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

#0561

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY W.J. Teague

CREDIT	57007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>78.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>78.00</u>

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

CITY AUDITOR

No 37602

APR 07 1989

From: Weldon Thumler Address: 7550 Madison Ave, SD Date: 4-4 19 89  
seventy-eight 70/10 Dollars 78.00  
 In Payment of Coupon 4 (credit)

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7752  
 BALANCE DUE 1564.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	62007	
20% Sales Cash	77184	
80% Sales of Lots	100	<u>78.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 0526

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

NO 37472

From: Dwight C. Hamilton Address: 7550 Modesto Ave San Diego Date: 3-7, 1989  
Property - credit  
 In \_\_\_\_\_ Payment of Cooper 3 Credit Dollars (\$ 78.00)

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7752  
 BALANCE DUE 1642.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-57)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY Jordan Ward

CREDIT	67007	
25% Sales Care	77184	
80% Sales of Lots	100	78.00
Opening/Closing	77181	
Burial Containers	100	
77182	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	8022	
80333	80101	
8022	78390	
Sales Tax		
TOTAL PAID	\$	78.00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37310

Date: 2-6, 1989

From: Charles Hamilton Address: 7550 Madison Ave, Torrance, Calif

seventy-eight Dollars (\$ 78.00 )

In Payment of coupon 2 credit lot

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-1-17752  
 BALANCE DUE 1720.45

Pre-Need Lot  All Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**FEB 10 1989**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>78.00</u>
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	
78300		
TOTAL PAID	\$	<u>78.00</u>

485

OFFICIAL RECEIPT

No 37159



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

From: Walter Hamilton Address: 7550 Madras Ave SD Date: 1-4 1989

In Payment of Seventy - credit 10/10 Dollars (\$ 70.00)  
Trust Credit for 1st & 2nd

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-17752

BALANCE DUE 1798.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

402

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

CITY AUDITOR  
JAN 09 1989

ISSUED BY

*[Handwritten Signature]*

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>70.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>70.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39937

Date: 11-13, 1990

From: Carolina Hummer Address: 2550 17th Ave. San Diego, CA 92104

Seventy-eight dollars & 00/100 Dollars (\$ 78.00)

In part Payment of Pre-need trust

Lot 59 Grave 3 Row --- Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7752  
 BALANCE DUE 157.45

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
	77183	
Pre-Need Trust	63033	<u>78.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 1051

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39838

Date: 11-16, 1990

From: HAMILTON EVELYN A. Address: 7550 MADISON AVE. LEMON GROVE (A 92045

SEVENTY EIGHT AND 00/100 Dollars (\$ 78<sup>00</sup>)

In \_\_\_\_\_ Payment of LOT 3 TRUST

Lot 59 Grave 3 Row --- Section 1 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-7752

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) #1027

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	<u>78<sup>00</sup></u>
Opening/Closing	77181	
Bursal Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>78<sup>00</sup></u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 39727

Date: 9-17, 1990

From: EVELYN HAMILTON Address: 7550 MADISON AVE JAMAICA GUYANA 92545

SEVENTY EIGHT AND 00/100 Dollars (\$ 78.00)

In \_\_\_\_\_ Payment of PRE-NEED LOT & TRUST

Lot 57 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7752

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) #1007

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	<u>78.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39587

Date: 8-8, 1990

From: Hamilton, Evelyn B. Address: 7550 Madison Ave. San Diego, CA 92121  
Lot 59, Grave 3 Dollars (\$ 78.00)

In \_\_\_\_\_ Payment of Lot 59, Grave 3

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7752  
 BALANCE DUE \_\_\_\_\_

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	
Opening/Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>78.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 AC-212 (Rev. 10-87) # 0975

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39549

Date: Aug 3, 19 90

From: Elizabeth Hamilton Address: 1550 Marlborough, San Diego

In Security Fund Payment of Under Trust & Pre-Paid Trust Dollars (\$ 79.00)

Lot 59 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7752

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0961

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	
Opening/ Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	79 00
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	79 00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39414

Date: 6-29, 1990

From: Early Hamilton Address: 9550 Madison Ave

In Security - 7/10/90 Dollars (\$ 799)

In Payment of Pre-Need Trust & Fee

Lot 29 Grave 3 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11152

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0925

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	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>799</u>

CITY AUDITOR

JUN 30 1990

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7752

Lot & Trust

Evelyn Hamilton  
7550 Madison Avenue  
San Diego, 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:

▶ \$ 78.00

Amount due if paid more than 10 days  
after due date above:

▶ \$ 1.00

\$ 79.00

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-7752

Lot & Trust

Evelyn Hamilton  
7550 Madison Avenue  
San Diego, 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.

▶ \$ 78.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 79.00

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-7752**

**Lot & Trust**

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, 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.

▶ \$ 78.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton  
7550 Madison Avenue

San Diego, 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.

▶ \$ 78.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME EVELYN HAMILTON

ADDRESS 7550 MADISON

CITY L. G. STATE Ca ZIP 92045

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7752**

Lot & Trust

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, Ca 92045**

LEMON GROVE

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.

▶ \$ 78.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 78.00

NAME \_\_\_\_\_

ADDRESS

7550 MADISON

CITY

LEMON GROVE STATE CA ZIP 92045

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7752**

**Lot & Trust**

**Evelyn Hamilton**

**7550 Madison Avenue**

**San Diego, 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.

▶ \$ 78.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$           

Amount Received \$           

NAME

ADDRESS

7550 Madison

CITY LEMON GROVE ESTATE

ZIP 92045

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7752**

**Lot & Trust**

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, Ca 92045**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>10</b>											

Amount due when paid on, or before,  
due date above



\$ **78.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME**

**ADDRESS**

**CITY**

**7550 Madison Av**  
**LEMON GROVE STATE Ca ZIP 92045**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**K-7752**

**Lot & Trust**

**Evelyn Hamilton**  
**7550 Madison Avenue**

~~SAN DIEGO, 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.



**78.00**

\$ \_\_\_\_\_

Amount due if paid more than 10 days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS

**7550 Madison Av.**

CITY

**LEMON GROVE STATE CA ZIP 92045**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7752**

**Lot & Trust**

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, Ca 92045**

*L. G.*

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS **7550 Madison**

CITY **Lemon Grove**

STATE **Ca**

ZIP **92045**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton  
7550 Madison Avenue  
San Diego, Ca 92045

LEMON GROVE

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.



78.00

\$ \_\_\_\_\_

Amount due if paid more than 10 days  
after due date above.



1.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring any coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**8-7752**

**Lot & Trust**

**Evelyn Hamilton**

**7550 Madison Avenue**

**San Diego, Ca 92045**

**LEMON GROVE**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ **79 -**

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-7752**

**Lot & Trust**

**Evelyn Hamilton**

**7550 Madison Avenue**

**San Diego, Ca 92045**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS

**7550 Madison N**

CITY

**Lemon Grove**

STATE

**Ca**

ZIP

**92045**

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK  
ACCOUNT No. **2-7732**

**LOS & TRUST**

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, Ca 92045**  
*LEMON GROVE*

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>10</b>											

Amount due when paid on, or before,  
due date above

**78.00**  
\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.

**1.00**  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7752**

**Lot & Trust**

**Evelyn Hamilton**

**7550 Madison Avenue**

**San Diego, Ca 92045**

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS

**7550 MADISON AV**

CITY **LEMON GROVE** STATE **Ca** ZIP **92045**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

*L-7752*

**Lot & Trust**

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, Ca 92045**

*L. G.*

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ **78** -

**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-7752**

**Lot & Trust**

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, Ca. 92045**

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>10</b>											

Amount due when paid on, or before,  
due date above.

**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.

**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

*2-7732*

**Lot & Trust**

**Evelyn Hamilton**

**7550 Madison Avenue**

**San Diego, Ca 92045**

*LEMON GROVE*

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**78.00**

\$

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$

\$

Amount Received

\$

*78*

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-7752**

**Lot & Trust**

**Evelyn Hamilton  
7550 Madison Avenue  
San Diego, Ca 92045**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**78.00**

\$

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$

\$

**79 -**

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. **2-7736**

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, Ca 92045**

*LEMON GROVE,*

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>10</b>											

Amount due when paid on, or before  
due date above.



**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ 79 -

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-7752**

**Lot & Trust**

**Evelyn Hamilton**  
**7530 Madison Avenue**  
**San Diego, Ca 92045**

**L. G.** Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>10</b>											

Amount due when paid on, or before,  
due date above.

**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.

**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 78

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.

*271732*

**LOT & TRUST**

**Evelyn Hamilton**  
**7550 Madison Avenue**  
**San Diego, Ca 92045**

*LEMON GROVE*

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**78.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**K-7752**

**Lot & Trust**

**Evelyn Hamilton  
7550 Madison Avenue  
San Diego, Ca 92045**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>10</b>											

Amount due when paid on, or before,  
due date above.

**78.00**

\$

Amount due if paid more than **10** days  
after due date above.

**1.00**

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring gas coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

6-1136

LEW & TRUST

Evelyn Hamilton

7550 Madison Avenue

San Diego, Ca 92045

LEMON GROVE

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.



78.00

\$

Amount due if paid more than 10 days  
after due date above.



1.00

\$

\$

Amount Received

\$

78-

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-7752

Lot & Trust

Evelyn Hamilton  
7550 Madison Avenue  
San Diego, Ca 92045

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
10									77.45		

Amount due when paid on or before due date always



\$ 82.45

Amount due if paid more than 10 days after due date always



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

EVELYN A. HAMILTON  
HUBERT HAMILTON  
7550 MADISON AVE.  
LEMON GROVE, CA 92045

0641

PAY TO THE  
ORDER OF

*Aug 18 19 89*  
*Mt Hope Cemetery*

16-40  
1220

\$ 79 -

*Seventy-nine and no/100* DOLLARS

*Union Bank*  
Union Bank

San Diego Main Office  
1284 Fifth Avenue  
San Diego, CA 92101

FOR

*Acct # E 7752*

*Evelyn A. Hamilton*

⑆ 122000496⑆0011197845⑆

0641

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elías Blas

in a \_\_\_\_\_ Funeral, date, time Thurs 11/17/88

Church, Chapel, Graveside Grove; Beige-Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 3/52 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 none .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes .....

Total Due ..... 199.00

Paid receipt number 36974 199.00

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 \_\_\_\_\_

Pauline Blas  
Signature \_\_\_\_\_  
2919 Bailey Ave  
Address \_\_\_\_\_  
Calif 92105  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
262-5948  
Telephone \_\_\_\_\_

Work Order # E 7753  
FY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7753

**Stillborn**

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ELIAS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 12, 1988</b>	DATE OF DEATH <b>4Mo.</b> <b>Nov. 12, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mr. &amp; Mrs. Vincent &amp; Pauline Blas-</b> <b>2919 Baily Avenue</b> <b>San Diego, CA 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>BERGE-ROBERTS MORTUARY National City, CA</b>		607 National City Blvd. CALIFORNIA LICENSE NUMBER <b>F-284</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING             </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A 2-0 flat top - wooden no fence</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT  ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED <b>NOV 17 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Powers M.D. D.B.</b>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/17/88</b> (ENTER DATE)	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

No 36974



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

From: Hubert Doss Address: 2919 Lailey Ave, SD Date: 11-16, 1988  
no marked sent - since no/100 Dollars (\$) 199.00  
In \_\_\_\_\_ Payment of Hubert Doss

CITY AUDITOR

Lot 3152 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 9  
Block NOV 25 1988

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7753  
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>20 00</u>
80% Sales of Lots	100	<u>80 00</u>
Opening/Closing	100	<u>64 00</u>
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	<u>25 00</u>
77183		
Pre-Need Trust	63033	
8022		
Sales Tax	80101	
78380		
TOTAL PAID	\$	<u>199 00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

1486

ISSUED BY [Signature]

MT. HOPE CEMETERY  
**INTERMENT UNDER**

City of San Diego

Date 11-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Walter Lowrey  
 in a T.S. Vault Funeral, date, time Fri 11/18 Noon  
Vault/Linear  
 Church, Chapel, Graveside Shoreside : Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 21 Grave 3 Row \_\_\_\_\_ Section 6 Division/Block 1

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 120.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 11.37

Total Due ..... 711.37

Paid receipt number 36983 711.37

Balance due 0

*Ordered by  
 Featherhill*

BROTHER,  
Walter Lowrey

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Walter Lowrey  
 Signature  
958 Dolphin Ct  
 Address  
Jupiter, Fl. 33458  
 State  
407-746-7132 Zip Code  
 Telephone

Work Order # E 7754

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

F 7754

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>RUTH B. LOWRY</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 17, 1902</b>	DATE OF DEATH <b>Nov. 11, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Kenneth Orr, Brother</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON IN CHARGE) <b>Featheringill Mort. 6322 El Cajon Bl.</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>3642 Arizona St. San Diego, CA 92104</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cem, 3751 Market, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED <b>n/a</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Cloth covered wooden casket</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a T.S. Vault</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 16 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/18/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Royce [Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY:	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.M.M.</i>		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
254-3151

No 36983

Date: 11-18, 1988

From: Walter B. Jr Address: P.O. Box 587, Lake Wirth, A-33460

seven hundred eleven 37/100 Dollars (\$ 711.37 )

In Payment of Ruth Sawyer's Interment

Lot 21 Grave 3 Row \_\_\_\_\_ Section 6 Division 104

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7754

BALANCE DUE 6

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	<u>11.37</u>
	78280	
TOTAL PAID	\$	<u>711.37</u>

CITY AUDITOR

NOV 5 1988

0121

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stephanie Rose Marques

in a          Vault/Liner Funeral, date, time Fri 11-18 11:00

Church, Chapel, Graveside Deliver ; San Diego 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 Bob

Lot 156 Grave 2<sup>TOP</sup> Row          Section 1 Division 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 1062168

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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         

Account         

Work Order # E 7755

E 7755

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>STEPHANIE ROSE MARQUEZ</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>SEPT. 2, 1937</b>	DATE OF DEATH <b>NOV. 11, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO.</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>LEE JAMME—PUBLIC ADMINISTRATOR 5201-A RUFFIN RD. SAN DIEGO, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ISSUING THIS SUCH) <b>PACIFIC BEACH MORTUARY— 4710 CASS ST. SAN DIEGO, CA 92109</b>		CALIFORNIA LICENSE NUMBER <b>815</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY—3751 MARKET ST.—SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>(Signature)</i>
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Top of Double Depth - 20" under</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>(Signature)</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 16 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/18/88</b> (DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>(Signature)</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Walter Bell  
in a Bell Service Vault/Liner Funeral date, time Mon 2 pm 11/21

Church, Chapel, Graveside Chapel & Home; Rossdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 28 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.50

Total Due ..... 856.50

Paid receipt number 36990 856.50

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Walter L Bell  
Address 4968 ELM ST  
SAN DIEGO  
State \_\_\_\_\_ Zip Code 92102  
Telephone \_\_\_\_\_

Work Order # E 7756

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7756

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>WALTER BELL</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 8, 1934</b>	DATE OF DEATH <b>Found</b> <b>Nov. 15, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Los Angeles</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Los Angeles</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Chester Lee Bell - Brother</b> <b>4968 Elm Street</b> <b>San Diego, CA 92102</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal Sealers - 20 ga</b>	DATE CREMATED <b>11/21/88</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell liner</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/21/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>NOV 21 1988</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Los Angeles County Dept. of Health Services</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>313 No. Figueroa St. Los Angeles, CA 90012</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36990

From: Chester Bell Address: 4968 Elm Hunt, San Diego Date: 11-18 1988  
eight hundred fifty-six 50/100 Dollars (\$ 856.50)  
 In \_\_\_\_\_ Payment of Walter Bell's Interment

CITY AUDITOR  
 NOV 25 1988

Lot 98 Grave 3 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7756  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184	50	00
80% Sales	100	200	00
of Lots	77184		
Opening/ Closing	100	340	00
	77181		
Burial	100	100	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100	35	00
	77183		
Pre-Need Trust	60033		
	6022		
Pre-Need Sales Tax	60101	6	50
	78380		
TOTAL PAID	\$	856	50

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

№ 37807

From: Keith N. Bell Date: 5-11 1989  
 Address: 4968 Elm Street, SP  
one hundred twenty five Dollars (\$ 125.00)  
 In \_\_\_\_\_ Payment of make installation for  
Walter Bell  
 Lot 98 Grave 3 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7756  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Andrea Wood

CREDIT	67007
20% Sales Com	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
	77181
Handling Fee	100
Recording & Misc. Fees	77185
Pre-Need Trust	100
Sales Tax	77183
	69033
	9022
	80101
	78390
TOTAL PAID	\$ <u>125.00</u>

CITY AUDITOR  
 MAY 19 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Deed George

Date 11-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen Marie Talley

in a \_\_\_\_\_ Vault/Urner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 2 Grave 4 Row \_\_\_\_\_ Section 100F Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund East George

Opening/Closing & Setup To

Burial Container \_\_\_\_\_

Handling Fees Helen Marie Talley

Flower vases - Marker setting fee 220 Santa Anna, CA

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 36981 35.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7757

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# Mt. Hope Cemetery

## The City of San Diego, California

### DEED

For and In Consideration of the sum of One-hundred <sup>no</sup> /100 ----- Dollars, receipt whereof is hereby acknowledged, the City of San Diego, through its City Manager, hereby grants to

EARL GEORGE

El Cajon, Box 783

the following described property situate and being in Mt. Hope Cemetery in the City of San Diego, in the County of San Diego, State of California, more particularly described as follows:

Lot two (2) (four grave plot) Block seven (7) I.O.O.F. section

according to a map of said cemetery surveyed under the supervision of the  
City Engineer, San Diego, California

filed in the office of the County Recorder of San Diego County on the ----- day of ----- 19-----, and recorded in Book ----- of Maps, Page -----; to be held for cemetery purposes, subject to the rules and regulations of the Cemetery Division of the Park Department now in force or hereafter to be adopted by said Cemetery Division or by the City Manager of the City of San Diego.

Said lot or parcel of land hereinabove described is granted with the express right in the grantee to perpetual care thereof by and at the expense of the Cemetery Division of The City of San Diego. It is expressly understood, however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, headstone, pavement, vault or other improvement of a like nature that is already, or may hereafter be erected or placed on said

lot or plat or parcel of land, but that the said Earl George and his representatives, executors, administrators, heirs and assigns shall at their own expense cause all such repairs to be made when needed and when requested to do so by the Park Director or the City Manager, as the case may be.

If no interment has been made in said lot or parcel of land then the grantee may resell the same subject to the rules and regulations of the Cemetery Division heretofore adopted and now in force, or subject to such rules and regulations which may hereafter be adopted by said Cemetery Division or the City Manager of The City of San Diego; such sales, however, shall be made only with the written consent of the City Manager or the Director of Parks, and upon a re-sale contrary to the provisions of this deed, or the rules and regulations hereinabove mentioned, said lot or parcel of land shall revert to the Cemetery Division of the Park Department of The City of San Diego.

If no interment has been made in said lot or parcel of land, then the same may be disposed of only pursuant to the provisions of the laws of the State of California, and the rules and regulations of the Cemetery Division of the Park Department of The City of San Diego.

*In Witness Whereof*, The City Manager of The City of San Diego has caused this deed to be executed by the Director of Parks of the said City, this 15<sup>th</sup> day of March 1944

THE CITY OF SAN DIEGO,

*W. Allen Perry*  
Park Director.

STATE OF CALIFORNIA, }  
County of San Diego, } ss.

On this 15<sup>th</sup> day of March 1944, before me

a Notary Public in and for said County, personally appeared W. Allen Perry known to me to be the Park Director of The City of San Diego, who acknowledged to me that he executed the same.

WITNESS my hand and official seal the day and year in this acknowledgment first above written.

*George Kenline*  
Notary Public in and for the County of San Diego, State of California.  
My Commission Expires Jan 16, 1946

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36981

Date: 11-17, 1988

From: Carl George Address: 2414 S. Rose, Santa Ana, CA

thirty-five no/100 Dollars (\$ 35.00)

In Payment of Deed transfer to Helen Marie  
Salley

Lot 2 Grave 48 Row \_\_\_\_\_ Section JDF Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7757

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1563

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Ardis Wood

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
Opening/Closing	100	
Burial	77184	
Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78360	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR  
 NOV 25 1988

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

5-30-002147

065859

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

LICENSE NUMBER

CLR HUSBAND PERSONAL DATA	1A. NAME OF HUSBAND—First (Given)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH—Month, Day, Year
	LARRIE	ELLSWORTH	FORTNEY	OCT 19, 1929
	3. STATE OF BIRTH	4. NUMBER OF PREVIOUS MARRIAGES	5A. LAST MARRIAGE ENDED BY	5B. DATE—Month, Day, Year
	ALASKA	2	<input checked="" type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	APR 16, 1988
6A. USUAL OCCUPATION	6B. USUAL KIND OF BUSINESS OR INDUSTRY		7. EDUCATION—YEARS COMPLETED	
TEST TECHNICIAN	AIRCRAFT		12	
8A. FULL NAME OF FATHER	8B. STATE OF BIRTH	9A. FIRM MAIDEN NAME OF MOTHER	9B. STATE OF BIRTH	
ALAN FORTNEY	UNKNOWN	ALICE STONER	IDAHO	

WIFE PERSONAL DATA	10A. NAME OF WIFE—First (Given)	10B. MIDDLE	10C. CURRENT LAST (FAMILY)	10D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 10C.
	HELEN	MARIE	TALLEY	GEORGE
	11. DATE OF BIRTH—Month, Day, Year	12. STATE OF BIRTH	13. NUMBER OF PREVIOUS MARRIAGES	14A. LAST MARRIAGE ENDED BY
	OCT 29, 1937	OKLAHOMA	1	<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT
15A. USUAL OCCUPATION	15B. USUAL KIND OF BUSINESS OR INDUSTRY		16. EDUCATION—YEARS COMPLETED	
SECRETARY	CONSTRUCTION		10	
17A. FULL NAME OF FATHER	17B. STATE OF BIRTH	18A. FIRM MAIDEN NAME OF MOTHER	18B. STATE OF BIRTH	
EARL H. GEORGE	TEXAS	CUBA M. HUDDLESTON	OKLAHOMA	

RESIDENCE OF HUSBAND AND WIFE	19A. RESIDENCE—Street and Number	19B. CITY	19C. ZIP CODE	19D. COUNTY—Outside California, Enter State
	220 LIDO DR	SANTA ANA	92703	ORANGE
20A. MAILING ADDRESS—If Different	20B. CITY	20C. ZIP CODE	20D. COUNTY—Outside California, Enter State	
1408 TEMPLE HEIGHTS DR	OCEANSIDE	92056	SAN DIEGO	

We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a License and Certificate of Confidential Marriage.

21. SIGNATURE OF HUSBAND: *Larrie E. Fortney*

22. SIGNATURE OF WIFE: *Marie Talley*

I the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 4213.1, Civil Code.

23A. SIGNATURE AND TITLE OF ISSUING CLERK	24A. AFFIX NOTARY SEAL (If Applicable)	24B. SUBSCRIBED AND SWORN TO BEFORE ME ON
<i>Cynthia R. Boyford</i> DEPUTY		MONTH DAY YEAR
23B. COUNTY OF ISSUE	23C. MAILING ADDRESS AND ZIP CODE	SIGNATURE OF NOTARY
ORANGE	211 W. SANTA ANA BLVD SANTA ANA, CA 92702	Typed Name of Notary
23D. ISSUE DATE—Month Day Year	23E. LICENSE EXPIRES AFTER—Month Day Year	
FEB 22, 1993	MAY 23, 1993	

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	25. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California	25A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	25B. RELIGIOUS DENOMINATION OF CLERGY
	ON March Twentieth (20) 19 93	<i>Rev Daniel R. Kruse</i>	Non-Denominational
	AT San Juan Capistrano ORANGE CALIFORNIA	25C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)	25D. OFFICIAL TITLE
NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED	25E. MAILING ADDRESS (Include City and State)	25F. ZIP CODE	
	10052 Merrimac Dr., Huntington Beach, CA 92646		

COUNTY CLERK	27A. SIGNATURE OF COUNTY CLERK	27B. SIGNATURE OF DEPUTY CLERK (If Applicable)	28. DATE ACCEPTED FOR REGISTRATION
	<i>GARY L. GRANVILLE</i>	<i>[Signature]</i>	APR 06 1993

MUST BE LEGIBLE/MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS. SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS. VS 123 (7 90)

# 3218  
 by JED FOR HELEN MARIE TALLEY  
 JAN 29 2008

E 17757

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert A. Harrell

in a Cash Vault Funeral date, time Tues 11/22 3:00

Church, Chapel, Graveside Delway City Jewish 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 NO Witness 2 others

Lot 114 Grave 9 Row \_\_\_\_\_ Section 7 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 36988 242.60

Balance due 0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Robert A. Harrell, Jr.  
Signature of recorded holder of deed

Robert A. Harrell, Jr.  
Signature

718 Hamilton Lane  
Address

Escondido, CA - 92027  
State Zip Code

(619) 741-7097  
Telephone

Work Order # E 7758

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7758

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ROBERT L. MARRELL SR</b>	SEX <b>male</b>	DATE OF BIRTH <b>July 23, 1891</b>	DATE OF DEATH <b>Nov 17, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Poway</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Robert L. Marrell Jr - son 718 Hamilton Lane Escondido, CA 92025</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Banbough 3851 El Cajon Blvd. San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10 DISPOSITION PENDING             </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA....3751 Market St.</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>3953 Imperial Ave. Cypress View Crematory - San Diego, CA</b>	DATE CREMATED  SIGNATURE OF PERSON IN CHARGE OF CREMATORY  ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a Top half - Unvault</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b> DATE PERMIT ISSUED <b>NOV 18 1988</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald L. Powers #1.17</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/22/88</b> (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	<b>n/a</b>	

**COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY IF NOT APPLICABLE. COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR**

OFFICIAL RECEIPT

No 36988



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 11-18 1988

From: Robert S. Lavelle Address: 718 Hamilton Ave, Escondido, CA

two hundred forty = 100 60/100 Dollars (\$ 242.60)

In Payment of Robert S. Lavelle's Investment

Lot 119 Grave 9 Row 1 Section 2 Division NOV 25 1988 Block 25 AUDITOR

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7758

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

717

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY: [Signature]

CREDIT	87007	
20% Sales Cert	77184	
80% Sales of Lots	100	
Opening/Closing	77181	105 00
Burial Containers	100	40 00
	77182	60 00
Handling Fee	100	
Recording & Misc. Fees	77183	35 00
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	2 60
	78390	
TOTAL PAID	\$	242 60

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11/17/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Keith E. Hatter

in a Double Crypt Funeral, date, time Nov. 14/21 2:00

Church, Chapel, Graveside Magel ~~La Mesa~~ Feathermill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2-Army, Delivery Only

Lot 1067 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section -1- Division/Block 8

Grave space & Care Fund For Double Crypt 595<sup>00</sup>

Additional spaces and care fund Top Crypt - \_\_\_\_\_

Opening/Closing & Setup 320<sup>00</sup> \*

Burial Container Concrete Double Crypt 330<sup>00</sup>

Handling Fees Labor 320<sup>00</sup>

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35<sup>00</sup> \*

Sales taxes 21<sup>45</sup>

Total Due 1621.45

Paid receipt number 36987 1621.45

Balance due 0

*Will Pay in 4 Days*

I hereby certify I am the myself & Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed \_\_\_\_\_

\* Gota Hatter  
Signature  
\* 9260 Colondrina  
Address  
\* La Mesa  
State  
\* Calif 92091 Zip Code  
Telephone  
1469-6325

Work Order # E 7759  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# Army of the United States



## SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

1. LAST NAME—FIRST NAME—MIDDLE INITIAL <b>Hatter, Keith E.</b>			MILITARY OCCUPATIONAL ASSIGNMENTS		
2. ARMY SERIAL NO. <b>39 756 987</b>	3. GRADE <b>Sgt</b>	4. SOCIAL SECURITY NO. <b>338-01-3644</b>	10. MONTHS <b>5</b>	11. GRADE <b>Sgt</b>	12. MILITARY OCCUPATIONAL SPECIALTY <b>Investigator 301</b>
5. PERMANENT MAILING ADDRESS (Street, City, County, State) <b>1333 7th Ave. San Diego, Calif.</b>			<b>8</b>	<b>Sgt</b>	<b>Finance Typing Clerk 623</b>
6. DATE OF ENTRY INTO ACTIVE SERVICE <b>25 Jul 45</b>	7. DATE OF SEPARATION <b>13 Dec 46</b>	8. DATE OF BIRTH <b>27 Mar 13</b>			
9. PLACE OF SEPARATION <b>AAF Separation Center Bolling Field, D.C.</b>					

### SUMMARY OF MILITARY OCCUPATIONS

13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

**INVESTIGATOR:** Served with the 700th Counter Intelligence Corp. Headquarters Bolling Field, D.C. for 5 months. Investigated acts of sabotage, espionage, sedition and other adverse acts against the United States government. Prepared confidential comprehensive written reports on all incidents investigated. In charge of the dispersement of confidential funds and routine administrative procedures pertaining to headquarters, 700th Counter Intelligence Corps.

**Related Civilian Occupation:** Detective, Investigator

MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

Holabird Signal Depot, Baltimore, Md.  
Counter Intelligence Course 4 weeks.

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL	OTHER TRAINING OR SCHOOLING	
16 years	Bachelor of Arts	1935	20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED			Law, Kent School of Law Chicago, ILL 1939	2½ years
19. MAJOR COURSES OF STUDY				
Business Administration				

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

MASTER SCHEDULER: Worked for the Consolidated-Vultee Aircraft Corp. San Diego, Calif. for 6 years. Prepared schedules pertaining to aircraft delivery and design changes. Coordinated with the departments in order to insure incorporation with the production line so as not to delay delivery of aircraft.

ADDITIONAL INFORMATION

23. REMARKS

None

24. SIGNATURE OF PERSON BEING SEPARATED

*Keith E. Hatter*

25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER

*Leif Halvorsen*

26. NAME OF OFFICER (Typed or Stamped)

LEIF HALVORSEN  
Capt AC

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7759

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>KEITH ELDON HATTER</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Mar. 27, 1913</b>	DATE OF DEATH <b>Nov. 17, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Gota Hatter, Wife</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Featheringill Mort. 6322 El Cajon Bl.</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>9260 Colondrina Dr. La Mesa, CA</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

<input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	
<input type="checkbox"/> 4 SCIENTIFIC USE		

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cem, 3751 Market St. San Diego, Ca</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED <b>Double Crypt - on Bottom</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>Chapmell -</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><i>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</i></p>		SIGNATURE OF APPLICANT ▶
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 21 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/22/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loeyen Stetter</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>1067-10</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D., M.M.</i>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36987

Date: 11-18, 1988

From: Mr. Walter Address: 9260 Blomfield Dr La Mesa

sixteen hundred twenty-one 45/100 Dollars (\$ 1621.45)

In Payment of Keith E. Walter's Burial

CITY AUDITOR

Lot 1067 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block NOV 25 1988

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7759

BALANCE DUE 6

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100	476	00
Opening/Closing	100	320	00
Burial Containers	77181	330	00
Handling Fee	100	320	00
Recording & Misc. Fees	77185	35	00
Pre-Need Trust	63033		
Sales Tax	9022	81	45
	80101		
	78990		
TOTAL PAID	\$	1621	45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Angela Carreras

in a T.S. Vault Vault/liner Funeral, date, time Mon 11-21 1:00

Church, Chapel, Graveside Delwiesy Ch. ; Thompson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

7 Grave 11 Row Section 17 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 36986 711.37

Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Frank R Carreras  
Signature  
4862 Sussex Dr.  
Address  
San Diego Calif 92116  
State Zip Code  
282-8294  
Telephone

Work Order # E 7760

PR-683 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7760

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ANGELA GILI CARRERAS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 05, 1895</b>	DATE OF DEATH <b>Nov. 17, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Frank R. Carreras (Son)</b> <b>4862 Sussex Drive</b> <b>San Diego, CA 92116</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON RECEIVING AS SUIV) <b>Humphrey Chula Vista Mortuary—875 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetary 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Gray flannel Covered China</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>T.S. Vault</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 18 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/21/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Grayen Stelzer</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i> <b>ca</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 36986

From: Anto Carreras Address: 4862 Sussex Drive, SD Date: 11-18 1988  
Seven hundred eleven 37100 Dollars (\$ 711.37)  
 in Payment of Angela Carreras' Interment

Lot 7 Grave 11 Row \_\_\_\_\_ Section 17 Division 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7760

BALANCE DUE 5

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 399

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Judith Ward

CREDIT	67007	
20% Sales Com.	77184	
50% Sales of Lots	100	
Opening/Closing	100	<u>320.00</u>
Burial	77181	<u>175.00</u>
Containers	77182	<u>170.00</u>
Handling Fee	100	
Recording & Misc. Fees	77185	<u>35.00</u>
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	<u>11.37</u>
	78390	
TOTAL PAID		<u>711.37</u>

CITY AUDITOR  
 NOV 25 1988

MT. HOPE CEMETERY  
**INTERMENT ORDER**

*Deed  
Stouffer*

City of San Diego

Date 11-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jim Thack

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 7 Grave 11 Row \_\_\_\_\_ Section 17 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund Elena Wright

Opening/Closing & Setup to

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee Frank R. Carreras

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 36985 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 7761**

# POWER OF ATTORNEY

## SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Elnora Wright, 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 7  
Grave 11  
Section 17  
Division 7  
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 19th day of March, 1987.  
Elnora Wright

STATE OF CALIFORNIA }  
COUNTY OF Contra Costa } ss.

On this 19th day of March in the year 1987, before me, the undersigned, a Notary Public in and for said State, personally appeared Elnora Wright

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal.  
Eric S. Zell  
Notary Public in and for said State.



# Bayview Missionary Baptist Church

E 7761

REV. MILTON H. WILLIAMS, Pastor

1509 OAKDALE AVENUE

TELEPHONE: (415) 822-4844

SAN FRANCISCO, CA 94124

May 13, 1987

Mr. James A. March  
644 Floyd Ave.  
Chula Vista, Cal. 92010

Dear Mr. March

I am writing this letter in response to the request I made of you to sell my funeral property located in San Diego.. As Agreed, I hereby give power of attorney to you as indicated in the attached papers, but also wish to advise to whom ever is concerned that I lost through moving from San Diego to Richmond the deed to Lot 7, Grave 11, Section 17, Division 7 in the Mt Hope Cemetery.

Mr. March has my consent to act in my behalf in the sell of the above named property. If there is any additional information required, please don't hesitate to contact me: Mrs. Elnora Wright, 3026 Esmond Ave., Richmond, Calif. 94801.

Respectfully Yours:

*Mrs Elnora Wright*

Mrs. Elnora Wright

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 36985

From: Maack Associates Address: 644 Maple Ave, Chula Vista  
White - five Dollars (\$ 35.00)  
 In Payment of Dead Transportation from Maack  
Account To Frank R. Maack  
 Lot 7 Grave 11 Row \_\_\_\_\_ Section 17 Division CITY Auditor \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. E-7761  
 W.O. \_\_\_\_\_  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>35.00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	3	<u>35.00</u>

NOV 25 1988

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Juarez, Jr  
in a \_\_\_\_\_ Vault/Line \_\_\_\_\_ Funeral, date, time Nov 22 11:00

Church, Chapel, Graveside \_\_\_\_\_ Mortuary Morgan

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_ Deliverly City

Lot 16 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 55.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 90.00

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

P.A. 1062298

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 071160

App # 000952

Work Order # E 7762  
PY-663 (REV. 8-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

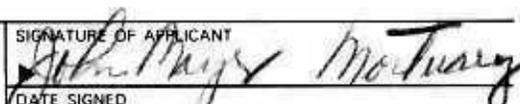
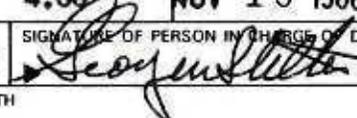
E 77 62

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>John Juwer Jr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 15, 1927</b>	DATE OF DEATH <b>Nov. 9, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201-A Ruffin Road San Diego, CA. 92123</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Av. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b> </div> <input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A P.A. - Wooden box - 4 plastic falls</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A on Bottom of</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED <b>Nov. 18, 1988</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>NOV 18 1988</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/23/88</b> (ENTER DATE) <b>16 7/18/2/11</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

11/18/88

P.A. Veteran DAV

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George A. Brooks

in a \_\_\_\_\_ Funeral, date, time Wed Noon 11-23

Church, Chapel, Graveside Deliver Only; Pag 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 Yes - DAV

Lot 16 Grave 1 Row \_\_\_\_\_ Section 2 Division/B1500 11

Grave space & Care Fund "TOP" 55.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 90.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee No fee on GI if got

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

Born 1938  
DoB - 1929/85  
Pat Williams P.A.

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 077163

Acct # \_\_\_\_\_

Work Order # E 7763

CV-503 (REV. 8-88)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7763

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>GEORGE ALMON BROOKS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 19, 1938</b>	DATE OF DEATH <b>Oct. 27, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Tahamon Brooks - Daughter 4968 Auburn Drive San Diego, California 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Bl.: Ca.</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>4/21/88</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT <i>[Signature]</i>
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/23/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>NOV 21 1988</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Dept. of Health Services: San Diego, California 92138-522</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11/18/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hattie Mae Ramsey

in a T. L. Vault Funeral date, time Mon 11 Am - 11/21

Church, Chapel, Graveside Chapel & S.S.; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 3413 Grave - Row - Section - Division/Block 10

Grave space & Care Fund ..... Single 595<sup>00</sup>

Additional spaces and care fund ..... None

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container T. L. Vault ..... 175<sup>00</sup>

Handling Fees ..... 170<sup>00</sup>

Flower vases - Marker setting fee ..... 85<sup>00</sup>

Recording and filing fee ..... 11 37

Sales taxes ..... 1306 37

Total Due ..... 1306 37

Paid receipt number 36991 1306 37

Balance due 0

**PAID**  
NOV 18 1988  
MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

I hereby certify I am the First Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Diana D. Gussion  
Signature

52160 San Pedro Dr  
Address

San Diego  
State

Ca 92114 Zip Code

Telephone \_\_\_\_\_

Work Order # E 7764

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7764

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>HATTIE RAMSEY</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 20, 1896</b>	DATE OF DEATH <b>Nov. 17, 1988</b>	
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Juanita Grissom - Cousin</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>4889</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>5260 La Paz Drive San Diego, CA 92114</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Wooden - octagon</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/21/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>NOV 21 1988</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Co. Dept. of Health</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Harold E. Rowles, M.D., M.M.</b>
	<b>P. O. Box 85222 San Diego, CA 92138-5222</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Seamus Sletta</b>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36991

Date: 11/18, 1988

From: Juanita Lissom Address: 5260 La Playa Dr. S.D. 92114

In full Payment of Interment of Hattie Mae Ramsey - doe Dollars (\$ 1306<sup>37</sup>/<sub>100</sub>)

Lot: 3413 Grave: --- Row: --- Section: --- Division Block: 10

Invoice No. ---  
 Acct. No. ---  
 W.O. E-7764  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100	476	00
Opening/Closing	77181	320	00
Burial Containers	100	175	00
Handling Fee	77182	170	00
Recording & Misc. Fees	100	35	00
Pre-Need Trust	63033		
	9022		
Sales Tax	90101	11	37
	78390		
TOTAL PAID		\$ 1306	37

CITY AUDITOR  
 NOV 25 1988

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Blanche H. Mercer  
in a Bell Tent Vault/Liner Funeral, date, time 11-23 Wed 11:30

Church, Chapel, Graveside Delmar City: Hempden Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ~~YES~~

Lot 20 Grave 11 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 36996 35.00

Balance due 0

*Yale will be checked*

*Old Receipt P-9252*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7765

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7765

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>BLANCHE HURST MERCER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 24, 1905</b>	DATE OF DEATH <b>Nov. 20, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Margaret E. Gouette (Daughter)</b> <b>2504 Chatsworth</b> <b>San Diego, CA 92106</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rumphrey Chula Vista Mortuary</b> <b>855 Broadway</b> <b>Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 22 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/23/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>CO</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 36996



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

From Marsha Mercer Address: 4660 Zion Ave, San Diego Date: 11-23, 1988  
Thirty-five 10/100 Dollars (\$ 35.00)  
In \_\_\_\_\_ Payment of Recording fee

Lot 20 Grave 11 Row 8 Section 3 Division 12  
Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7765  
BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	6700	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR  
DEC 02 1988  
35.00

1872

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-23-88

*Preneed*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles 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 68 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 4

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container ..... **PAID IN**

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... **FULL**

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 [Signature]  
Address 3804 Logan Ave  
San Diego, CA 92113  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 7766**  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT

No 37196



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

From: Charles Moore Address: 3014 Sojourner Ave SD Date: 1-9, 1989

Ten dollars net Dollars (\$ 10.00)  
 In \_\_\_\_\_ Payment of burial & casket lot

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. 2-17766  
 BALANCE DUE 240.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77184	
	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	63033	
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>10.00</u>

CITY AUDITOR  
 JAN 17 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
52-00028530  
 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 37422

Date: 3-2, 1989

From: United Grace Address: 3814 Lyon Avenue, S  
clover no/110 Dollars (\$ 11.00)

In \_\_\_\_\_ Payment of union & credit acct

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7766

BALANCE DUE 229.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

52-00076767

AG-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		
30% Sales of Lot	100	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63003		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37502

From: Charles Greene Address: 2774 Logan Ave, SD 92119 Date: 3-13 1989  
ten dollars Dollars (\$ 10.00)  
 In Payment of payment 3 credit dat

Lot 60 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7766  
 BALANCE DUE 219.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Tax	77184	
50% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

CITY AUDITOR  
 MAR 16 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 AC-212 (Rev. 10-87) 096-0769-62

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No. 37820

Date: 5-12, 1989

From: Charles Greese Address: 314 San Ave, SD 92114

In payment of Special 4 Plot Lot Dollars (\$ 11.00)

Lot 68 Grave 11 Row 4 Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7766  
 BALANCE DUE 208.00

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	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>11.00</u>

CITY AUDITOR  
 MAY 19 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 37840

Date: 5-19, 1989

From: Charles H. Hare Address: 3814 Logan Avenue

ten 20/100 Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Original 5 Credit Set

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7766

BALANCE DUE 198.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

45-156194879

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

**CITY AUDITOR**  
**MAY 30 1989**

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial	100		
Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No E-7766  
38156

Date: 6/13 1989

From: Charles Jones Address: 3814 Logan Ave, SD

San Diego Dollars (\$) 10.00

In \_\_\_\_\_ Payment of Deposit to Credit

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 188.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

52-00379009

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	<u>10.00</u>	
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	6022		
Sales Tax	60101		
TOTAL PAID	78380	<u>10.00</u>	

CITY AUDITOR  
 JUN 15 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38321

Date: July 27, 1989

From: Charles Greene Address: 3814 Kanyon Blvd

In part Payment of Credit Lot Coupon #7 Dollars (\$) 11.00

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 57766

BALANCE DUE 177.-

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	67007		
20% Sales Care	77184		
80% Sales of Lots	100	11	-
Opening/Closing	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	-

CITY AUDITOR  
 JUL 27 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38452

From: Charles Moore Address: 3814 Lopez Avenue, S.F. 12113 Date: 8-25 1989

clear dollar note Dollars (\$ 11.00 )

In \_\_\_\_\_ Payment of Coupon & Credit Set

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-17766

BALANCE DUE 166.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

52-0860870

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Lady Ward

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>11.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>11.00</u>

CITY AUDITOR  
 SEP 05 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 37957

From: Charles Jones Address: 314 Ocean Ave, SP 92114 Date: 9-21, 19 89

In Amount Dollars (\$ 11.00) Payment of Unexp 9 Credit Set

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7766  
 BALANCE DUE 155.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Jane Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	76380		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

CITY AUDITOR  
 SEP 25 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
21-183642218

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No. 38065

Date: 10-18, 1989

From: Charles Moore Address: 3814 Logan Ave, S 92114

ten dollars Dollars (\$ 10.00 )

In Payment of Logan 10, Credit Lot

Lot 66 Grave 11 Row \_\_\_\_\_ Section 2 Division 11  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7766

BALANCE DUE 195.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

21-18539 5967

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	CITY ALM
80% Sales of Lots	100	12 00
Opening/Closing	77181	OCT 24 1989
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	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

119 38596

Date: 11-24, 1989

From: Charles Hope Address: 3814 Logan Ave, SD

clear notes Dollars (\$) 11.00

In \_\_\_\_\_ Payment of Logan 11 credit lot

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7766

BALANCE DUE 134.00

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

096-0695-4

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	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

CITY AUDITOR  
DEC 04 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38697

From Wiles Inc. Address: 2814 Logan Ave, SD 92114 Date: 12-21 1989  
ten dollars no/no Dollars (\$) 10.00  
 In \_\_\_\_\_ Payment of coupon 12 Credit Act

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7166  
 BALANCE DUE 124.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

21-1831907

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	<u>10.00</u>	
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78380		
TOTAL PAID	\$	<u>10.00</u>	

CITY AUDITOR  
 DEC 26 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3154

NO 38802

From: Charles Greer Address: 3814 Logan Ave, 92113 Date: 1-24, 1990  
Des. Rollins Dollars (\$ 10.<sup>00</sup>)  
 In \_\_\_\_\_ Payment of Credit Lot

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7766  
 BALANCE DUE \$ 114.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 170721-128659116

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
 ISSUED BY J. L. Wark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

CITY AUDITOR NO 38920

MAR 5 1990

Date: 2-26, 1990

From: Charles Moore Address: 3874 Logan Ave., St. 92114

In Per Rollers Dollars (\$ 10.00 )

In Payment of Casket Fee

Lot 67 Grave 11 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-4766

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 0961379712

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	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

CITY AUDITOR

No 39140

APR 23 1990

Date: 4-19, 1990

From: Chick Green Address: 3814 Logan Ave, SD 92114

Des Anillo Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Credit for

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-71766

BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>10.00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0761412968

ISSUED BY J. Green

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUDITOR NO 39044

APR 2 1990

Date: 3-27, 19 90

From: Charles Moore Address: 3814 F. Ave. No. 12114

In Eileen Nollan Payment of Credit Lot Dollars (\$ 11.00 )

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-1776  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. Paul White

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	83033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 39296

Date: 6-1, 1990

From: Charles Moore Address: 3814 Logan Ave, SD 92113

In Edward Dollars Payment of Credit Dollars (\$ 11.00)

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E. T. Moore

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 09614526

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	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>11.00</u>

**CITY AUDITOR**  
**JUN 09 1990**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39425

From: Charles Green Address: 3814 Logan Ave., SD 92114 Date: 7-2, 19 90  
Eleven Dollars Dollars (\$ 11.00)  
 In Payment of Credit for

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 7766  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 0961530351

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	77007		
20% Sales Care	77184	<u>11</u>	<u>00</u>
80% Sales of Lots	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	\$	<u>11</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39544

Date: Aug 3, 1990

From: Charles Green Address: 3714 Laguna Ave, SD 92114

110/110 Dollars (\$ 11.00 )

In \_\_\_\_\_ Payment of Credit For

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. F-7112

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

52-01064718

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39663

Date: 9-5- 1990

From: Charles Greene Address: 2814 Logan Ave San Diego CA 92112

Private Use and 50/100 Dollars (\$ 21.00 )

In \_\_\_\_\_ Payment of Arrears

Lot 68 Grave 11 Row --- Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7766

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

MC 21-057137876  
 AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>21.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39790

Date: 10-4-1990

From: CHARLES GREENE Address: 3814 LINDAN AVE S.D. CA 92114

ELEVEN AND 00/100 Dollars (\$ 11.00 )

In \_\_\_\_\_ Payment of CREDIT LOT

Lot 68 Grave 11 Row — Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7766

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NO. 596-2021-431  
 AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

ISSUED BY Kate Jones

CREDIT	67007	
20% Sales Care	77184	<u>11.00</u>
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	83033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>11.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39986

Date: 12-4, 1990

From: Charles Green Address: 2514 Lopez Ave, St 92114

In Twenty One Dollars Payment of Club Fee Dollars (\$ 21<sup>00</sup>)

Lot 68 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7166  
 BALANCE DUE 4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>21</u>	<u>00</u>
80% Sales of Lots	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	\$	<u>21</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 11# 21 2053410  
 AG-212 (Rev. 10-87)

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7766

Credit Lot

Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,  
due date above.

▶ \$ 10.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 11.00

NAME Charles GREENE Amount Received \$ \_\_\_\_\_

ADDRESS 3814 Logan Av

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-7766

Credit Lot

Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
10											

Amount due when paid on, or before,  
due date above.



\$ 10.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 11.00

Amount Received

\$ 11.00

NAME

Charles Greene

ADDRESS

3814 Logan Ave.

CITY

2-28-89

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-7766

Credit Lot

Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											

Amount due when paid on, or before,  
due date above

▶ \$ 10.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

NAME

Amount Received

\$ 10.00

ADDRESS

CITY

Charles Greene

3814 Logan Ave.

San Diego STATE Ca. ZIP 92113

check (✓) if this is new address

Send or bring any coupon with each remittance

**COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7766 - Credit Lot**

**Charles Greene**  
**3814 Logan Avenue**  
**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>LD</b>											

Amount due when paid on, or before,  
due date above.

**\$ 10.00**

Amount due if paid more than 10 days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7766**

**Credit Lot**

**Charles Greene**  
**3814 Logan Avenue**  
**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
<b>10</b>											

Amount due when paid on, or before,  
due date above.

\$ **10.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ **10.00**

NAME

*Charles Greene*

ADDRESS

*3814 Logan Ave*

CITY

*San Diego*

STATE

*Ca.*

ZIP *92113*

check (✓) if this is new address

Send or bring any coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7766**

**Credit Lot**

**Charles Greene**

**3814 Logan Avenue**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>LD</b>											

Amount due when paid on, or before,  
due date above.



\$ **10.00**

Amount due if paid more than 10 days  
after due date above.



\$ **1.00**

\$ .

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7766** - **Credit Lot**

**Charles Greene**  
**3814 Logan Avenue**  
**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>10</b>											

Amount due when paid on, or before,  
due date above

▶ \$ 10.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 11.00

Amount Received

\$ 11.00

NAME

Charles Greene

ADDRESS

3814 Logan 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-7766** **Credit Lot**

**Charles Greene**  
**3814 Logan Avenue**  
**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>LD</b>											

Amount due when paid on, or before,  
due date above.

**▶** \$ **10.00**

Amount due if paid more than 10 days  
after due date above.

**▶** \$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ **11.00**

NAME **Charles Greene**

ADDRESS **3814 Logan Ave**

CITY **S. 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-7766**

**Credit Lot**

**Charles Greene**  
**3814 Logan Avenue**  
**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **10.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME

*Charles Greene*

ADDRESS

*3814 Logan 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-7766**

**Credit Lot**

**Charles Greene**

**3814 Logan Avenue**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>LD</b>											

Amount due when paid on, or before,  
due date above.



**10.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

**\$ 10.00**

NAME

**Charles Greene**

ADDRESS

**3814 Logan 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. **E-7766**

**Credit Lot**

**Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **10.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7766**

**Credit Lot**

**Charles Greene**  
**3814 Logan Avenue**  
**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**10.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7766

Credit Lot

Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,  
due date above.



10.00

\$

Amount due if paid more than 10 days  
after due date above.



1.00

\$

\$

NAME

Charles Greene

Amount Received

\$

10.00

ADDRESS

3814 Logan 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.

**4-7766**

**Credit Lot**

**Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113**

Month and Day Due indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
<b>19</b>											

Amount due when paid on, or before,  
due date above.



**10.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME

*Charles Greene*

Amount Received

**\$ 11.00**

ADDRESS

*3814 Logan 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-7766**

**Credit Lot**

**Charles Gross  
3814 Logan Avenue  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **10.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **11.00**

NAME

**Charles Gross**

ADDRESS

**3814 Logan 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-7766

Credit Lot

Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
10											

Amount due when paid on, or before,  
due date above.

10.00

\$

Amount due if paid more than 10 days  
after due date above.

1.00

\$

\$

NAME

Charles Greene

Amount Received

\$ 10.00

ADDRESS

3814 Logan Ave.

CITY

S.D.

STATE

Ca

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7766

Credit Lot

Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
10											

Amount due when paid on, or before,  
due date above



\$ 10.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 11.00

NAME

Charles Greene

ADDRESS

3814 Logan Ave.

CITY

S. D.

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-7766**

**Credit List**

**Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>19</b>											

Amount due when paid on, or before,  
due date above.



**10.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**8-7766**

**Credit Lot**

**Charles Greene**

**3614 Logan Avenue**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>10</b>											

Amount due when paid on, or before,  
due date above



**10.00**

\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7766**

**Credit Lot**

**Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>19</b>											

Amount due when paid on, or before,  
due date above.



**10.00**

\$

Amount due if paid more than 10 days  
after due date above.



**1.00**

\$

\$

Amount Received

\$

11

**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-7766

Credit Lot

Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
10											

Amount due when paid on, or before,  
due date above.



10.00

\$

Amount due if paid more than 10 days  
after due date above.



1.00

\$

\$

Amount Received

\$

10.00

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**L-7706**

**Credit Let**

**Charles Greene  
3814 Logan Avenue  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**10.00**

\$ \_\_\_\_\_

Amount due if paid more than 10 days  
after due date above.



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$

**11.00**

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7766**

**Credit Lot**

**Charles Greene**

**3814 Logan Avenue**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
<b>10</b>											

Amount due when paid on, or before,  
due date above.



**10.00**

\$

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$

*for Octo* \$ **11.00**

Amount Received

\$

**21.00**

NAME

*Charles Greene*

ADDRESS

*3814 Logan ave*

CITY

*San Diego*

STATE

ZIP

check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11/25/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marie Lucy Monk  
in a Cash Vault Funeral date, time Tues 11/29 12:30

Church, Chapel, Graveside Graveside; Cliff View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 333 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund Top Center - just below marker

Additional spaces and care fund him

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 37002 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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Evelyn C. Beatt  
Signature  
5732 Gardena Ave  
Address  
San Diego Ca 92110  
State Zip Code  
619-276-1778  
Telephone

Work Order # E 7767  
PY-893 (REV. 9-88)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7767

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MARIE LUCY MONK</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>9-15-1901</b>	DATE OF DEATH <b>11-22-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Evelyn Deaett - Daughter</b>
NAME AND ADDRESS OF BURIAL CHAPEL OR PERSON PROVIDING AS SUCH <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		CALIFORNIA LICENSE NUMBER <b>F 1357</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>5132 Gardena Ave. San Diego, CA 92110</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery -3751 Market St.- San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda Crematory-14065 Olde Hwy 80</b>	DATE CREMATED <b>11/27/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 4.00</b>	DATE PERMIT ISSUED <b>NOV 23 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/29/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		

**COPY 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**  
 254-3151

005858 No 37002

From: W. Evelyn C. Ocasett Address: 5132 Gardner Ave, DEPT  
Two hundred forty-two 60/00

Date: 11-30 CITY ALIBATOR 28

In \_\_\_\_\_ Payment of Marie S. Marks' Interment  
 Dollars (\$ 242.60) 9/1988

Lot 333 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division 8 Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7767

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

7851

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		
Opening/Closing	77181	<u>105</u>	<u>00</u>
Burial Containers	100	<u>00</u>	<u>00</u>
Handling Fee	77182	<u>60</u>	<u>00</u>
Recording & Misc. Fees	100	<u>35</u>	<u>00</u>
Pre-Need Trust	63033		
	8022		
Sales Tax	80101	<u>2</u>	<u>60</u>
	78300		
TOTAL PAID		<u>242</u>	<u>60</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11/25/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bette L. Kilhoffer

in a T.S. Vault Funeral, date, time 11/28 - 10 AM Mon

Church, Chapel, Graveside Chapel 4 & S; Manly Matched Mortuary.

All Funeral cars must 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 1222 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Per head D-2028 ←

Additional spaces and care fund D.I.P. - ←

Opening/Closing & Setup 320<sup>00</sup>

Burial Container T.S. Vault 175<sup>00</sup>

Handling Fees labor 170<sup>00</sup>

Flower vases - Marker setting fee ←

Recording and filing fee 35<sup>00</sup>

Sales taxes 11<sup>37</sup>

Total Due 711<sup>37</sup>

Paid receipt number 37034 711.37

Balance due 0

Will Bring Ch.  
F.D.O.

State of  
Married

Send to

of

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 7768

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7768

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>BETTE LOUISE KILHOFFER</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>SEP 17, 1927</b>	DATE OF DEATH <b>NOV 23, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>STEPHEN S. MAC GREGOR, SON 13556 CONINA DRIVE POMAY, CA 92064</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>HENLEY-RITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

**FOR CORONER'S USE ONLY**

10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>11/28/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Alameda Rose 2092 Estrella - 137600</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>D/N/A Vault - on top and to far east beyond 3<sup>rd</sup> line -</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 28 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/28/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Gregory Stetter</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald J. ...</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37034

Date: 12-5, 1988

From: Merkle-Mitchell Address: 3655 Little Ave, SD

Seven thousand eleven Dollars (\$ 711.37)

in Payment of Little Louise Killoffer's  
interment

Lot 1222 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7768

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

7580

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID IN THIS SPACE"

CITY AUDITOR  
 DEC 9 1988

ISSUED BY India Vard

	87007	
CREDIT	77184	
20% Sales Care	100	
80% Sales of Lots	77184	
Opening/Closing	100	<u>300 00</u>
Burial Containers	77181	<u>175 00</u>
Handling Fee	100	<u>170 00</u>
Recording & Misc. Fees	77182	<u>35 00</u>
Pre-Need Trust	100	
Sales Tax	77185	
	63033	
	9022	
	80101	<u>11 37</u>
	78390	
TOTAL PAID		<u>711 37</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego ✓

Date 11-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eva Krenel  
in a Toppled Vault Funeral, date, time Tues 11/29 11:00  
Church, Chapel, Graveside Chapel + St. El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 7 Grave 1 Row \_\_\_\_\_ Section 5 Division 3

Grave space & Care Fund	<u>Can Have Slant Mem.</u>	<u>595<sup>00</sup></u>
Additional spaces and care fund	<u>NONE Requiem Sp. 2-4-5-6 are advised</u>	
Opening/Closing & Setup		<u>320<sup>00</sup></u>
Burial Container	<u>T.S. Vault (concrete)</u>	<u>175<sup>00</sup></u>
Handling Fees	<u>Label</u>	<u>170<sup>00</sup></u>
Flower vases - Marker setting fee		
Recording and filing fee		<u>85<sup>00</sup></u>
Sales taxes		<u>11<sup>37</sup></u>
	Total Due	<u>1306<sup>37</sup></u>
	Paid receipt number	<u>31077 (38863)</u>
	Balance due	<u>0</u>

*30 days make!*

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

Stella Z. Vasevic  
 Signature  
10662 HOLBORN CT.  
 Address  
SANTEE, CA. 92071  
 State  
(619) 562-5189 Zip Code  
 Telephone

Work Order # E 7769  
PY-683 (REV. 8-85)

Acct. # [REDACTED]

W.O. # E 7769

NOTE

\$ 1306<sup>37</sup> San Diego, California

Nov 25 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 Thirteen Hundred and 37/100 DOLLARS with interest from Nov 27, 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 \_\_\_\_\_

SIGNATURE Stella Z. Varagic

ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. # 1 N0091479

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7769

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Eva Marian Krecul</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 23, 1910</b>	DATE OF DEATH <b>Nov. 24, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Sharon Krecul - Daughter-in-Law</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>El Cajon Mortuary 684 So. Holliston Ave. - El Cajon, CA 92020</b>			CALIFORNIA LICENSE NUMBER <b>F-1022</b>	<b>6370 Southern Rd. La Mesa, CA 92042</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA 92102</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal 20ga Insulation T.L. Vahl</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Head is to the East</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 29 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/29/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

12/14

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 37097



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

From: Stella Vasquez Address: 10642 Holburn Ct, San Diego, CA  
thirteen hundred six 37/100 - Dollars (\$ 1306.37)  
In \_\_\_\_\_ Payment of Mrs. Vasquez's estimate

Lot 7 Grave 1 Row \_\_\_\_\_ Section 5 Division Block 3

Invoice No. 077143  
Acct. No. 028434  
W.O. 2-7769  
BALANCE DUE 6

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-67)

763

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
CITY AUDITOR  
DEC 15 1988  
ISSUED BY Andy Wood

CREDIT	67007	
80% Sales Care	77184	
80% Sales of Lots	100	
Opening/	77184	
Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	65033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>1306 37</u>

CITY OF SAN DIEGO  
 AUDITOR & COMPTROLLER  
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 12/15/88

DATE: 12/15/88  
 TIME: 221731  
 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
077143	12/12/88	028434	STELLA VAROJIC				12/12/88	CK	763	1,306.37	1,306.37	0.00
			100 072		77181	000072				320.00		
			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					11.37		
			67007		77184					119.00		

*E-9769*

PAID IN FULL  


NUMBER OF INVOICES PAID 1

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

11-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rosetta Wilson

in a Bell Tower Vault/Liner Funeral date, time Wed 11/30 2pm

Church, Chapel, Graveside Chapel of the Rede 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 46 Grave 11 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 \_\_\_\_\_

Sales taxes \_\_\_\_\_

Balance due Total Due \_\_\_\_\_

Paid receipt number 37009 \_\_\_\_\_

Balance due 0

I hereby certify I am the Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Iva P. Shrepps

Address 4708 Bell Ave

State Richmond CA 94804 Zip Code

Telephone 415 234 1388

Work Order # E 7770

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7770

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ROSETTA A. WILSON</b>	SEX <b>FEMALE</b>	DATE OF BIRTH <b>05/23/07</b>	DATE OF DEATH <b>11/25/88</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN PABLO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>CONTRA COSTA</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>IVA P. SHANKS (NIECE) 4708 BERK AV RICHMOND, CA 94804</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FULLER FUNERALS INC</b>	CALIFORNIA LICENSE NUMBER <b>F 1350</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CEMETERY SAN DIEGO, CA</b>	COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <i>Lemi</i>	DATE CREMATED
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT ▶
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/2/88</u> (ENTER DATE)	DATE PERMIT ISSUED <b>11-28-88</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>CONTRA COSTA COUNTY HEALTH DEPT 1111 WARD STREET MARTINEZ, CA 94553</b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37009

From: Wa Sports Address: 4708 Teak Ave, Mission Date: 11-30 1988

In \_\_\_\_\_ Payment of Recording Fee for Rosetta Wilson Dollars (\$ 35.00)

Lot 46 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-17710  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**DEC 9 1988**

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>35.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of La. Shea Louise Monna Still Birth in a none Vault/Line Funeral, date, time 11/30-Wed - 11 AM Church, Chapel, Graveside Graveside; Ragsdale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 3430 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 ..... \_\_\_\_\_  
Merchants Post Total Due ..... 199.00  
Paid receipt number 37006 199.00  
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 record holder of deed \_\_\_\_\_

OK by phone  
Leslie Ordway  
Signature  
Date

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7771  
PY-693 (REV. 8-88)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7771

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>La Shea Louise Monia</b>		SEX <b>Female</b>	DATE OF BIRTH <b>11-23-88</b>	DATE OF DEATH <b>11-23-88</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Bethael Jackson - Mother</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>			CALIFORNIA LICENSE NUMBER <b>F1329</b>	
NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>865 Gwan Street San Diego, California 92114</b>				

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>11/30/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>18" Flat top - 70 Lines</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>NOV 30 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/30/88</b> (ENTER DATE) <b>3430-1-9</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37006

Date: 11-30, 1988

From: Anderson-Losdale Address: 5050 Federal Blvd, D

one hundred ninety-nine Dollars (\$ 199.00)

In \_\_\_\_\_ Payment of Funeral of Maria

Lot 2430 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9 Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7771

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

135

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 PAID IN THIS SPACE

CITY AUDITOR  
 DEC 9 1988

ISSUED BY Shirley Ward

CREDIT	67007	
20% Sales Care	77184	<u>20 00</u>
80% Sales of Lots	100	<u>80 00</u>
Opening/Closing	77181	<u>64 00</u>
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	<u>35 00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>199 00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine Arriaga

in a \_\_\_\_\_ Vault/Liner Funeral, date, time Wed 12-30 2:00

Church, Chapel, Graveside \_\_\_\_\_; Melby Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 19 Grave 16,17,18 Row \_\_\_\_\_ Section 3 Division/Block 7

Grave space & Care Fund ..... 55.00

Additional spaces and care fund ..... 90.00

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

PA 1063278

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7772  
PY-583 (REV. 8-88)

Invoice # 079167

Acct. # 00952

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7772

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ERNESTINE REBECCA ARNIJO</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>MAR 18, 1964</b>	DATE OF DEATH <b>NOV 24, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>CHULA VISTA</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>EVELYN L. SERRANO, MOTHER</b> <b>2311 SHYTHE AVENUE</b> <b>SAN YSIDRO, CA 92073</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MORTIMER MITCHELL MORTONKY, 808 13TH STREET,</b> <b>IMPERIAL BEACH, CA 92032</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Covered square Chula</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>NO time on gravel — 27" wide —</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <b>→ Parallel to road —</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>NOV 29 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/30/88</b> (DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Powell, M.D. B</b>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>19-16-17-18-3</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY			

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11/29/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joan Bell  
in a Double Crypt Vault/Lin. Funeral date, time Fri - 11Am - 12/2  
Church, Chapel, Graveside Chapel & G.S.; Pagodak Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Mr. is Navy Vet

Lot 65 Grave 2 Row — Section 2 Division/Block 12

Grave space & Care Fund	<u>Bottom</u>	<u>495<sup>00</sup></u>
Additional spaces and care fund	<u>Double Crypt (top open)</u>	
Opening/Closing & Setup		<u>320<sup>00</sup></u>
Burial Container	<u>Double Crypt -</u>	<u>330<sup>00</sup></u>
Handling Fees	<u>labor</u>	<u>320<sup>00</sup></u>
Flower vases - Marker setting fee		<u>—</u>
Recording and filing fee		<u>85<sup>00</sup></u>
Sales taxes		<u>21.45</u>
	<u>30 day note</u>	
	Total Due	<u>1521.45</u>
	Paid receipt number <u>5/2/89</u>	<u>1521.45</u>
	Balance due	<u>0</u>

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 \_\_\_\_\_

x F.O. Bell  
Signature  
x 627 STARK ST  
Address  
x 9414 DITGO BL  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
x 2649422  
Telephone

Work Order # E 7773  
PY-563 (REV 8-88)

Invoice # 099137  
Acct # 020432

W.O. # E-7773

NOTE

\$ 1521<sup>45</sup>~~xx~~ San Diego, California

Nov 29 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 Fifteen Hundred Twentyone and <sup>45</sup>/<sub>100</sub> DOLLARS with interest from Jan - 4, 1989 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 \_\_\_\_\_

SIGNATURE Francis R. Bell

ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. # \_\_\_\_\_

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7773

UNITED STATES UNIFORMED SERVICES		
		STATUS <b>RETIRED</b>
GRADE <b>P02/E5</b>		SERVICE <b>USN</b>
SIGNATURE <i>Francis M. Bell</i>		SSN/SERVICE NO. <b>725053018</b>
		EXPIRATION DATE <b>INDEFINITE</b>

DD FORM 1, (RETIRED) 1 MAY 79

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES
1916 AUG 25 1916	176 LB	70"	BROWN	BROWN
SIGNATURE OF ISSUING OFFICER <i>[Signature]</i>			DATE OF ISSUE	
L. H. HOOVER PNC (SW) USN			1987 SEP 24	
MEDICAL NO CIV MED CARE AUTHORIZED AFTER <b>INELIGIBLE</b>			WARNING ISSUED FOR OFFICIAL USE OF THE HOLDER DESIGNATED PERSON USE ON POSSESSION EXCEPT AS PRESCRIBED IS ILLEGAL AND WILL MAKE THE OFFENDER LIABLE TO HEAVY PENALTY—18 U. S. C. 896, 898, AND 901	
BT: AB+			CARD NO. <b>1481011</b>	
PROPERTY OF THE UNITED STATES GOVERNMENT, IF FOUND, DROP IN NEAREST U. S. MAIL BOX			POSTMASTER: RETURN TO DEPARTMENT OF DEFENSE WASHINGTON, D. C. 20301	

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7773

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>AKA</b> <b>JOAN HICKS</b> <b>JOANN BELL</b>	SEX <b>Female</b>	DATE OF BIRTH <b>April 14, 1947</b>	DATE OF DEATH <b>Found</b> <b>Nov. 24, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Francis Bell - Husband</b> <b>623 Stork Street</b> <b>San Diego, CA. 92114</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort., 5050 Federal Blvd.</b> <b>San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)             | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery; 3751 Market Street; San Diego, CA.</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>at Double Crypt - 12" deep to top</i> <i>Bottom</i>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/3/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>DEC 1 1988</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos, M.D., M.M.</b>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-30-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Shelma Z. Witta  
in a T.S. Vault Funeral date, time Nov 12/5 10:00

Church, Chapel, Graveside Chapel & Home Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 98 Grave 28 Row \_\_\_\_\_ Section 4 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container Linens By F.D. Request 100 175.00

Handling Fees 145 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 6.50 4.37

Total Due 711.39

Paid receipt number 37129 60650

Balance due 0

*need P.R. 11:30  
Bell Mortuary*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7774

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7774

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>THELMA LORRAINE WITTO</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>JULY 2, 1913</b>	DATE OF DEATH <b>NOV. 29, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ALYCE BUSCHMANN—SISTER</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>4710 CASS ST. PACIFIC BEACH MORTUARY—SAN DIEGO, CA 92109</b>		CALIFORNIA LICENSE NUMBER <b>815</b>	BOX 6 <b>GREELEY, IOWA 52050</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY—3751 MARKET ST.—SAN DIEGO, CA</b>	COUNTY <b>SAN DIEGO</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF INTERMENTED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Bellmer Reg. By F.D.</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT  DATE SIGNED	
LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT  AMOUNT OF FEE PAID <b>\$4.00</b> DATE PERMIT ISSUED <b>DEC - 1 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Roman, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/5/88</b> (ENTER DATE) <b>78185/41</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37129

Date: 12-28, 1988

From: H. Canino Address: 5200 Carroll Canyon Rd

six hundred and 50/100 Dollars (\$ 606.50)

In Payment of Helma Vittis's Interment

Lot 98 Grave 26 Row \_\_\_\_\_ Section 4 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7774

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

065586

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**JAN 09 1989**

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
Books	77184	
Opening/ Closing	100	<u>320.00</u>
Burial	100	<u>100.00</u>
Containers	77182	
	100	<u>145.00</u>
Handling Fee	77185	
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	63033	
	8022	
Sales Tax	80101	<u>6.50</u>
	76390	
TOTAL PAID	\$	<u>606.50</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

11/30/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Calla Morris

in a Double Crypt Vault/Linear Funeral, date, time Fri P.M. 12/2

Church, Chapel, Graveside Trinidad Mortuary, Hernandez

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran El Centro

Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division Block 4

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 \_\_\_\_\_

*Transfer from E-6666 Just*

320.00
330.00
320.00
35.00
21.95
<b>Total Due 1026.95</b>
<b>Paid receipt number 354.20</b>
<b>37027 Balance due 582.80</b>

F.R. Bungech

619-352-5661

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of authorized holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order #

**E 7775**

PV-593 (REV. 3-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7775

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>AKA Pauline Calla Cross Morris</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 30, 1894</b>	DATE OF DEATH <b>Nov. 29, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>El Centro</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Imperial</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Linda Johnson (Daughter)</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON AGING AS SUCH) <b>Hens Brothers Mortuary 4075 So. 4th Street El Centro, CA</b>		CALIFORNIA LICENSE NUMBER <b>1025</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>19 W. Agate; P.O. Box 146 Ocotillo, CA 92259</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3850 Imperial Ave., San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Blue Hill Dale - Wooden</b>	DATE CREMATED <b>not listed</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Double Crypts on Bottom</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 1 1988</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Lee Coburn MD</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/3/88</b> (ENTER DATE) <b>103/14/88</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Geoyen Stitt</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Imperial County Health Services 895 Broadway El Centro, CA 92243</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

No 37027



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

Date: 12-2, 1988  
From: Ben's Brothers & Mortuary Address: 1975 South 4th St. El Centro, CA 92524  
Five hundred eighty-seven dollars & 00/100 Dollars (\$ 587.80)  
In \_\_\_\_\_ Payment of Statement on Call Money - Sec

Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division Block 4

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E7775  
BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

26651

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

CITY AUDITOR  
DEC 9 1988

ISSUED BY Block

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>587 80</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34578

E-7775

From Nancy LaSmith Address: 311 Parkmonte Alhambra, Calif  
fifty dollar deposit Dollars (\$ 50.00)  
 in art Payment of Gravel Trust deposit

Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division 4  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 6666  
 BALANCE DUE \$13.29

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THE SPACE

**010800**

CITY AUDITOR

MAY 21 1987

ISSUED BY B. King

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>56.00</u>
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34715

E-7775

Date: 6-18, 1987

From: James D. Morris Address: 1126 Sierra Vista

In Thirty seven Dollars (\$ 37-)  
 Payment of Personal Trust for Mrs J D Morris  
James D.

Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division Block 4

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6666  
 BALANCE DUE 1292.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	97007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
	100	
	77183	
Pre-Need Trust	63033	<u>37-</u>
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>37-</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

503

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

# 34158  
 E-7775

Date: 8-21, 1987

From: James A. Morris Address: 1126 Lucia Vista, Castille

five hundred dollars Dollars (\$ 100.<sup>00</sup>)  
 In payment of burial trust on E-6666 & E-6667

Lot 103 54 Grave 46 Row \_\_\_\_\_ Section 47 Division Block 41

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6666 & E-6667  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 11-86)

507

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Larry Ward

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83093	<u>100</u>
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>100</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35585  
 E-7775

From James Morris Address P.O. Box 146, Castillo, CA 92009 Date 1-21 19 88  
Sept, 1988 Dollars (\$ 50.00 )  
 in Payment of Preneed Trust

Lot 103 Grave 4 Row 4 Section 4 Division 4  
 Block 4

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6666  
 BALANCE DUE 1192.80

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**

**JAN 27 1988**

**007092**

ISSUED BY Linda Wood

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	
	6022	<u>50 00</u>
	80101	
	78390	
		<u>50 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
521

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35757  
 E-7775

From: Calla & James Morris Address: 1126 Tierra Vista, Orotello  
 Date: 2-23, 1988  
 In 50.00 dollars Payment of Pre-need Trust Dollars (\$ 50.00)

Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division 4  
 Block 4

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6666  
 BALANCE DUE 1192.80

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**FEB 26 1988**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
	77183	
Pre-Need Trust	83033	<u>50.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>50.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

558

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36731  
 E-7775

From: Leida Johnson Address: P.O. Box 146, Acuña, CA Date: 4-19, 1988  
one hundred 00/100 Dollars (\$ 100.00)  
 in Payment of Prepaid Trust for Della & James Morris  
 Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division 4 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6666  
 BALANCE DUE 1042.80

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 APR 21 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63053	<u>100.00</u>
	9022	
	80101	
	78390	
		<u>100.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

№ 36733  
 E-7775

From Linda Johnson Address: 311 Ballantyne #4, El Cajon  
fifty dollars net Dollars (\$ 50.00 )  
 in Payment of Preneed Trust

Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division 4 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6666  
 BALANCE DUE 942.80

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**

**SEP 29 1988**

ISSUED BY Linda Johnson

CREDIT	67007	
20% Sales Tax	77184	
90% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	53033	<u>50.00</u>
Sales Tax	8022	
TOTAL PAID	60101	<u>50.00</u>
	78380	

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 599

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36707  
 E-7775

From: Mary Smith Address: 311 Ballantine #4, El Cajon  
fifty no/100 Date: 9-21, 1988  
 Dollars (\$ 50.00)  
 In Payment of needed just for Valia Morris

Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division Block 4

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6666  
 BALANCE DUE 992.80

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

606

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**SEP 29 1988**

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	<u>50 00</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>50 00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Preneed  
Trust  
Deposit*

Date 05-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Calla P. Cross Morris & James L.

in a \_\_\_\_\_ Vault/Linear \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 103 Grave 4 Row \_\_\_\_\_ Section 4 Division/Block 4

Grave space & Care Fund (1908) Preneed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 2 @ 320 640.00

Burial Container Double Depth Crypt 330.00

Handling Fees 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 2 @ 35 70.00

Sales taxes 19.80

Total Due 1379.80

Paid receipt number 34578 ✓ 50.00

Balance due 1329.80

05-15-87

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Margy Smith  
Signature  
311 Ballantynost #4  
Address  
EL Carlson Co 92020  
State Zip Code  
619 - 447-7714  
Telephone

Work Order # E 6666  
Pr-593 (Rev. 3-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

*Owner Card*

06-18-87 34715

● 8-21-87 34958

132980  
3700  

---

129280  
5000  

---

124280

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-30-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Allen Rasmussen in a Bell Liner Funeral, date, time Fri 12/3 12:00 Church, Chapel, Graveside Delaney Lewis Chl Mortuary. All Funeral cars must arrive 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 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 <u>37010</u>	600.00
Balance due	256.50

*Handwritten:* Paid 1-19-89

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 \_\_\_\_\_

Kela L. Rasmussen  
Signature  
2804 C Garden Ct  
Address  
Spokane, Wa. 98388  
State  
206-584-7535  
Telephone

Work Order # E 7776  
FY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct # \_\_\_\_\_

W.O. # E-7776

NOTE

\$ 256.50 San Diego, California

11-30 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 sum of two hundred fifty six and 50/100 DOLLARS with interest from 1-30-88 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.

PAYOR NAME RETA L. RAINWATER SIGNATURE Reta L Rainwater

ADDRESS 2804 C GARDEN CT STELLACOOM, WA. 98388

~~WASH CALIF.~~ DRIVERS LIC. # RAINWRL499MF

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7774

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ROBERT ALLEN RAINWATER</b>	SEX <b>male</b>	DATE OF BIRTH <b>July 25, 1953</b>	DATE OF DEATH <b>Nov 25, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Borrego Springs</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Reta L. Rainwater - sister 2804 C Garden Ct. Steilacoom, Washington 98388</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10 DISPOSITION PENDING             </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA...3751 Market St.</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a Flat China - No Cover</b>	DATE CREMATED <b>12/2/88</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a Bell Line</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/2/88</b> (DATE)	DATE PERMIT ISSUED <b>DEC 02 1988</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Powell, M.D.</b>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Rayca Lata</b>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37010

From: Peta Ramirez Address: 2840 Julian Ct, Holliston Date: 11-30, 1988

In \_\_\_\_\_ Payment of Robert Allen Ramirez's Interment Dollars (\$ 600.00).

Lot 132 Grave 4 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7776

BALANCE DUE 256.50

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**  
**DEC 9 1988**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
60% Sales of Lots	100	<u>200.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	77182	<u>30.00</u>
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID		\$ <u>600.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-1-88

BOWIE

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Bowe

in a T.S. Vault Funeral date, time Max, 12/5 1:00

Church, Chapel, Graveside Chapel & Home City Crem & 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 WW II

Lot 56 Grave 76 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 125.00

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 37014 1206.37

Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mark L. Bowe  
Signature  
3634E 46th  
Address  
K.C. Mo. 64130  
State Zip Code  
861-9093  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 7777

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

{ 7777

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ARTHUR BOWIE</b>		SEX <b>Male</b>	DATE OF BIRTH <b>10-23-1920</b>	DATE OF DEATH <b>11-29-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Walker Bowie - Son</b>	
NAME AND ADDRESS OF CALIFORNIA CREMATION AND BURIAL CHAPEL (SUCH AS) <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		CALIFORNIA LICENSE NUMBER <b>F 1357</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>6642 Radie Dr. San Diego, CA 92114</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING         </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>12/5/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Steele Sealow - Veteran</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A T.S. Vault -</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 4.00</b>	DATE PERMIT ISSUED <b>DEC 2 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/5/88</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donall L. Ramos, M.D.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joseph [Signature]</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 37014

From: Walker Bowie Address: 3634 E. 46th Street, Los Angeles City  
Twelve hundred six 37/100 Dollars (\$ 1206.37)  
 In \_\_\_\_\_ Payment of Arthur Bowie's Interment

Let 56 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7777  
 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  
 DEC 9 1988  
 ISSUED BY Andrea West

CREDIT	57007	99.00
20% Sales Tax	77184	
80% Sales	100	396.00
of Lots	77184	
Opening/ Closing	100	320.00
Burial Containers	77182	175.00
Handling Fee	100	170.00
Recording & Misc. Fees	77183	35.00
Pre-Need Trust	63033	
Sales Tax	9022	11.37
	60101	
	78390	
TOTAL PAID	\$	1206.37

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38178

Date: 6/22, 1987

From: Robert L. Bowie Address: 7729 Apocryphal Dr. #4

one hundred thirty-five Dollars (\$ 135.00)

In Payment of marker installation for  
Arthur Bowie

Lot 57 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7777

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

837

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		<u>135.00</u>
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78380		
TOTAL PAID	\$	<u>135.00</u>

CITY AUDITOR  
 JUN 24 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

PA 106-3707

City of San Diego

Date 12/2/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rubio Catalan - P.A.

in a No Vault/Liner Funeral, date, time Mon - 11 AM 12/5

Church, Chapel, Graveside Dupoff; Major Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 128 Grave 2 Bottom Row \_\_\_\_\_ Section 1 Division/~~Room~~ 12

Grave space & Care Fund .....	<u>55.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>90.00</u>
Burial Container .....	_____
Handling Fees .....	_____
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	_____
Sales taxes .....	_____
Total Due .....	<u>145.00</u>

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.

*of Gary*

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7778

Invoice # 097191  
Acct. # 000752

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7778

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Rubio Hugo Catalan</b>		SEX <b>Male</b>	DATE OF BIRTH <b>March 7, 1958</b>	DATE OF DEATH <b>Found Sept. 30, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Marcos, San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego County Coroner</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Ave. San Diego, Ca.</b>		CALIFORNIA LICENSE NUMBER <b>Ca# 1424</b>		<b>5555 Overland Ave. San Diego, Calif. 92123</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input checked="" type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING         </div> |
|---|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A P.A. - No lines - on Bottom</b>	DATE CREMATED <b>DEC 02 1988</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/5/88</u> (ENTER DATE)	DATE PERMIT ISSUED <b>DEC 02 1988</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY:	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D.</b>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Seoyun Stettin</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elsie Simpson  
in a Walt Vault Funeral date, time Dec 12/9 11:00

Church, Chapel, Graveside Waltress by Slophase Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 60 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 100F Division/Block 34

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 \_\_\_\_\_

*Smiles will assist*

*Old funeral*  
~~\_\_\_\_\_~~  
*2-56 33*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7779

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

31875  
E 7779

NAME OF DECEDENT <b>Elsie MacDonald Simpson</b>		SEX <b>Female</b>	DATE OF BIRTH <b>10-9-1899</b>	DATE OF DEATH <b>12-5-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>PRENEED TELEPHASE: 6816 Dennison Street San Diego, CA 92122</b>
PLACE OF DEATH—ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>1333 Camino del Rio S. #105, S. D. CA 92108</b>		CALIFORNIA LICENSE NUMBER <b>F-1272</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Crema Crematory 2299 S. Manchester Ave. Anaheim, CA</b>	DATE CREMATED <b>12-6-88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Joch Boyer</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
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ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>Rebecca S. Lopez</i>
			DATE SIGNED <b>December 5, 1988</b>

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 05 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Arnold &amp; Brown</i>
-----------------	--	-------------------------------------	--	--

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/9/88</b> <b>60 Leaf-34</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leaven Stella</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
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IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>
--	--

**COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Albert Darling

in a Vault Funeral date, time Tues 12/6 2:00

Church, Chapel, Graveside Chapel #, Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 47 Grave \_\_\_\_\_ Row 4 Section 8 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container Mortuary Proceed \_\_\_\_\_

Handling Fees \_\_\_\_\_ 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 35.00

Total Due \_\_\_\_\_ 525.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

W. Juanita B. Darling

Signature of recorded holder of deed \_\_\_\_\_

Signature 13554 46<sup>th</sup> Dr.

Address \_\_\_\_\_

State ARIZ. Zip Code 85365

Telephone 602-3421604

Work Order # E 7780

Invoices # 927136  
Acct. # 121751

W.O. # 2-1780

NOTE

\$ 525.00 San Diego, California

Dec 5 19 58

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 five hundred twenty-five and 00/100 DOLLARS with interest from Dec 5 1958 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 Mrs Juanita P. Parkins SIGNATURE Mrs Juanita P. Parkins

ADDRESS 13554 46th Drive, Yuma, AZ 85365

AR CALIF. DRIVERS LIC. # 416 9541

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7780

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Delbert Martin Darling</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 30, 1913</b>	DATE OF DEATH <b>Dec. 1, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Yuma</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Yuma, Arizona</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Juanita Darling-Wife</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mort. 1-805 &amp; Imperial, San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>13554 46th Drive Yuma, Arizona 85364</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)       5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)       8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)       6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)       9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY       7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt Hope Cemetery, 3851 Market Street, San Diego, CA.</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Vault - T.S. - Witnessed by family</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Wooden Cenier</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 05 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Bernal, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>Dec 4 1988</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	ENTER DATE	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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
077136	12/12/88	028431	JUANITA P. DARLING			01/06/89	CK	527	525.00	525.00	0.00
			100 072	77181	000072				320.00		
			100 072	77183	000072				35.00		
			100 072	77185	000072				170.00		

*8-780*

PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Oliver P. Warren

in a Bell Seng Vault/Liner Funeral date, time 12/9 Fri 2:00

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 46 Grave 1 Row \_\_\_\_\_ Section 17 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 37086 35.00

Balance due 0

*Mortuary fees  
will 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 dead \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7781

PY-683 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7781

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Olivia "R" Warren</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 25, 1911</b>	DATE OF DEATH <b>Dec. 3, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Carl Warren - Husband</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>529 Olivewood Terrace San Diego, CA 92113</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal-</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bellview</b>		

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
----------------	--	--	--

ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 6 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.M.M.</b>
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CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/9/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
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IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Co. Dept. of Health Services P. O. Box 85222 San Diego, CA 92138-5222</b>		
--	--	--	--

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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 37086

Date: 12-9 1988

From: Warren - Pasadena Address: 2550 Federal Blvd, SD

thirty-five 10/100

Dollars (\$ 35.00 )

In \_\_\_\_\_ Payment of Recording fee for Clara Warren

Lot 46 Grave 1 Row \_\_\_\_\_ Section 17 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7781

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-312 (Rev. 10-87)

3013

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67003	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77164	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	80033	
	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR  
 DEC 14 1988

35.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

P.A. 10 64002

Date 12/5

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Aubrey Sullivan

in a None Vault/Urner Funeral, date, time 12-9 2:00 pm

Church, Chapel, Graveside Witness only: Conrad Mortuary. (no set up)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 128 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund Top of A.D. ..... 55.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 90.00

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 078219

Acct. # 00782

Work Order # E 7782  
PV-583 (REV. 6-86)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7782

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>AUBREY LELAND SULLIVAN</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 24, 1911</b>	DATE OF DEATH <b>Dec. 5, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego Co. Public Admin. 5201-A Ruffin Road San Diego, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>Confred Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045</b>		CALIFORNIA LICENSE NUMBER <b>F 941</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Top of Double Deep</b>	DATE CREMATED <b>12/9/88</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A No burial</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>[Signature]</b>
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/9/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>DEC 8 1988</b>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D. [Signature]</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe 88-1051  
in a \_\_\_\_\_ Vault/Liner Funeral date, time Wed 12/7 11:30

Church, Chapel, Graveside Deliver Only - Barge - Labeta Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 170 Grave 11M Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund Center of triple - 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. 1063936

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 077179

Acct. # 000702

Work Order # E 7783

**PERMIT FOR DISPOSITION OF HUMAN REMAINS**

E7783

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JOHN ----- DOB CO#88-1051</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Unk.</b>	DATE OF DEATH <b>FOUND</b> <b>May 13, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Ysidro</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego County Coroner 5555 Overland Avenue San Diego, California 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>BERSH-ROBERTS MORTUARY 607 National City Blvd.</b>		CALIFORNIA LICENSE NUMBER <b>F-284</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market St., San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A In Middle of Triple -</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A No line - no bell - sandspit</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Particle Board - flat chine - Plastic handles</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
		DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 07 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Roman, M.D. Co.</b>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/7/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joyce S. [Signature]</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jane Doe 88-1835

in a          Vault/Line Funeral date, time Wed 12/7 11:30

Church, Chapel, Graveside Delaney Ave Bergs Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Man 12/12/100

Lot 170 Grave 11-10P Row          Section 1 Division/Block 12

Grave space & Care Fund ..... 55.00

Additional spaces and care fund ..... 90.00

Opening/Closing & Setup .....         

Burial Container .....         

Handling Fees .....         

Flower vases - Marker setting fee .....         

Recording and filing fee .....         

Sales taxes .....         

Total Due ..... 145.00

Paid receipt number         

Balance due         

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed         

Signature         

Address         

State          Zip Code         

Telephone         

Invoice #         

Acct. #         

Work Order # E 7784

PY-583 (REV. 8-86)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7784

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <p style="text-align: center;">---- <b>Doe CCF88-1835</b></p>	SEX <p style="text-align: center;"><b>Female</b></p>	DATE OF BIRTH <p style="text-align: center;">--</p>	DATE OF DEATH <b>FOUND</b> <p style="text-align: center;"><b>Aug. 28, 1988</b></p>
PLACE OF DEATH—CITY OR TOWN <p style="text-align: center;"><b>San Diego</b></p>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <p style="text-align: center;"><b>San Diego</b></p>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <p style="text-align: center;"><b>San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123</b></p>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <p style="text-align: center;"><b>NEENE-ROBERTS MORTUARY National City, CA 507 National City Blvd.</b></p>		CALIFORNIA LICENSE NUMBER <p style="text-align: center;"><b>F-284</b></p>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

<input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 8. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 9. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 4. SCIENTIFIC USE	<input type="checkbox"/> 10. DISPOSITION PENDING	

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <p style="text-align: center;"><b>Mount Hope Cemetery 3751 Market St., San Diego, CA</b></p>	COUNTY <p style="text-align: center;"><b>San Diego</b></p>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <p style="text-align: center;"><b>N/A</b></p>	DATE CREMATED <p style="text-align: center;"><b>N/A</b></p>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <p style="text-align: center;"><b>Flat China - no Cover</b> <b>N/A</b></p>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <p style="text-align: center;"><b>no name - on top</b></p>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT <p style="text-align: center;">▶</p>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <p style="text-align: center;"><b>\$4.00</b></p>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED <p style="text-align: center;"><b>DEC 1 2 1988</b></p>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <p style="text-align: center;"><i>Ronald L. Rames, M.D.</i></p>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/12/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <p style="text-align: center;"><i>Leopoldo</i></p>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <p style="text-align: center;"><b>N/A</b></p>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stanley Kess

in a \_\_\_\_\_ Vault/Liner Funeral, date, time Wed 12/7 2:00

Church, Chapel, Graveside Deliver Only; Calif Crem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran

Lot 170 Grave 11 Row on Bottom of 3 Section 1 Division/Block 12

Grave space & Care Fund Bottom of triple - 6 ft 55.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 90.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7785

PY-583 (REV. 8-85)

Invoice # 077777

Acct # 00052

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7785

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>STANLEY WAYNE KERR</b>		SEX <b>Male</b>	DATE OF BIRTH <b>7-16-64</b>	DATE OF DEATH <b>11-25-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Borrego Springs</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator</b>	
NAME AND ADDRESS OF CALIFORNIA CEMETERY AND BURIAL CHARGE (OR PERSON ACTING AS SUCH) <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		CALIFORNIA LICENSE NUMBER <b>F 1357</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>5201 A Ruffin Rd. San Diego, CA 92123</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 10 DISPOSITION PENDING |
|--|---|---|

**FOR CORONER'S USE ONLY**

10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery- 3751 Market St. -San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>[Signature]</b>
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/7/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>DEC 6 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

12/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Howard Ogden

in a Bell Service Funeral date, time Fri 10Am - 12/9

Church, Chapel, Graveside Chapel - 85 : Hempshire Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 114 Grave — Row — Section 1 Division/Block 8

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number 37069 .....

Balance due 0

I hereby certify I am the Grand 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 Barbara L. Alvina

Address 2723B Match Pt. Dr.

City Poway, CA Zip Code 92064

State CA Telephone 748-4205

Telephone

Invoice #

Acct. #

Work Order # E 7786

PY-593 (REV. 6-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7786

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>WILLIAM HOWARD OGDEN</b>	SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 09, 1902</b>	DATE OF DEATH <b>Dec. 06, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Barbara Oliveira (Granddr.) 14238 Match Point Drive Poway, CA 92064</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON CHARGING IN SUCH) <b>Ransprey Chula Vista Mortuary—877 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 10 DISPOSITION PENDING |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal-Non Sealer-</b>	DATE CREMATED
DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell Point</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	DATE PERMIT ISSUED <b>DEC 08 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <b>Donald E. Ramos M.D. Co.</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 37069

Date: 12/7/88, 1988

From: Barbara Clewain Address: 677 S. St - Ep 2 - Chula Vista 92010

Therese Dwyer Dollars (\$ 35<sup>00</sup>)

In full Payment of Recording fee + office fee on  
Interment of Howard Dwyer - Dec

Lot 114 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7786

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2303

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

*[Signature]*

ISSUED 12/7/88

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>35<sup>00</sup></u>

CITY AUDITOR  
DEC 7 2 1988

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emily A. Jenkins  
 in a Double Crypt Vault/Line Funeral, date, time Fri - 11Am - 12/9  
 Church, Chapel, Graveside Church - 45; Ingdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 100 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund	.....	<u>495<sup>00</sup></u>
Additional spaces and care fund	..... <u>Double Crypt</u>	
Opening/Closing & Setup	.....	<u>320<sup>00</sup></u>
Burial Container	.....	<u>330<sup>00</sup></u>
Handling Fees	.....	<u>320<sup>00</sup></u>
Flower vases - Marker setting fee	.....	
Recording and filing fee	.....	<u>35<sup>00</sup></u>
Sales taxes	.....	<u>2145</u>
Total Due		<u>1521.45</u>

*Handwritten:* Paid 1-19-89

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \* Husband \* *[Signature]* of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Charles E. Jenkins  
 Signature  
77133 PETER PAN AVE  
 Address  
\* CALIF 92114  
 State  
262-7425 Zip Code  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Invoice # 278027

Acct. # \_\_\_\_\_

Work Order # E 7787

W.O. # E-7787

NOTE

\$ 1521<sup>45</sup> San Diego, California

Dec 7 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 Fifteen hundred twenty one & 45/100 DOLLARS with interest from Nov. 10, 1989 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 \_\_\_\_\_

SIGNATURE x Charles E. Jenkins

ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. # \_\_\_\_\_

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

**PERMIT FOR DISPOSITION OF HUMAN REMAINS**

E 7787

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>EMILY ADA JENKINS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 16, 1937</b>	DATE OF DEATH <b>Dec. 7, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Charles Jenkins - Husband 7133 Peter Pan Ave. San Diego, CA 92114</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR, (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input checked="" type="checkbox"/> 4 SCIENTIFIC USE                          |  |  |

**FOR CORONER'S USE ONLY**

10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Bottom of Crypt</i>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 9 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/9/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoy... [Signature]</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego, Dept. of Health Services P.O. Box 85222 San Diego, CA 92138-5222</b>			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

1/23

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
254-3151

No 37238



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 1-19 1989

From: Charles Jenkins's Address: 7133 Peter Pan Ave, SD

fifteen hundred twenty-one 45/100 Dollars (\$ 1521.45)

In \_\_\_\_\_ Payment of Charles Jenkins's Interment

Lot 100 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. 078227  
Acct. No. 028715  
W.O. 2-7787  
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	CITY AUDITOR
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	JAN 23 1989
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>1521.45</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

0923

MT. HOPE CEMETERY

**INTERMENT ORDER**

City of San Diego

*Funeral*

Date 12-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bob Taylor

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 41 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 300.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 390.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 71.37

Total Due ..... 1011.37

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 7788**

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 E-7788  
 No 37124
Date: 12-27- 1988From: Ed B. Taylor Address: 4944 Manomet St. S.D. CA 92113
Eighty-four dollars and <sup>00</sup>/<sub>100</sub> Dollars (\$ 84.00 )
In part Payment of Preneed Trust and Lot.
 Lot 41 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 7781BALANCE DUE 927.37Pre-Need Lot  At 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

7 JAN 09 1989

ISSUED BY W.J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	84 -
Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	62033	
	8022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	84 -

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 37278

From: Ed. Taylor Date: 2-1 1989  
 Address: 4944 Monmouth St, SD

In Receipt Payment of coupon 374 Dollars (\$ 84.00)  
Pre-need lot 7 Trust

Lot 41 Grave 6 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7708

BALANCE DUE 843.37

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  
 FEB 06 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77154	
80% Sales of Lots	100	<u>84.00</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	50101	
	78390	
TOTAL PAID	\$	<u>84.00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

№ 37393



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

From: Ed Taylor Address: 4944 Marmonet St, STS Date: 2-27 1989  
eighty four no/100 Dollars (\$) 84.00  
In Payment of coupon 546 - Credit

Lot 41 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-7788  
BALANCE DUE 759.37

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**  
**MAR 06 1989**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>12.00</u>
80% Sales of Lots	100	<u>72.00</u>
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77183	
TOTAL PAID	63033	<u>84.00</u>
	9022	
	60101	
	76390	

See

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 37573



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 4/3/89 19

From: Ed B Taylor Address: 4944 in a row SD 92113  
Eightyfour and no  
In SD Payment of Coupon # 778 Dollars (\$ 84<sup>00</sup>)  
Sweet

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7788  
BALANCE DUE 675.37

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  
APR 05 1989  
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>84<sup>00</sup></u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78320	
TOTAL PAID	\$	<u>84<sup>00</sup></u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37710

Date: 4-27, 1989

From: Ed B Taylor Address: 4944 Marcomet St, S

rights - paid 2/21/05 Dollars (\$ 84.00)  
 In Payment of Coupon 9810 Cred Let

Lot 41 Grave 6 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7788  
 BALANCE DUE 547.37

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>84.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>84.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

CITY AUDITOR

MAY 01 1989

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7788

Preneed Trust  
& Lot

Ed B. Taylor  
4944 Manomet Street  
San Diego, Ca 92113

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,  
due date above.



\$ 42.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 43.00

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST.

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-7788

Preneed Trust  
& Lot

Ed B. Taylor

4944 Manomet Street

San Diego, Ca 92113

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
10)											

Amount due when paid on, or before,  
due date above.

\$ 42.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ 43.00

\$ \_\_\_\_\_

\$ 42.00

Amount Received

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST.

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-7788**

**Preneed Trust  
& Loan**

**Ed B. Taylor  
4944 Manomet Street  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											

Amount due when paid on, or before,  
due date above.



\$ 42.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

NAME Ed B TAYLOR

Amount Received

\$ 42.00

ADDRESS 4944 MANOMET ST

CITY S.D.

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-7788

Preneed Trust  
& Lot

Ed B. Taylor  
4944 Manomet Street  
San Diego, Ca. 92113

Money and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
10											

Amount due when paid on, or before,  
due date above.



\$ 42.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$           

Amount Received

\$ 42.00

NAME Ed B TAYLOR

ADDRESS 4944 MANOMET ST

CITY S. D. STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7788**

**Preneed Trust  
& Loan**

**Ed B. Taylor  
4944 Manomet Street  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
10										X	

Amount due when paid on, or before,  
due date above.

▶ \$ 42.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST

CITY S.D. STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7788**

**Preneed Trust  
& Lot**

**Ed B. Taylor**

**4944 Manomet Street**

**San Diego, Ca 92113**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>10</b>									X		

Amount due when paid on, or before,  
due date above.



\$ 42.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST-

CITY S. D.

STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7788**

**Preneed Trust  
& Log**

**Ed B. Taylor  
4944 Manomet Street  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>10</b>										X	

Amount due when paid on, or before,  
due date above.



\$ 42.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

*42.00  
Cash*

\$ \_\_\_\_\_

Amount Received

\$ 42.00

NAME ED B. TAYLOR

ADDRESS 4944 MANOMET ST.

CITY S. D. STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7788**

**Preneed Trust  
& Lot**

**Ed B. Taylor**

**4944 Manomet Street**

**San Diego, Ca 92113**

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>10</b>					X	X	X	X	X	X	

Amount due when paid on, or before,  
due date above.



\$ 42.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

*42.00  
Cash*

\$ \_\_\_\_\_

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST-

CITY S. D.

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-7788**

**Preneed Trust  
& Log**

**Ed B. Taylor  
4944 Manomet Street  
San Diego, Ca 92113**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>10</b>											

Amount due when paid on, or before,  
due date above.

▶ \$ **42.00**

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **42.00**

NAME **Ed B. TAYLOR**

ADDRESS **4944 MANOMET ST**

CITY **S-D.** 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-7788**

**Preneed Trust  
& Lot**

**Ed B. Taylor**

**4944 Manomet Street**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>10</b>					X	X	X	X	X	X	

Amount due when paid on, or before,  
due date above.



\$ **42.00**

**10**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

NAME

**Ed B. Taylor**

Amount Received

\$ **42.00**

ADDRESS

**4944 MANOMET ST.**

CITY

**S.D.**

STATE **CA**

ZIP **92113**

check (✓) if this is new address

NAME Taylor, Ed B.

ACCT. NO. E-7788

ADDRESS 4944 Manomet Street, San Diego, Ca 92113

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1	88 Lot 41, Grave 6, Section 2, Division 11 <i>paid</i>	300 00			
	Preneed Trust - Opening/Closing, Top Seal	711 37			1011 37
	Vault and Recording Fee				
12-27	88 Coupon # 1 & 2			8400	927 37
2-1	89 Coupon 3 & 4 Receipt 37278			8400	843 37
2-27	89 Coupon 5 & 6 Receipt 37393			8400	759 37
4-3	89 Coupon 7 & 8, Receipt 37573			8400	675 37
4-27	89 Coupon 9 & 10, Receipt 37710			8400	591 37

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego ✓

Date 12-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Alice Smith

in a Bellvue Vault/Linear Funeral, date, time Sat 12/10 11:00

Church, Chapel, Graveside Graveside; Boysdale Mortuary.

All Funeral cars must arrive 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 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... Spec Single Depth ..... 250.00

Additional spaces and care fund ..... none .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... Prim Bell Linear Casket ..... 100.00

Handling Fees ..... Labor ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 65.00

Sales taxes ..... 6.50

Sat. O.T. Total Due ..... 856.50

Be ready - 10:40 Paid receipt number 37084 Balance due 1236.50

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_  
Signature Theresa J. Smith  
Address 4221 W. 61st Street  
Los Angeles, CA 90043  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (213) 291-8896

Work Order # E 7789 Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7789

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Mary Alice Smith</b>		SEX <b>Female</b>	DATE OF BIRTH <b>August 20, 1914</b>	DATE OF DEATH <b>Found:</b> <b>December 7, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Willie J. Settle - Son</b> <b>4221 W. 61st Street</b> <b>Los Angeles, Calif.</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>12/10/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Clifton - Bell</b>
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 9/1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/10/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Dee Ann Smith</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramon, M.D.</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 37084



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: Dec 9, 1988

From: Wilbert J. Sattler Address: 4221 W. 61st St Los Angeles - 90043

In full Payment of interment of and for Mary Alice Smith the  
Sat Burial Dollars (\$ 1236.50)

Lot 92 Grave 9 Row 2 Section 2 Division 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_

E7789  
W/O.

~~F7789~~

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1721

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	50	00
50% Sales of Lots	100	200	00
Opening/Closing	100		
Burial Containers	77181	100	00
Handling Fee	100		
Recording & Misc. Fees	77183	50	50
Pre-Need Trust	63033		
Sales Tax	9022		
	80101	6	50
	78390		
TOTAL PAID		1236	50

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Susan Thompson

in a \_\_\_\_\_ Vault/Liner Funeral date, time Tues 12/13 11:00

Church, Chapel, Graveside Delwin Holy Feather Vigil Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 121 Grave 8 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 .....

Paid receipt number 145.00

Balance due \_\_\_\_\_

P.A. 1064304

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7790  
PY-593 (REV. 8-85)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 7790

NAME OF DECEDENT <b>SUZANNE MARIE PARKER THOMPSON</b>		SEX <b>female</b>	DATE OF BIRTH <b>Apr. 24, 1960</b>	DATE OF DEATH <b>Fd. Oct. 30, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego County Coroner 5555 Overland Avenue San Diego, California 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FEATHERINGILL MORTUARY, 6322 El Cajon Blvd.</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St., San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 12 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/13/88</u> (ENTER DATE) <u>14-8-1-D</u>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE 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 3/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chinese Benev. Assn.

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 \_\_\_\_\_

✓ 146 - 7th 12 -  
Lot 147 Grave 7-8-12 Section 2 Division/Block 11

148 7th 12 Grave space & Care Fund 150 @ 300<sup>00</sup> ~~4500<sup>00</sup>~~

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 4500<sup>00</sup>

Paid receipt number 37088 4500<sup>00</sup>

Balance due 0

*Special Property for  
Assn. - They ask for  
Burial*

*Space & Care  
only*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature [Signature] 9/2/88

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7791  
PR-503 (REV. 9-85)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 37088



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: Dec 9, 1988

From: Chinise Boxer, Mrs Address: San Diego Ca  
Fortune Hundred and 700  
In Bud A. Kelly Payment of 15 spaces + Care fund - Dollars (\$ 4500<sup>00</sup>)

Lot 144 Grave 7-8-12 Row 7-12 Section 2 Division 11

Invoice No. 144  
Acct. No. \_\_\_\_\_  
W.O. F-7791  
BALANCE DUE \_\_\_\_\_

PAID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>900 00</u>
80% Sales of Lots	100	<u>3600 00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
TOTAL PAID	78360	<u>4500 00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87) 003663  
M. Christman

CITY AUDITOR  
DEC 14 1988

MT. HOPE CEMETERY

**INTERMENT ORDER**

City of San Diego

Pre-need

Date Dec 9, 1988

You are hereby authorized and instructed, subject to your rules and regulations to inter the remains

of Harold T. Arlath & Wells

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran no

Lot 95 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund for Double Crypt - 495.00

Additional spaces and care fund for Harold & Wife -

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 37089 495.00

Balance due 0

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Arlath & Wells

x Harold T. Wells

Signature 6375 Belle Glade Ave

Address SAN Diego CA 92119

City 463-1666 Zip Code

Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 7792

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

304

No 37089

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 12/9/88, 1988

From: Harold & Cynthia Wells Address: 6375 Belk Blvd - P.D. 92119

Four Hundred ninety five and no/100 Dollars (\$ 495<sup>00</sup>/<sub>2</sub>)

In full Payment of Interment Space and End. Can  
Can use Double Crypt.

Lot 95 Grave 11 Row — Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7792

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2691

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

*[Signature]*

CREDIT	67007	
20% Sales Tax	77184	<u>99 00</u>
90% Sales	100	
of Lots	77184	<u>396 00</u>
Opening/ Closing	100	
Burial	77184	
Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	704	
Pre-Need	77183	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>495 00</u>

CITY AUDITOR  
DEC 14 1988

Mt. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

*Trust  
Deposit*

Pre-need

Date 12/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold T. Arletha S. Wells in a Double Crypt 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 95 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... Double Crypt to go in \_\_\_\_\_

Additional spaces and care fund ..... (3) Sec. Fund \_\_\_\_\_

Opening/Closing & Setup ..... 320<sup>00</sup> 320<sup>00</sup>

Burial Container ..... Double Crypt 330<sup>00</sup> 330<sup>00</sup>

Handling Fees ..... labor fee 320<sup>00</sup> 320<sup>00</sup>

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35<sup>00</sup> 35<sup>00</sup>

Sales taxes ..... 21.45

# 60<sup>00</sup> - mo for 22 mo  
61.45 for 1 mo. - 1st.

Total Due \$ 355.00 1026.45

Pay Rec - Jan 10, 1989

Paid receipt number DN T.P. -> 138145

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.

x Arletha S. Wells  
Signature \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7793  
FY-693 (REV. 8-86)

OFFICIAL RECEIPT

No 37204



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

From: Arletha Wells Address: 6375 Belle Glade Avenue  
San Diego - one 45/100 Date: 1-9 1987  
 In Payment of Coupon 1 purchased Trust Dollars (\$ 61.45)  
 Lot 95 Grave 11 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. B-7793

BALANCE DUE 1320

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2739

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Arletha Wells

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>61.45</u>

CITY AUDITOR  
 JAN 21 1987  
 61.45

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37362

Date: 2-13, 1989

From: Arletta D. Wells Address: 46375 Belle Meade, SD

Eight dollars 10/100 Dollars (\$ 60.00)

In 1 Payment of coupon 2 Trust

Lot 75 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7793

BALANCE DUE 1260.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2716

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>60.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

CITY AUDITOR  
 FEB 21 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37517

From: Melba Wells Address: 6375 Bella Linda Dr Date: 3-15 1989  
Suite 22/100  
 In: Payment of coupon 3 Pre-need Trust Dollars (\$ 60.00 )  
 Lot 95 Grave 11 Row \_\_\_\_\_ Section 2 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7793  
 BALANCE DUE 120.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2857

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 MAR 20 1989  
 ISSUED BY Melba Wells

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Initial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	65033	<u>60.00</u>
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37656

Date: 4-10 1989

From: Robert Webb Address: 6275 Della Verde Ave, SD

11th - no/100 Dollars (\$ 60.00)  
 in Payment of Consp. 4 Burial Trust

Lot 95 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-1793  
 BALANCE DUE 1140.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
**APR 17 1989**

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
90% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>60 00</u>
Sales Tax	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>60 00</u>

2897

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37782

Date: 5-8, 1989

From: Arletta Wells Address: 6375

5th, 20/00  
 In \_\_\_\_\_ Payment of Lauper 5, Pierced Trust Dollars (\$ 60.00)

Lot 95 Grave \_\_\_\_\_ Row 11 Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7793

BALANCE DUE 1080.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2433

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
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	53033	<u>60.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

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 38110

From: Harold Wells Address: 6375 Belle Glade Ave Date: 6-5, 1989  
Septy no/100  
 In \_\_\_\_\_ Payment of Wagon 6 Penced Trust Dollars (\$ 60.00 )

Lot 75 Grave 11 Row \_\_\_\_\_ Section 2 Division 12  
 Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7793  
 BALANCE DUE 1020.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
 JUN 09 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	83033	<u>60.00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38273

From: Leatha Wells Address: 6375 Sibley Road, San Diego, CA 92110 Date: 7-10, 1989  
 In Sixty Payment of Amount 7 Proceed Trust Dollars (\$ 60.00)  
 Lot 95 Grave 11 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7793  
 BALANCE DUE 960.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2044

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	CITY AUDITOR
Burial Containers	100	
Handling Fee	77181	JUL 14 1989
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	
	9022	
	60101	
	76390	
TOTAL PAID	\$	<u>60.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38335

Date: Aug. 1, 1989

From: Arletta Wells Address: 6375 Bella Glorita Ave.

In part Payment of Princed Trust Coupon 8 Dollars (\$) 600.00

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 5-7793  
 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. J. [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>600</u>
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>600</u>

CITY AUDITOR  
 AUG 07 1989

3088

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No. 37925

Date: 9-11, 1989

From: Harold Wells Sr Address: 6375 Belle Glade Ave San Diego 92119  
Sixty Dollars & no/100 Dollars (\$ 60.00 )  
 In PART Payment of PRE-NEED TRUST Coupon # 9

Lot 95 Grave 11 ~~11~~ Section 2 Division 12

Invoice No. E 7793

Acct. No. E 7793

W.O. \_\_\_\_\_

BALANCE DUE 840.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

3154

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	75390	
TOTAL PAID	\$	<u>60 00</u>

CITY AUDITOR

SEP 18 1989

60 00

60 00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38023

Date: 10-9, 1989

From: Melba D. Nells Address: 1375 Bell Trade Circle SD

Four hundred, eighty dollars Dollars (\$ 760.00)

In \_\_\_\_\_ Payment of 2 months' burial services

Lot 95 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7793

BALANCE DUE 60.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 3209 +  
troubled

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>760.00</u>
	9022	
	60101	
	78390	
		<u>760.00</u>

CITY AUDITOR  
 OCT 16 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No. 38038

Date: 10-10, 1989

From: Walter S. White Address: 6375 Kelle Road Ave, SD

Seventy dollars 20/100 Dollars (\$ 60.00 )

In Payment of couper 10 final payment  
of lot and 2 burial services

Lot 95 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 27793

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

3201

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>60.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

CITY AUDITOR  
 OCT 6 1989

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7793

Preneed Trust

Harold T. & Arletha D. Wells

6375 Belle Glade Avenue

San Diego, Ca 92119

**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.



\$ 61.45

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 62.45

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-7793 Preneed Trust  
Harold T. & Arletha D. Wells  
6375 Belle Glade Avenue  
San Diego, Ca 92119

**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.



\$ 60.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 61.00

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-7793

Preneed Trust

Harold T. & Arletha D. Wells

6375 Belle Glade Avenue

San Diego, Ca 92119

**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.



\$ 60.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7793** **Preneed Trust**  
**Harold T. & Arletha D. Wells**  
**6375 Belle Glade Avenue**  
**San Diego, Ca 92119**

**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.

\$ 60.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7793**

**Preneed Trust**

**Harold T. & Arletha D. Wells**

**6375 Belle Glade Avenue**

**San Diego, Ca 92119**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
<b>20</b>											

Amount due when paid on, or before,  
due date above.



\$ 60.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring any coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7793** **Preneed Trust**  
**Harold T. & Arletha D. Wells**  
**6375 Belle Glade Avenue**  
**San Diego, Ca 92119**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ 60.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY STATE ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7793**

**Preneed Trust**

**Harold T. & Arletha D. Wells**

**6375 Belle Glade Avenue**

**San Diego, Ca 92119**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR	MAY	JUN
<b>30</b>											

Amount due when paid on, or before,  
due date above.

\$ **60.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**8**

DO NOT MAIL ENTIRE BOOK →

ACCOUNT No. **E-7793** **Preneed Trust**  
**Harold T. & Arletha D. Wells**  
**6375 Belle Glade Avenue**  
**San Diego, Ca 92119**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **60.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7793**

**Frensed Trust**

**Harold T. & Arbeta D. Wells**

**6375 Belle Glade Avenue**

**San Diego, Ca 92119**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>30</b>											

Amount due when paid on, or before,  
due date above.



\$ **60.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **K-7793** **Pronged Trust**

**Harold T. & Arletha D. Wells**

**6375 Belle Glade Avenue**

**San Diego, Ca 92119**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **60.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

**MT HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego ✓

Date 12/12/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James Chester Hicks

in a Topland Concrete Vault Funeral, date, time Fri-2PM 12/16

Church, Chapel, Graveside Chapel & S.S. Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran N.Y. Army - World War

Lot 8 Grave 4 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund Single dept. - 495<sup>00</sup>

Additional spaces and care fund None

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Concrete Vault 175<sup>00</sup>

Handling Fees labor 170<sup>00</sup>

Flower vases - Marker setting fee (H.I. Brown - 135<sup>00</sup>)

Recording and filing fee 35<sup>60</sup>

Sales taxes 11<sup>31</sup>

Total Due 1206<sup>37</sup>

Paid receipt number 37091 1206<sup>37</sup>

Balance due 0

PAID  
DEC 14 1988  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed \_\_\_\_\_

X  
Signature James Chester Hicks  
Address 516 E. Elizabeth St  
State CA Zip Code \_\_\_\_\_  
Telephone 619-264-3345

Work Order # E 7794

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37091

Date: 12/12/88, 1988

From: Chester A. Hicks Address: 516 Elizabeth - S.D. 92113

In full Payment of Twelve Hundred and 37/100 Dollars (\$ 1206<sup>37</sup>/<sub>100</sub>)

Payment of Interest of and for James Chester Hicks second

Lot 8 Grave 4 Row --- Section 1

DEF  
 Division 141  
 Black 1/11/1988

Invoice No. ---  
 Acct. No. ---  
 W.O. F-7794  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	99 00
80% Sales of Lots	100	396 00
Opening/Closing	100	320 00
Burial Containers	77181	175 00
Handling Fee	100	170 00
Recording & Misc. Fees	77185	35 00
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	11 37
	78360	
TOTAL PAID		\$ 1206 37

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

694

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7794

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>James Chester Hicks</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 29, 1932</b>	DATE OF DEATH <b>Dec. 11, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Los Angeles,</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Los Angeles</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Chester A. Hicks - Father 516 Elizabeth Street San Diego, California 92113</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING             </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 15 1988</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramez, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/16/88</b> (ENTER DATE) <b>8-4-1-11</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Dept. of Health Services</b> <b>P.O. Box 85222</b> <b>San Diego, California 92138-5222</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37551

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

From: Charley Heeks Address: 516 Elizabeth Street, SD Date: 3-27 1989

One hundred twenty-five (25/100) Dollars (\$ 125.00)

In Payment of Mother's Lettering fee for James C Heeks

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. 8-7794  
W.O. 566-B  
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  
MAR 30 1989

ISSUED BY [Signature]

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	<u>125.00</u>
77183		
Pre-Need Trust	83033	
8022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>125.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 37822

Date: 5-15, 1989

From: Mr. Hicks Address: \_\_\_\_\_

In fifteen 9500 Dollars (\$ 15.95)  
 Payment of stones dug for James Hicks

Lot 8 Grave 4 Row \_\_\_\_\_ Section 1 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7794  
 BALANCE DUE 4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	
	83033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>15.95</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

ISSUED BY [Signature]

AUDITOR

MAY 19 1989

500  
1060

35

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-13-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Columbus Bincham III  
in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time Thi 12/16 11:00  
Church, Chapel, Graveside Graveside, Rossdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_ round 2ft-

✓ Lot 3450 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 37099 199.00

M. Alden Balance due 0

I hereby certify I am the Jarvis R. Baldew of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Jarvis R. Baldew  
Signature 7033 Springford ave  
Address SAN DIEGO CA. 92114  
State 262-7748 Zip Code  
Telephone

Work Order #

**E 7795**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7795

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Columbus Bingham, III</b>	SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 5, 1988</b>	DATE OF DEATH <b>Dec. 12, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Columbus Bingham, Sr. - Grandfather 7033 Springford Avenue San Diego, California 92114</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd.</b>		CALIFORNIA LICENSE NUMBER <b>F1329</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, Calif.</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Flat - Noheini</b>	DATE CREMATED <b></b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A (P.A.)</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b></b>
		DATE SIGNED <b></b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12-16-88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>DEC 15 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald A. ...</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Dept. of Health Services</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Reynolds</b>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b></b>
<b>P.O. Box 85222 San Diego, California 92138-5222</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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

E 7795  
 No 37099

Date: 12-13, 1988

From: \_\_\_\_\_ Address: \_\_\_\_\_

one hundred nine - nine 10/100 Dollars (\$ 199.00)

In \_\_\_\_\_ Payment of Columbus Simpson III's Interment

Lot 2450 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9 Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7795

BALANCE DUE 6

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 27 1988**

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>20.00</u>
80% Sales of Lots	100	<u>80.00</u>
Opening/Closing	77181	<u>69.00</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Ins. Fees	100	<u>5.00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>199.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-13-88

*Ernest  
Sweet*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thurman & Beatrice Johnson

in a \_\_\_\_\_ Vault/Linear \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup ..... 2 @ 320.00 640.00

Burial Container ..... 330.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... 2 @ 25.00 70.00

Recording and filing fee ..... 21.45

Sales taxes ..... 1381.45

Total Due ..... 1381.45

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 7796**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

43548

Date: 4-5, 1973

From: Thurman Johnson Address: 252 Euclid Ave S.D. Ca 92114

In part Payment of Twenty five Pre Need Trust Dollars (\$ 25.00 )

Lot 64 Grave 2 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE 145.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

2109

AC-212 (Rev. 1-61)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

N. Leguen

CREDIT	67007		
20% Sales Cars	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	<u>25</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT

E 7 196  
48893



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 7-8, 1993

From: Beatrice Mason Address: PO Box 745994, IL

In Twenty-five Dollars (\$ 25.00)  
Payment of Pre-Need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7796  
BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY J. Wait

CREDIT	67007	
20% Sales Com.	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT

No 37186



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 1-6, 1989

From: Beatrice Johnson Address: 252 Euclid Ave HB, SD  
fifty dollars Dollars (\$ 50.00)  
 in Payment of coupon 142 Pre-need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. E-7796  
 BALANCE DUE 1331.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>50 00</u>
	9032	
Sales Tax	60101	
	76360	
TOTAL PAID	\$	<u>50 00</u>

CITY AUDITOR  
 JAN 7 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 AC-212 (Rev. 10-87) 0866

ISSUED BY Indra Ward

OFFICIAL RECEIPT

No 37311



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

From: Beatrice Johnson Address: 252 Euclid Ave # B, SD  
Twenty-five No 110 Dollars (\$ 25.00)  
 In Payment of Coupon 3 Preneed Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-4796  
 BALANCE DUE 1306.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
**FEB 10 1989**

ISSUED BY Andrea Reed

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83003	<u>25.00</u>
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
0890

OFFICIAL RECEIPT

No 37439



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

Date: 3-6, 1989

From: Leatrice C. Johnson Address: 252 Bunker Hill Dr, SD

fifty dollars 20/100 Dollars (\$ 50.00 )

In Payment of Graves 485 - Perpetual Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. C-77965

BALANCE DUE 12-26-45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0705

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	
77191		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63003	<u>50.00</u>
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

**CITY AUDITOR**

**No 37617**

**APR 07 1989**

Date: 4-4, 19 89

From: Debra Johnson Address: 252 Euclid Ave #10, D  
Twentysix - June 20/100  
 Dollars (\$ 25.00)  
 In Payment of coupon to Personal Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7796  
 BALANCE DUE 1231.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Debra Johnson

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60303	<u>25.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
0909

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

E-7796  
 No 37764

Date: 5-5, 1989

From: Estrella Johnson Address: 252 Eudora Ave H B, SD  
Twenty-five no 1100 Dollars (\$ 25.00)  
 In \_\_\_\_\_ Payment of Coupon 7 Funeral Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. \_\_\_\_\_  
 BALANCE DUE 1206.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 PAID IN THIS SPACE

ISSUED BY Jordan Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>25.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR  
 MAY 12 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
0928

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No **38128**

E-7796

Date: 6-7 1989

From: Beatrice A. Johnson Address: 252 Euclid Ave. # B.S.D. CH 92114

Twenty-five dollars & 00/100 Dollars (\$ 25.00 )

In Payment of Coupon #8 pre-need trust

Lot 64 Grave 6 Row     Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 1181.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0954

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
 JUN 09 1989

ISSUED BY Nora Black

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 38214

Date: 7-3, 19 89

From: Deatrice Johnson Address: 252 Euclid Ave # B SD

Twenty - Five Dollars (\$ 25.00 )  
 In Payment of Preced Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7796  
 BALANCE DUE 1156.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 0971

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>CITY AUDITOR</u>
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	<u>JUL 10 1989</u>
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	<u>25.00</u>
Sales Tax	83033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38393

Date: Aug 8, 1989

From: Brother John Address: 2150 Euclid Ave - B

Twenty - 10/10 Dollars (\$ 25 -)

in part Payment of Howard Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 5-7746

BALANCE DUE 113145

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0989

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY R. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	77185	
	100	
	77183	
	63033	<u>25 -</u>
	9022	
	60101	
	78390	
TOTAL PAID		<u>20 -</u>

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 38494

From: Debbie Johnson Address: 452 Euclid Ave #102  
San Diego CA 92107  
 Date: 9-6 19 89  
 Dollars (\$) 25.00  
 In \_\_\_\_\_ Payment of Coupon to Pre-need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7796  
 BALANCE DUE 1106.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	8022	
	60101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR  
 SEP 11 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

1012

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 37999

Date: 10-4, 1989

From: Debra Johnson Address: 252 Euclid Ave #4, SD

to travels - year no/100 Dollars (\$ 25.00)  
 In coupon 11 Payment of Personal Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7796  
 BALANCE DUE 1001.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1029

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>25.00</u>
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>25.10</u>

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

No 38530

Date: 11-7 1989

From: Estelita Johnson Address: 252 Euclid Ave HB, SD

Truck - Fine no 1100 Dollars (\$ 25.00 )

In Payment of Coupon 12 fenced Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7796

BALANCE DUE 1056.45

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1052

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andra Ward

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	9022	
TOTAL PAID	60101	<u>25.00</u>
	78360	

CITY AUDITOR

NOV 13 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 38611

Date: 12-1, 1989

From: Leatrice Christ Address: 252 Acadia Ave. # B, S

Twenty Five Dollars Dollars (\$ 25.00)

In Payment of Grave # 13 - Pre-need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7796

BALANCE DUE 1031.45

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1070

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	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR  
DEC 13 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38747

Date: 1-5, 1990

From: Murray Johnson Address: 252 Euclid Ave., Apt B, 92114

In Twenty-Five Dollars Payment of Pre-need Trust Dollars (\$ 25.00)

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. F-7796  
 BALANCE DUE \$ 1126.95

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1092

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**

**JAN 16 1990**

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>25</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT

CITY AUDITOR

NO 38940

MOUNT HOPE CEMETERY MAR 12 1990  
 264-3151

Date: 3-5, 1990

From: Mrs. Juanita M. Brown Address: 252 E. Grand Ave. S. D. 92114

Twenty-five Dollars (\$ 25.00)

In \_\_\_\_\_ Payment of \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1139

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		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>25.00</u>	
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25.00</u>	

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 39192

Date: 5-9, 1990

From: Estelita Johnson Address: 252 Euclid Ave, SD 92114

In Twenty Five Dollars Dollars (\$ 25<sup>00</sup>)

In Pre-need Trust Payment of Pre-need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11196

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1188

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 MAY 14 1990

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033	<u>25</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUBITOR

NO 39114

APR 16 1990

Date: 4-11, 1990

From: Mrs. John Address: 252 E. 1st Ave., Apt B, St. 92114

In Twenty five Dollars Dollars (\$ 25.00 )

In Pre-Need Trust Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-4796

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	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

1141

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39326

Date: 6-6, 1990

From: T. Johnson Address: 252 Euclid St

Trust - Pre-Need Dollars (\$ 25.00 )

In \_\_\_\_\_ Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-4796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1214

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY J. White

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>25.00</u>
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>25.00</u>

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

E-7796  
 No 39418

Date: 6-29, 1990

From: P. Johnson Address: 20. E. 6th St #2, San Diego

Twenty Five Dollars (\$ 25.00)

In Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1007

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR  
 JUN 30 1990

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39551

Date: Aug 3, 1990

From: Section 7th - Address: 372 Eucalyptus Ave, 92114

In Trusty Fee Payment of Trust Fee Dollars (\$ 25.00 )

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 5-7096

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 Waiter

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>25.00</u>	
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>25.00</u>	

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39691

Date: 9-11, 19\_\_

From: MURPHY, BEATRICE JOHNSON Address: 352 EUNIA AVE APT #2 T.D. CA 92114

Twenty Five 00/100 Dollars (\$ 25.00)

In \_\_\_\_\_ Payment of THE NEED TRUST

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) # 1284

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY R. Johnson

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39789

Date: 10-4-1940

From: Thurman Bentz Johnson Address: 252 Euclid Ave Apt 2 San Diego Cal

TWENTY FIVE AND 00/100 Dollars (\$ 25.00 )

In: \_\_\_\_\_ Payment of PRE-NEED TRUST

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) # 1307

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Robt Johnson

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	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40151

Date: 1-7, 19 71

From: Thurman W Johnson Address: 252 Euclid

Twenty Five Dollars (\$ 25.00 )

In Payment of Pre Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \$781.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-57) 1381

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<del>25</del>	<del>00</del>
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	53033	<u>25</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40240

Date: 1-31 . 1991

From: Thurman Johnson Address: 252 Euclid Ave # 2 S.D. CA. 92114

Twenty-five Dollars (\$ 25.00 )

In \_\_\_\_\_ Payment of Pre Need trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7296

BALANCE DUE 756.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1404

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Norman Ferguson

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	<u>25</u>	<u>00</u>
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40528

Date: April 5, 19 91

From: T. B. JOHNSON Address: 252 Euclid Ave. Apt. B San Diego 92114

Twenty-five and no/100ths Dollars (\$ 25.00 )

In Part Payment of Pre-need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7706

BALANCE DUE \$706.25

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY K. L. [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	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

1460

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40380

Date: 3-5, 1991

From: Shirley Johnson Address: 257 Euclid Ave #13 S.D. 92114

In Twenty-five and 00/100 Dollars (\$ 25.00 )

Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE 731.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1437

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>25</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40953

Date: 7-5-1971

From: William J. Smith Address: 253 Euclid Ave Apt 2 S.D. CA 92114

Twenty five and 00/100 Dollars (\$ 25.00 )

In cash Payment of the acct

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

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 [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		25.00
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$		25.00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40805

Date: 6-7, 1991

From: Herman Address: 252 Euclid Apt 4B, SD 92114

Twenty-five Dollars (\$ 25.00 )

In Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7194  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1514

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>25.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 41080

Date: 8-6-1971

From: Thurman Johnson Address: 253 Birch Ave Apt 750 A 92114

Twenty five and 00/100 Dollars (\$ 25<sup>00</sup>)

In 1 unit Payment of Pre need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-67) # 1566

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25</u>
	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	\$	<u>25<sup>00</sup></u>



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

No 43068

Date: 12-3 1992

From: Turner Johnson Address: 252 Euclid Ave Apt B

Trusty - Trust Dollars (\$ 25.- )  
In Payment of Tr. - Feed Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7796  
BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	60101	<u>25 W</u>
	78380	
TOTAL PAID	\$	<u>25 W</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

1991

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40673

Date: 5-6, 1991

From: Norman Johnson Address: 252 Evelyn Ave SE 92114

Twenty-five Dollars (\$ 25.00 )

in Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7796  
 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 J. White

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 41207

Date: 9-4, 1991

From: Thurman Johnson Address: 252 Euclid Ave # B S.D. 92114

Dollars (\$ 25<sup>00</sup>)

In Part Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) # 1593

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$		

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 41521

Date: 11-15, 1991

From: Thurman Johnson Address: 255 Euclid Ave S D CA 92114

Twenty five and 00/100 Dollars (\$ 25<sup>00</sup>)

In Part Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7196

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	<u>25<sup>00</sup></u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77186	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>85<sup>00</sup></u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42928

Date: 11-4, 1992

From Harman Johnson Address 252 Euclid Ave. Apt. B SD

Twenty-five Dollars (\$ 25.<sup>00</sup>)

In Payment of Pre-Need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

1970

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Walt

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	83033	<u>25 W</u>
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 - 264-3151

№ 41333

Date: 10-4-91, 1991

From: Thurman W. Johnson Address: 252 Euclid Ave B S.D. 92114

Twenty five <sup>no/100</sup> Dollars (\$ 25.00)

In \_\_\_\_\_ Payment of Pre-need Trust **CITY AUDITOR**

Lot 64 Grave 6 Row \_\_\_\_\_ Section OCT 14 1991 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1621

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**004279**

ISSUED BY Daryl Carter

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	<u>25</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 827-3400

No 41720

Date: 1-3-19

From: Thurman Johnson Address: 252 Euclid Ave Apt #2 SD CA 92114

Twenty five and 00/100 Dollars (\$ ~~25~~ 37.50)

In PAID Payment of Pre-Need Trust for Thurman + Beatrice Johnson

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7796  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	9022	
TOTAL PAID	60101	
	78390	

37.50

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

ISSUED BY [Signature]

#1686  
 MC-212 (Rev. 1-81)

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
527-3400

No 42403

Date: 6-23, 1992

From: JOHNSON, THURMAN Address: 252 Euclid Ave. #B S.D. CA 92114

TWO HUNDRED FIVE AND 00/100 Dollars (\$ 25.00 )

In PART Payment of PRE NEED TRUST

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-776

BALANCE DUE 370.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

1938

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	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

NO 42728

Date: 9-16, 1992

From: Murphy & Leppin Properties Address: 253 Euclid Apt # B, SD

In Twenty five Dollars (\$ 25.-)  
 Payment of Pre-Need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

1922

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

*J. White*

CREDIT	87007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>25 W</u>
Trust	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42096

Date: 4/7/1998

From: Phurman Johnson Address: 252 Buntline St Apt # 5-D. CA. 92114

Twenty five and 00/100 Dollars (\$ 25.00)

In Part Payment of Pre-need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

# 1785  
 AC-247 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63083	<u>25.00</u>
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 41966

Date: 3-5, 1992

From: Kerman, Helen Address: 252 Euclid, Apt #B 10  
Twenty Five 710/110 Dollars (\$ 25.00 )

In Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7796  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	<u>25.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 41868

From Harman Johnson Address: 253 Euclid Ave., N, # B Date: 2-11, 1992  
Thirty Seven 50/100 Dollars (\$ 37.50)  
 In \_\_\_\_\_ Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7796  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

1732

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. W. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033	<u>37</u>	<u>50</u>
	9022		
	60101		
	78300		
TOTAL PAID	\$	<u>37</u>	<u>50</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

No 42205

Date: 5-5, 1992

From: Beatrice Han Address: 252 Euclid Ave., 92114

In Twenty-five Dollars (\$ 25.<sup>00</sup>)  
Payment of Pre-Need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-9796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

1816

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>25 W</u>
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42474

Date: 07-16, 1992  
 From: Hummer, Helen Address: 252 Euclid, Apt. #B, SD 92114  
Twenty Five Dollars (\$ 25.00)  
 In Payment of Pre-Need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7796  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	60101	<u>25.00</u>
	78390	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 1872

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42616

Date: 8-12, 1972

From: Herman Hansen Address: 252 Euclid, Apt #B SD

Twenty-five Dollars (\$ 25 )

In Payment of Pre Need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 1-61) 1902

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Waits

CREDIT	57007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25 00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

43423

Date: 3-3, 1993

From: Therman Johnson Address: 252 Euclid Ave Apt B S.D. 92114

Twenty-five Dollars (\$ 25.00 )

In part Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \$ 170.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81) 2672

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	<u>25</u>	<u>00</u>
Trust	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

No 43192

Date: 1-5, 1993

From: Kurman Sharon Address: 253 Euclid Ave, #1B SD

Twenty-five Dollars (\$ 25.00 )

In Pre-Need Trust Payment of 710/10

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25 W</u>
Sales Tax	80101	
TOTAL PAID	76390	<u>25 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
527-3400

No 43309

Date: 2-3, 1993

From: Thurman Johnson Address: 252 Euclid Ave apt B S.D. 92114

Twenty-five Dollars (\$ 25.00 )

In part Payment of Pre-Need Lot & trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \$195.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

2047

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY

M. Ferguson

CREDIT	67007		
20% Sales Care	77164		
50% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>25</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT

48760



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 6-3, 1995

From: Beatrice Mann Address: 252 Euclid #B, SD

In Twenty five Dollars (\$ 25.<sup>00</sup>)  
Payment of Pre-Need Trust

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

2151

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	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	<u>25 W</u>
Sales Tax	63033	
	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

**43949**

Date: 7-30, 1993

From: Beatrice Johnson Address: P.O. Box 740994, IL

In full Payment of Pre-Need Trust 45/100 Dollars (\$ 95.45 )

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-17196

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

2194

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		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183	<u>95</u>	<u>45</u>
Sales Tax	63033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>95</u>	<u>45</u>

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7796

Preneed Trust

Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt B  
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.



\$ 25.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 26.00

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7796

Preneed Trust

Thurman & Beatrice Johnson

• 252 Euclid Avenue, Apt B

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.

▶ \$ 25.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 26.00

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796**

**Preneed Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**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.



\$ 25.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave Apt B

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Preneed Trust

Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt B  
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.

\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above. 10

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave # B

CITY San Diego STATE CA ZIP 92114

check  if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-7796**

**Preneed Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**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.



\$ 25.00

Amount due if paid more than ~~10~~ days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 25.10

NAME

Thurman & Beatrice Johnson

ADDRESS

252 Euclid Ave #B

CITY

San Diego

STATE Ca

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796**

**Preneed Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**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.



\$ 25.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY S. 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. **E-7796**

**Preneed Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ 25.00

Amount due if paid more than ~~10~~ days  
after due date above.



\$ 1.00

\$ 25.00

Amount Received \$ 2

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave Apt B

CITY San Diego STATE Ca ZIP 92114

check  if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7796**

**Praneed Trust**

**Thurman & Beatrice Johnson**

**252 Euclid Avenue, Apt B**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ 25.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ 25.00

Amount Received \$ \_\_\_\_\_

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave # B

CITY San Diego STATE Ca ZIP 92114

check (  ) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796**

**Pruned Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**San Diego, Ca 92114**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ 25.00

Amount due if paid more than **10** days  
after due date above.



\$ 1.00

\$ ~~25.00~~

Amount Received \$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796**

**Pressed Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>10</b>											

Amount due when paid on, or before,  
due date above.

\$ **25.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **25.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **252 Euclid Ave #B**

CITY **San Diego** STATE **Ca** ZIP **92114**

check (✓) if this is new address

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796****Preneed Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**San Diego, Ca 92114**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
<b>10</b>											

Amount due when paid on, or before,  
due date above.
 \$ 25.00
Amount due if paid more than **10** days  
after due date above.
 \$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 25.00NAME Thurman & Beatrice JohnsonADDRESS 252 Euclid Ave # BCITY 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-7796**

**Preneed Trust**

**Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt B  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **25.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **25.00**

NAME **Thurman + Beatrice Johnson**

ADDRESS **252 Euclid Ave # B**

CITY **S. D.** 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-7796**

**Pressed Trust**

**Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt B  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>10</b>											

Amount due when paid on, or before,  
due date above.

\$ **25.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave Apt B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796**

**Pruned Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt 5**  
**San Diego, Ca 92114**

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
<b>10</b>											

Amount due when paid on, or before,  
due date above.

\$ **25.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ **25.00**

Amount Received \$

NAME Thurman & Beatrice C Johnson

ADDRESS 252 Euclid Ave #5

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **B-7796**

**Preneed Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
<b>10</b>											

Amount due when paid on, or before,  
due date above

\$ **25.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ **10.00**

Amount Received \$ \_\_\_\_\_

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check ( / ) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796** **Pruned Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>10</b>		-		-							

Amount due when paid on, or before,  
due date above.

\$ **25.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ **25.00**

Amount Received \$

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE CA ZIP 92114

check  If this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**8-7796**

**Preneed Trust**

**Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt B  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **25.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Thurman & Beatrice Johnson

ADDRESS 232 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796** **Freedom Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>10</b>											

Amount due when paid on, or before,  
due date above.

▶ \$ **25.00**

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ **25**

Amount Received \$ **25.00**

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave Apt B

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-7796**

**Premised Trust**

**Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt B  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>10</b>											

Amount due when paid on, or before,  
due date above

**25.00**

Amount due if paid more than **10** days  
after due date above.

**1.00**

\$ \_\_\_\_\_

Amount Received

\$ **25.00**

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (  ) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **L-7796**

**Fremont Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**San Diego, Ca 92114**

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>10</b>											

Amount due when paid on, or before,  
due date above.

▶ \$ **25.00**

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **25.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **252 Euclid Ave #B**

CITY **San Diego** STATE **Ca** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**K-7796**

**Freedom Trust**

**Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt B  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **25.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

**25.00**

NAME

**Thurman & Beatrice Johnson**

ADDRESS

**252 Euclid Ave #B**

CITY

**San Diego**

STATE - **Ca**

ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON 22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796** **Pruned Trust**

**Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt B  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>10</b>											

Amount due when paid on, or before,  
due date above.



\$ **25.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **25.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **252 Euclid Ave #B**

CITY **San Diego** STATE **CA** ZIP **92114**

check  if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **11-7796**

**Pruned Trust**

**Thurman & Beatrice Johnson**  
**252 Euclid Avenue, Apt B**  
**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

\$ **25.00**

Amount due if paid more than 10 days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ 25.00

NAME Thurman + Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego

STATE Ca ZIP 92114

check  if this is new address

Send or bring one coupon with each remittance. **DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7796 Pre-News **COUPON # 2**

Thurman & Beatrice Johnson

252 Euclid Avenue, Apt. #B

San Diego, Calif. 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

AMOUNT  
DUE

\$25.00

\$ \_\_\_\_\_

TOTAL  
RECEIVED \$ \_\_\_\_\_

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7796 Pre-Need Trust

**COUPON**

**3**

Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt. #B  
San Diego, Calif. 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									XX		10

AMOUNT  
DUE

\$ 25.00

\$

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$

25.00

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* "Pre-need" **COUPON**

**4**

*Beatrice & Thurman Johnson*  
*252 Euclid Avenue, Apt. #B*  
*San Diego, Calif. 92114*

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											<i>10</i>

AMOUNT  
DUE

*\$ 25.00*

\$ \_\_\_\_\_

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$ \_\_\_\_\_

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* Pre-News **COUPON #**

**5**

*Thuyman & Beatrice Johnson*

*252 Euclid Avenue, Apt. #B*

*San Diego, Calif. 92114*

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											<i>10</i>

AMOUNT  
DUE

*\$25.00*

\$

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED

*\$ 25.00*

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* ~~Pre-Natal Trust~~

COUPON

6

*Thurman & Beatrice Johnson*  
*252 Euclid Avenue, Apt. #B*  
*San Diego, Calif. 92114*

Month and Day Due indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									<del>XX</del>		10

AMOUNT  
DUE

\$ 25.00

\$ \_\_\_\_\_

TOTAL

RECEIVED \$ 25.00

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7796 Pre-need **COUPON**

**7**

Beatrice & Thurman Johnson  
252 Euclid Avenue, Apt. #B  
San Diego, Calif. 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											10

AMOUNT  
DUE

\$ 25.00

\$

TOTAL  
RECEIVED \$

25.00

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* Pre-News **COUPON**

**8**

*Thurman & Beatrice Johnson*

*252 Euclid Avenue, Apt. #3*

*San Diego, Calif. 92114*

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											<i>10</i>

AMOUNT  
DUE

*\$25.00*

\$

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$

*25.00*

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* ~~Pre-Paid~~ **COUPON**

**9**

*Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt. #B  
San Diego, Calif. 92114*

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									<i>XX</i>		<i>10</i>

AMOUNT  
DUE

*\$ 25.00*

\$

TOTAL  
RECEIVED \$

*25.00*

Check (✓) if you have a new address and please attach.

Send or bring one coupon with prompt remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796 Pre-need* **COUPON 10**

*Beatrice S Thurman Johnson  
252 Euclid Avenue, Apt. #3  
San Diego, Calif. 92114*

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											<i>10</i>

AMOUNT  
DUE

\$ *25.00*

\$ \_\_\_\_\_

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$

*25.00*

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Pre-Nerds Trust

COUPON

11

Thurman & Beatrice Johnson

252 Euclid Avenue, Apt. #B

San Diego, Calif. 92114

Month and Day Due indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											10

AMOUNT  
DUE

\$25.00

\$

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* Pre-News **COURSON** **12**

*Thurman & Beatrice Johnson*  
*252 Euclid Avenue, Apt. #B*  
*San Diego, Calif. 92114*

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									<i>X</i>		<i>10</i>

AMOUNT DUE \$ *25.00*

\$ \_\_\_\_\_

Check (✓) if you have a new address and please attach.

TOTAL RECEIVED \$ \_\_\_\_\_

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796*, *Pre-need* **COURON 13**

*Beatrice & Thurman Johnson*  
*252 Euclid Avenue, Apt. #3*  
*San Diego, Calif. 92114*

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											<i>10</i>

AMOUNT  
DUE

\$ *25.00*

*12.50 Rec*

\$ *37.50*

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796** Pre-News **COUPON #**

**14**

**Thyman & Beatrice Johnson**

**252 Euclid Avenue, Apt. #B**

**San Diego, Calif. 92114**

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

AMOUNT  
DUE

\$25.00 + 12.50

\$ 37.50

TOTAL  
RECEIVED \$

37.50

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796 Pre-Ned*

**COUPON 15**

*Thurman & Beatrice Johnson  
252 Euclid Avenue, Apt. #B  
San Diego, Calif. 92114*

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									<i>XX</i>		<i>10</i>

AMOUNT  
DUE

*\$ 25.00*

*\$ 25.00*

TOTAL  
RECEIVED \$

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance. DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* ~~Pre-see~~ **COUPON 16**

*Beatrice & Thurman Johnson  
252 Euclid Avenue, Apt. #3  
San Diego, Calif. 92114*

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											<i>10</i>

AMOUNT  
DUE

\$ *25.00*

*12.50 Rec*

\$

Check (✓) if you have a new address and please attach.

TOTAL

RECEIVED \$ *25.00*

Send or bring one coupon with each remittance **DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796 Pre-Need COUPON # 17**

**Thurgood & Beatrice Johnson**  
**252 Euclid Avenue, Apt. #8**  
**San Diego, Calif. 92114**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				-							10

**AMOUNT  
DUE**

**\$25.00**

\$ \_\_\_\_\_

**TOTAL  
RECEIVED \$**

**25.00**

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796 Pre-Need ~~Post~~

COUPON 18

Thurman & Beatrice Johnson  
 252 Euclid Avenue, Apt. #B  
 San Diego, Calif. 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									XI		10

AMOUNT  
 DUE

\$ 25.00

\$ 25.00

Check (✓) if you have a new  
 address and please attach.

TOTAL  
 RECEIVED \$

Send or bring one coupon with each remittance **DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *E-7796 Pre-need Trust* **COUPON**

**19**

*Beatrice & Thurman Johnson  
252 Euclid Avenue, Apt. #B  
San Diego, Calif. 92114*

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											<i>10</i>

*July 92*

AMOUNT  
DUE

\$ *25.00*

*1.25*  
\$ *25.00*

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-1196

Pre-Needle Plus

COUPON

20

Thuyman & Beatrice Johnson

252 Euclid Avenue, Apt. #B

San Diego, Calif. 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											10

AMOUNT  
DUE

\$ 25.00

\$ 25.00

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7786* Pre-News **COUPON**

**21**

*Thurman & Beatrice Johnson*  
*252 Euclid Avenue, Apt. #8*  
*San Diego, Calif. 92114*

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									<i>X</i>		<i>10</i>

AMOUNT  
DUE

\$ *25.00*

\$ \_\_\_\_\_

Check (✓) if you have a new address and please attach.

TOTAL  
RECEIVED \$ \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-13-88

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Rolando Morales Castro

in a \_\_\_\_\_ Vault/Liner Funeral, date, time Fri 12/16 10:00

Church, Chapel, Graveside delivery; North Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 121 Grave 8 Top Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 55.00

Additional spaces and care fund ..... 90.00

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

*PA 1064533*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery 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 deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7797

Invoice # 078221

Acct. # 000952

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7797

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ROLANDO MORALES CASTRO</b>	SEX <b>MALE</b>	DATE OF BIRTH <b>July 22, 1959</b>	DATE OF DEATH <b>SEPT. 13, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Escondido</b>	PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Heath Funeral Home, 611 Highland Avenue Marina City, CA</b>		CALIFORNIA LICENSE NUMBER <b>807</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b>   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                    | <input type="checkbox"/> 10. DISPOSITION PENDING  |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Cardboard box - Flew Board on bottom -</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>No Highway - on top of Buena Vista</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 16 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/16/88</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>121-866-1-12</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>EIA</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY			

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rhoda J. Bakke Dahl  
in a well being vault Funeral, date, time Nov 12/19:00  
Church, Chapel, Graveside Shoreside, Kern Workway Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 169 Grave 1 Row \_\_\_\_\_ Section 4 Division/Block 6

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container \_\_\_\_\_

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 525.00

Paid receipt number 3/17/89 525.00

Balance due 0

I hereby certify I am the Rhoda J. Bakke Dahl of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature 8712-9 Magnolia  
Address Santee, Ca 92071  
State (619) 448-3065 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 7798

PY-583 (REV. 8-85)

Invoice # 078232

Acct. # 028711

INSIST ON TREADS BY

7798 486-1484

# Modern Stairways Inc.

3239 BANCROFT DR.  
SPRING VALLEY, CAL.



Van Dyke  
10-1-4-6

JACK SPENCER  
VICE-PRESIDENT

W.O. # E-7798

NOTE

\$ 525.00 San Diego, California

December 16 19 88

2 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 Five hundred twenty five and 00/100 DOLLARS with interest from 2-16-88 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 CA BAKKEDAH L SIGNATURE CA Bakkedahl

ADDRESS 8712-9 Magnolia ave Santee, Ca 92071

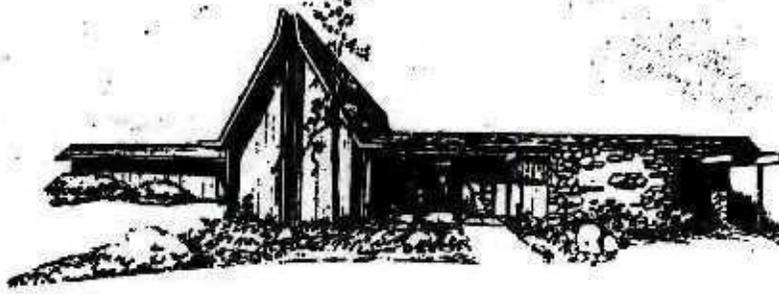
CALIF. DRIVERS LIC. # W0950372 California

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7798

THIS COPY IS PROVIDED AS A COURTESY FOR YOUR RECORDS. "THIS IS NOT A LEGAL COPY" CERTIFIED COPIES (LEGAL COPIES) MAY BE OBTAINED FROM:

SAN BERNARDINO CO. HEALTH DEPT.  
351 MT. VIEW AVENUE  
SAN BERNARDINO, CA 92415



**KERN MEMORIAL CHAPEL / Funeral Directors**  
14444 Seventh Street • Victorville, California 92392 • Telephone 245-9361

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

STATE FILE NUMBER		STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST <b>Rhoda</b>		1B. MIDDLE <b>G.</b>		1C. LAST <b>Bakkedahl</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>December 15, 1988</b>		2B. HOUR <b>1730</b>	
3. SEX <b>Female</b>	4. RACE/ETHNICITY <b>White</b>	5. SPANISH/HISPANIC <input type="checkbox"/> NO	6. DATE OF BIRTH <b>June 15, 1909</b>			7. AGE <b>79 YEARS</b>	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HOURS HOURS   MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Minnesota</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Edward Sylvester Johnson - MN</b>				10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Boleta Amalie Hovelsen-Norway</b>			
11A. CITIZEN OF WHAT COUNTRY <b>USA</b>	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE <b>19-- TO 19--</b>	12. SOCIAL SECURITY NUMBER <b>563-40-2682</b>	13. MARITAL STATUS <b>Married</b>	14. NAME OF SURVIVING SPOUSE OR WIFE. ENTER BIRTH NAME! <b>Clifford A. Bakkedahl, Sr.</b>					
15. PRIMARY OCCUPATION <b>Minister</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>25</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Assembly of God Church</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Religion</b>				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>4135 Phelan Road</b>					19B.	19C. CITY OR TOWN <b>Phelan</b>			
19D. COUNTY <b>San Bernardino</b>		19E. STATE <b>California</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Clifford A. Bakkedahl, Sr. - Husband P O Box 164 Phelan, CA 92371</b>					
21A. PLACE OF DEATH <b>At Home</b>		21B. COUNTY <b>San Bernardino</b>							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>4135 Phelan Road</b>		21D. CITY OR TOWN <b>Phelan</b>							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE									
CAUSE OF DEATH	(A) <b>Cardiopulmonary Arrest</b>	Minutes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? <b>Yes 88-12-5591LM</b>					
	(B) <b>Chronic Congestive Heart Failure</b>	Years		25. WAS BIOPSY PERFORMED? <b>No</b>					
	(C) <b>Hypertensive Cardiovascular Disease</b>	Years		26. WAS AUTOPSY PERFORMED? <b>No</b>					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <b>Diabetes Mellitus Type I</b>	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? 237 TYPE OF OPERATION	No	DATE	N/A					
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.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS									
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) <b>Investigation</b>			35B. CORONER'S SIGNATURE <b>Brian McCormick; Coroner by Dep:</b>			35C. DATE SIGNED <b>12-17-88</b>		
36. DISPOSITION <b>Burial</b>	37. DATE—MONTH, DAY, YEAR <b>12-19-88</b>	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery - San Diego, CA.</b>			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>6658 Victory Savind</b>				
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Kern Memorial Chapel</b>		40B. LICENSE NO. <b>1094</b>	41. LOCAL REGISTRAR—SIGNATURE <b>G. R. Pettersen MD by/</b>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>December 19, 1988</b>				
DATE	A.	B.	C.	D.	E.	F.			

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7798

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

<b>F DECEDENT</b> <b>Rhoda G. Bakkedahl</b>	<b>SEX</b> <b>Female</b>	<b>DATE OF BIRTH</b> <b>June 15, 1909</b>	<b>DATE OF DEATH</b> <b>Dec, 15, 1988</b>
<b>PLACE OF DEATH—CITY OR TOWN</b> <b>Phelan</b>	<b>PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)</b> <b>San Bernardino</b>	<b>NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT</b> <b>Clifford A. Bakkedahl - Husb.</b> <b>P O Box 164</b> <b>Phelan, CA 92371</b>	
<b>NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)</b> <b>Earl Memorial Chapel</b> <b>14444 7th Street, Victorville, CA 92392</b>	<b>CALIFORNIA LICENSE NUMBER</b> <b>1094</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

<b>INTERMENT</b>	<b>NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED</b> <b>Mt. Hope Cemetery - San Diego, CA</b>		<b>COUNTY</b> <b>San Diego</b>
<b>CREMATION</b>	<b>NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED</b> <b>NA</b>	<b>DATE CREMATED</b> <b>NA</b>	<b>SIGNATURE OF PERSON IN CHARGE OF CREMATORY</b> <b>NA</b>
<b>BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)</b>	<b>ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION</b> <b>NA</b>		
<b>SCIENTIFIC USE</b>	<b>NAME AND ADDRESS OF FACILITY RECEIVING REMAINS</b> <b>NA</b>		
<b>ACKNOWLEDGMENT OF APPLICANT</b>	<b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b>		<b>SIGNATURE OF APPLICANT</b> <b>NA</b>
			<b>DATE SIGNED</b> <b>NA</b>
<b>* LOCAL REGISTRAR</b>	<b>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT</b>	<b>AMOUNT OF FEE PAID</b> <b>\$4.00</b>	<b>DATE PERMIT ISSUED</b> <b>12/19/1988</b>
			<b>SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT</b> <b>B.R. Petterson MD</b>
<b>CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION</b>	<b>I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON</b> <b>12/19/88</b> <b>167-1-4-6</b> (ENTER DATE)	<b>SIGNATURE OF PERSON IN CHARGE OF DISPOSITION</b> <i>[Signature]</i>	<b>LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE</b> <b>179288</b>
<b>IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY</b>	<b>INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH</b> <b>351 Mt. View Avenue - San Bernardino, CA 92415</b>		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

E-7798

CITY TREASURER  
SAN DIEGO, CALIFORNIA

6512103/29/89		525.00	INVS
03/29/89	6512		525.00- CH
03/29/89	6512		.00 BA

OFFICIAL RECEIPT

3/31

E 7798  
No 37534



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

Date: 3-17 1989

From: C. A. Bakkerdahl Address: 8712 Magnolia, San Diego

In: Five hundred twenty-five dollars - \$525.00 Dollars (\$ 525.00)  
Payment of: Photo. Bakkerdahl's interment

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-7798  
BALANCE DUE 4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAR 31 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Meal Trust	63033	
	9022	
Sales Tax	60101	
	78090	
TOTAL PAID	\$	<u>525.00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

A.C-212 (Rev. 10-87) 218

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego ✓

Date 12-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Harry L. Currier

in a Ball Funerals Funeral, date, time Tue 10AM - 4/20

Church, Chapel, Graveside Chapel; Cypress Mortuary.

All Funeral cars must 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. 00 11AM

Lot 470 Grave - Row - Section 1 Division/Block 8

Grave space & Care Fund .....

Additional spaces and care fund Preneed 5-687 .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee Pu-Set Vase - (order) 15.92

Recording and filing fee 35.00 .....

Sales taxes .....

Total Due 35.00

Paid receipt number 37110 50.92

Balance due 0

*Will bury sheets after*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Mary Lee Turpie  
Signature

981 Law St.  
Address

San Diego Ca 92109  
City

270-1407 Zip Code

Telephone

Work Order # E 7799

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-7799  
No. \_\_\_\_\_

# INTERMENT ORDER

TO MT. HOPE CEMETERY  
~~EL CAMINO MEMORIAL PARK~~

Dated \_\_\_\_\_, 19\_\_\_\_

You are hereby authorized and instructed, subject to your rules and regulations, to inter the \_\_\_\_\_ remains of

in Grave \_\_\_\_\_ Lot \_\_\_\_\_ Lawn \_\_\_\_\_

Niche \_\_\_\_\_

Crypt \_\_\_\_\_

Relation to Owner \_\_\_\_\_ Notation \_\_\_\_\_

I/we hereby certify that I am/we are the \_\_\_\_\_ of the above-named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I/we hereby certify and represent that I/we have the right to make this authorization, and I/we agree to hold El Camino Memorial Park harmless from any liability on account of said authorization and interment.

I/we hereby certify that I am/we are the owner of the said grave, crypt or niche, and hereby authorize the above interment.

Relative's Name Ethel May Sherman  
Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grave, Crypt or Niche Owner must sign here if not a relative)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7799

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

DECEDENT <b>Harry Lee Carrier</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Sept. 9, 1892</b>	DATE OF DEATH <b>Dec. 16, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ethel Sherman - Daughter</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON MAKING ARRANGEMENTS) <b>Cypress View/Bonham Brothers</b>		ADDRESS OF FUNERAL HOME <b>3933 Imperial Ave. San Diego, CA.</b>	CALIFORNIA LICENSE NUMBER <b>670</b>	
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>504 Forward Street La Jolla, CA. 92037</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b> </div> <input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>metal-non leader</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>Bell</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 20 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/20/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E7799  
No 37110

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 12/19 1988

From: Manuel Trujillo Address: 921 Law St. SD 92104

In full Payment of Priority Plot & Vase for  
Harry L. Currier - dec Dollars (\$) 50.92

Lot 470 Grave # Row  Section 1 Division Black

Invoice No ---  
Acct. No ---  
W.O. E7799  
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	5 00
Handling Fee	77185	10 60
Recording & Misc. Fees	77183	35 00
Pre-Need Trust	63033	
Sales Tax	80101	32
	78980	
TOTAL PAID		\$ 50 92

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

CITY AUDITOR  
BEG 12 7 1988

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Engedawork Yoosef  
in a          Vault/Liner Funeral, date, time Mon 12/19 10:00  
Church, Chapel, Graveside Shaweside; 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          maunt covered  
only

Lot 169 Grave 11 Row          Section 1 Division/Block 12

Grave space & Care Fund Single Depth 55.00

Additional spaces and care fund         

Opening/Closing & Setup 96.00

Burial Container         

Handling Fees         

Flower vases - Marker setting fee         

Recording and filing fee         

Sales taxes         

Total Due 145.00

Paid receipt number         

Balance due         

I hereby certify I am the          of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed         

Signature         

Address         

State          Zip Code         

Telephone         

Invoice # 078222

Acct. # 000952

Work Order # E 7800  
PV-803 (REV. 8-88)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7800

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Engedawork Yossef</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 20, 1959</b>	DATE OF DEATH <b>Found:</b> <b>Dec. 7, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ermias Abtew - Husband</b> <b>3372 Polk Avenue</b> <b>San Diego, California 92104</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary 5050 Federal Bl.</b> <b>San Diego, Ca.</b>		CALIFORNIA LICENSE NUMBER <b>F-1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Partial Burial - no liners</b>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>Single depth - Big Moslem Cemetery, Riverside</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  	
			DATE SIGNED  	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 19 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Harold L. Ramos, M.D., MM</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/19/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joseph [Signature]</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>169-11-1-12</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of R. Eugene Harris  
 in a Bell Vault/Liner Funeral, date, time Monday 12/19 - 12:30 noon Chap  
 Church, Chapel, Graveside Chapel # 215; Pasadena Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 155 Grave 11 Row — Section 1-1 Division/Block 12

Grave space & Care Fund .....	<u>256<sup>00</sup></u>
Additional spaces and care fund .....	<u>NONE</u>
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>Bell liner - Counts 100<sup>00</sup></u>
Handling Fee .....	<u>145<sup>00</sup></u>
Flower vases - Merchandising fee .....	<u>—</u>
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>6.50</u>
<b>Total Due</b> .....	<b><u>856<sup>50</sup></u></b>
Paid receipt number <u>37109</u>	<u>856.50</u>
Balance due	<u>0</u>

**PAID**  
 DEC 19 1988  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

From  
mom

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 \_\_\_\_\_

V. M. Anderson  
 Signature  
2427 1/2 Chatsdale Ave #1  
 Address  
Los Angeles Ca 90014  
 State  
213-935-7961 Zip Code  
 Telephone

Work Order # E 7801  
 PY-583 (REV. 3-85)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

**PERMIT FOR DISPOSITION OF HUMAN REMAINS**

**E 7801**

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

1956

NAME OF DECEDENT <b>Reval Eugene Harris</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Sept. 28, 1908</b>	DATE OF DEATH <b>Dec. 11, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mrs. Loma Williams - Mother 2427 1/2 Cloverdale Avenue Los Angeles, California 90016</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary 5050 Federal Bl. San Diego, Ca.</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, Ca.</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 19 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/19/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Reval Harris</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Department of Health Services P.O. Box 85222 San Diego, California 92138-85222</b>			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37109

Date: Dec 19 1988

From: Leon Williams Address: 2437 1/2 Cleveland L.A. 925-8961

Eight hundred fifty six and 00/100 Dollars (\$ 856.00)

In Full Payment of Interment of Rev. Eugene James -  
Space & Service

AUDITOR  
 DEC 21 1988

Lot 155 Grave 11 Row \_\_\_\_\_ Section 1 Division Block 112 1988

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7801  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100	200	00
Opening/Closing	77181	320	00
Burial Containers	100	100	00
Handling Fee	77185	145	00
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	83033		
	9022		
Sales Tax	80101	6	50
	78390		
TOTAL PAID	\$	856	50

90016

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

12/19/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Julia H. Kyle

in a F. & Condit Vault/Liner Funeral, date, time Tues - 12/20 - 11:30

Church, Chapel, Graveside Chapel only; Coffin Chair Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Dropoff

Lot 12 Grave 5 Row \_\_\_\_\_ Section MAS Division/Block G

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund - No. -

Opening/Closing & Setup 320.00

Burial Container Cosette 175.00

Handling Fees Removal of remains for burial 210.00

~~Flower vase~~ Marker setting fee Cosette vault labor 170.00

Recording and filing fee 35.00

Sales taxes 11.37

Total Due 921.37

Paid receipt number 37113 921.37

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 recordal holder of deed \_\_\_\_\_

Signature X Marie Boninger

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7802  
PY-582 (REV. 6-86)



E-7802

THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY  
DEPARTMENT

AUTHORITY TO DISINTER, ~~and~~ OR REINTER

December 20 1988  
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Cremains - John W. Kyle - C-8311

from Lot 12 Grave 5 Section MAS Row - Block - Div 6  
and to ~~remove the same to~~ and reinter said remains in Lot 12 Grave 5  
Section - Row - Block MAS Div 6.

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, ~~and~~ and reinterment.

_____ Signature	_____ Signature	_____ Signature
_____ Relation to deceased	_____ Relation to deceased	_____ Relation to deceased
_____ Address	_____ Address	_____ Address

I hereby authorized the above disinterment: - only Daughter

Muriel Beierenger  
(Lot owner must sign if not legal custodian)

466-4839-

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7802

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Julia Hortense Kyle</b>		SEX <b>Female</b>	DATE OF BIRTH <b>March 23, 1888</b>	DATE OF DEATH <b>Dec. 16, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Spring Valley</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Muriel Reiwenger - Daughter 4691 Lee Avenue La Mesa, CA. 92041</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON TO BE CONTACTED) <b>Cypress View/Bonham Brothers San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>670</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>12/20/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Clotilde Wood</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>cremation O.K.</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <i>Dupoff - Wintner - Dana Wetmore</i>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 20 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/20/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leopoldo</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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 37113

Date: 12/19 1988

From: Muriel Bergman Address: 4691 Lee Ave - La Mesa - 92041

Two hundred and thirty seven Dollars (\$ 921<sup>37</sup> )

In full Payment of Interment of Julia and removal & reinterment  
of remains of John Whyte - CITY AUDITOR

Lot 12 Grave 5 Row \_\_\_\_\_ Section MAS Division Block DEC 27 1988

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. F7802  
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

**PAID**

DEC 19 1988

MOUNT HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

ISSUED BY Sequoia [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320 00</u>
Burns/Containers	100	<u>175 00</u>
<del>Death</del> Handling Fee	77185	<u>380 00</u>
Recording & Misc. Fees	77183	<u>35 00</u>
Pre-Need Trust	63033	
Sales Tax	80101	<u>11 37</u>
	78390	
TOTAL PAID	\$	<u>921 37</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 5690

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

12 noon

(X)

Date 12/19/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eleanor Jordan (X)

in a Cremains Vault Vault/Liner Funeral, date, time Fri - Nov - 12/23

Church, Chapel, Graveside at home Consol- Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 114 Grave 11 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Space for lun 150<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup 105<sup>00</sup>

Burial Container Cremains Concrete Vault 40<sup>00</sup>

Handling Fees Labor 60<sup>00</sup>

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35<sup>00</sup>

Sales taxes 2.60

Total Due 392<sup>60</sup> 392<sup>60</sup>

Paid receipt number 37112 392<sup>60</sup>

Balance due 0

9:30  
12-noon  
Schmitt

Pre-Interment

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Wanda L Jordan

74242 Manzanita dr

San Ca 92105

282 3476 / 906 6763

Signature of recorded holder of deed \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 7803**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7803

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ELEANOR C. JORDAN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>March 4, 1920</b>	DATE OF DEATH <b>Dec. 17, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (IF STATE IS NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Sandra L. Jordan - Daughter 4242 Manzanita Drive San Diego, CA 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045</b>		CALIFORNIA LICENSE NUMBER <b>F941</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 2 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 3 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                       |  |  |

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda, Inc. 14065 Old Highway 60 El Cajon, CA 92021</b>	DATE CREMATED <b>12/19/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT <i>[Signature]</i>	
			DATE SIGNED <b>December 17, 1988</b>	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 19 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/22/88</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN OTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>			

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSI-

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 37112



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 12-19-88

From: Sandra Jordan Address: Lemon Grove

In full Payment of Three Hundred Twenty Two and 60/100 Dollars (\$ 392.60) <sup>CITY AUDITOR</sup>

Lot 114 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 27

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7803  
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	30 00
80% Sales of Lots	100	120 00
77184		
Opening/Closing	100	105 00
77181		
Burial Containers	100	40 00
77182		
Handling Fee	100	60 00
77185		
Recording & Misc. Fees	100	35 00
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	2 60
78390		
TOTAL PAID	\$	392 60

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 2014

DEC 27 1988

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/19/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Devoe

in a Bellman Funeral, date, time Wed - 2PM - 12/21  
Vault/Line  
 Church, Chapel, Graveside \_\_\_\_\_; Armadale Mortuary.

All Funeral cars must 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 147 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/~~Block~~ 9

Grave space & Care Fund ..... 195.00

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 195.00

Burial Container ..... Bellman Concrete Line 75.00

Handling Fees ..... labor 25.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 4.87

Total Due ..... 529.87

**Voided**  
**See # E-7806**

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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 7804**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
 of HELEN R. WATSON  
in a Ash Vault <sup>Vault/Liner</sup> Funeral, date, time Wed 11am 12-11-88  
Church, Chapel, Graveside Witness : Family Mortuary.  
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran NO

Lot 5 Grave 1 Row \_\_\_\_\_ Section MAS Division/Block P

Grave space & Care Fund prepaid E 4088 \_\_\_\_\_

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 37114 242.60

Balance due 0

*Called in  
by JoAnn  
Watson*

I hereby certify I am the Sp - of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

John Watson  
Signature

10323 Georgetown Pike  
Address

Great Falls VA. 22066  
City

(703) 759-2238 Zip Code

Telephone

Work Order # E 7805

PR-593 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E7805

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH  
DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS—RICHMOND

REGISTRATION AREA NUMBER 129 CERTIFICATE NUMBER 1901 STATE FILE NUMBER

DECEDENT 1. FULL NAME OF DECEASED Helen Alice Watson 2. SEX male female [X] 3. RACE White 4. DATE OF DEATH Oct. 26, 1987 5. AGE 91 years 6. DATE OF BIRTH Feb. 20, 1896 7. WAS DECEASENT EVER IN U.S. ARMED FORCES? [X]

PLACE OF DEATH 8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) Iliff Nursing Home 9. CITY OR TOWN OF DEATH Dunn Loring 10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 8000 Iliff Drive 11. COUNTY OF DEATH Fairfax

USUAL RESIDENCE OF DECEDENT 12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia 13. COUNTY OF DECEASED'S RESIDENCE Fairfax 14. CITY OR TOWN OF RESIDENCE Great Falls 15. STREET ADDRESS OR RT. NO. OF RESIDENCE 10323 Georgetown Pike 16. ZIP CODE 22066

PERSONAL DATA OF DECEDENT 16. NAME OF FATHER OF DECEASED Theodore Johnson 17. MAIDEN NAME OF MOTHER OF DECEASED Viola MacPherson 18. CITIZEN OF WHAT COUNTRY U.S.A. 19. BIRTHPLACE (State or country) Gillette, Colo. 20. NEVER MARRIED [ ] DIVORCED [ ] MARRIED [ ] WIDOWED [X] 21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (If divorced leave blank) John Rollin Watson 22. SOCIAL SECURITY NUMBER 533-10-9569 23. USUAL OR LAST OCCUPATION Retired Telephone Operator 24. KIND OF BUSINESS OR INDUSTRY Pacific Telephone and Telegraph 25. INFORMANT—OR SOURCE OF INFORMATION John R. Watson, Jr.

MEDICAL CERTIFICATION 25. CAUSE OF DEATH (Enter only one cause for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Alzheimer's Disease 26. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT 4:00 (s.m.) [X] ON THE DATE AND PLACE AND FROM THE CAUSE(S) STATED.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: Diabetes Mellitus; ASVD 26a. TIME OF INJURY (mo.) (day) (year) 26b. INJURY OCCURRED while [ ] at work [ ] not while at work [ ] 26c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 26d. (city or town) (county) (state)

ACTUAL SIGNATURE Frederick W. Hubach DATE SIGNED: NAME OF ATTENDING PHYSICIAN (Type or Print) FREDERICK W. HUBACH MD. ADDRESS OF ATTENDING PHYSICIAN 6715 WHITTER AVE M'LEAN VA

FUNERAL DIRECTOR 27. BURIAL REMOVAL CREMATION [ ] [ ] [X] 28. PLACE OF BURIAL, REMOVAL, ETC. Metropolitan Crematory, Alexandria, VA

REGISTRAR 29. Signature of funeral director or person legally filing this certificate J. Buckley Green NAME OF FUNERAL HOME AND ADDRESS Green Funeral Home, Herndon, VA 30. Signature of registrar Wayne A. Johnson DATE RECORD FILED 10/27/87

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE FAIRFAX DEPARTMENT OF HEALTH, VIRGINIA, FAIRFAX

DATE ISSUED 10/27/87 W. Johnson REGISTRAR OR DEPUTY

(SEAL) ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE FAIRFAX DEPARTMENT OF HEALTH CLEARLY AFFIXED.

MARGIN RESERVED FOR BINDER... IMPORTANT: Use black ribbon in... This is a permanent record and subject to...

NOTE: "Pending" must be indicated on items in part I and notify registrars of final decision as soon as possible.

E7805

# Certificate of Cremation

BY THE

## METROPOLITAN CREMATORY

This Certifies That HELEN A. WATSON AGED 91

DATE OF DEATH OCTOBER 26, 1987 WAS CREMATED AT THE

METROPOLITAN CREMATORY ON OCTOBER 27, 19 87,

AND THESE ARE THE INCINERATE REMAINS OF SAID BODY.

REGISTERED No. 2-105-37

*[Handwritten Signature]*  
SUPERINTENDENT

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR



CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37114

From: John Watson Address: Great Falls Va 22066 Date: 12/21 1988

In full Payment of Assessment of Helen A Watson Dollars (\$) 242.60

Lot 5 Grave E 7805 Row ~ Section MAS Division Block DEC 27 1988

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 7805  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

37114

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	105.00
Burial Containers	100	40.00
Handling Fee	77182	60.00
Recording & Misc. Fees	77185	35.00
Pre-Need Trust	63033	
Trust	9022	
Sales Tax	60101	2.60
	78360	
<b>TOTAL PAID</b>		<b>\$ 242.60</b>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 3842

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

12/20/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lloyd W. Davoe, Jr.

in a Bell Liner - Vault/liner Funeral date, time Wed - 12/21/ 2 PM

Church, Chapel, Graveside Chapel & S.S.; Payson Mortuary.

All Funeral cars must 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 — Row — Section — Division/Block 10

Grave space & Care Fund ..... 56.00

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320.00

Burial Container ..... Linier 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 3/24/89 1201.50

Balance due 0

30 day note

I hereby certify I am the Mother of minor child of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Cecilia Ben  
Address 227 Norton Ave #D  
California 92050  
State Telephone (619) 477-6812 Zip Code

Signature of recorded holder of deed

Work Order # E 7806

Invoice # 078230  
Acct. # 028712

W.O. # E-7806

NOTE

\$ 1201.<sup>50</sup> San Diego, California

Dec 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 Twelve Hundred One and 50/100 DOLLARS with interest from Jan 23, 1989 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 Cecilia Barr SIGNATURE Cecilia Barr

ADDRESS 227 Norton Ave #D NC, CA 92050

CALIF. DRIVERS LIC. # 50120465

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7806

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Lloyd Willbert Devoe, Jr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 8, 1964</b>	DATE OF DEATH <b>Dec. 18, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Sylvia Devoe - Mother</b> <b>4968 Date Place</b> <b>San Diego, California 92102</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>			CALIFORNIA LICENSE NUMBER <b>F 1329</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A, metal</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 20 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/21/88</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Powers, M.D. w</b>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Raymond Stotts</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-21-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna L. Ware

in a Liner Vault/Urner Funeral, date, time Fri. 1pm 12-23-88

Church, Chapel, Graveside Church, S.S. ; CA BURIAL CHAPEL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 127 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund .....	<u>495.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container <u>Liner</u> .....	<u>100.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>6.50</u>
Total Due .....	<u>1106.50</u>
Paid receipt number <u>3715</u> .....	<u>300.00</u>
Balance due .....	<u>801.50</u>

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 \_\_\_\_\_

Hannibal Ware  
Signature  
1015 39th Apt. C.  
Address  
San Diego Calif 92105  
State Zip Code  
527 600-4  
Telephone

Work Order # E 7807

Invoice # 078229  
Acct. # 028713

W.O. # E7807

## NOTE

\$ 801.50

San Diego, California

12-21- 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 Eight hundred one dollar and 59/100 DOLLARS with interest from January 23, 1989 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 HANNIBAL WARE SIGNATURE Hannibal Ware

ADDRESS 1015 39th St. S.D. CA 92105

CALIF. DRIVERS LIC. # C55 99035 EXP. 1989

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7807

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Anna Louise Ware</b>		SEX <b>Female</b>	DATE OF BIRTH <b>8-18-1950</b>	DATE OF DEATH <b>12-18-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Hannibal Ware (Husband) 1015 39th Street #C San Diego, CA 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>E-1357</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)                            |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY                        |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING |
| <input checked="" type="checkbox"/> 4 SCIENTIFIC USE                          |  |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Silver Adlington - Woodin</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 22 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/15/2/12</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37115

Date: 12-21, 1988
 From: Rannibal Ware Address: 1015 39th St. Apt. C, S.D. CA 92105  
Three hundred dollars and xx/100 Dollars (\$ 300.00 )  
 In part Payment of Anna J. Ware interment

 Lot 127 Grave 5 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No \_\_\_\_\_

Accl. No \_\_\_\_\_

W.O. E 7807BALANCE DUE 801.50Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check 

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY W.J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>300</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	69033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>300</u>	<u>00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-21-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earlita Walker in a Conute Home Funeral, date, time Fri 12/23 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 \_\_\_\_\_

✓ Lot 39 Grave 7 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund .....	<u>250<sup>00</sup></u>
Additional spaces and care fund .....	<u>none</u>
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>Home - Conute</u> <u>100<sup>00</sup></u>
Handling Fees .....	<u>Labor</u> <u>145<sup>00</sup></u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>6<sup>50</sup></u>
Total Due .....	<u>856<sup>50</sup></u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7808  
PR-583 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # 010

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7808

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>M EARLINE WALKER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Sept. 25, 1915</b>	DATE OF DEATH <b>Dec. 18, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Leroy Isaac - Nephew 209 Ericson Ave. Buffalo, N. Y. 14215</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Cloth Covered Wooden 4/2</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bellhine (P.A. Estate)</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A May Sage - PA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 22 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Camras, M.D. M.M.</b>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/23/88</b> (ENTER DATE) <b>39-7-3-12</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>May Sage</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Dept. of Health Services P.O. Box 85222 San Diego, CA 92138-5222</b>		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

2.  
3.  
4.  
5.

Call in AM

4. SUBJECT

E7808

5. COMMENTS

Mrs.

Sager P.A. office 694-3507

Mrs. Earline Walker

Fri. Ham Chapel

1106.00 we select.

Ragsdale

49
2500
1106
<hr/>
1394

#	2500	00
	1106	
	<hr/>	
		1

CC  
 895  
 711 37

1106 37

~~XXXXXXXXXXXXXXXXXXXX~~ 390

711 37

1101.37

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38187

Date: 6-26, 1989

From: Waste of San Diego Address: 5201-A Pacific Rd, SD

In \_\_\_\_\_ Payment of Mobile Park's Interest Dollars (\$) 956.50

Lot 39 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 1

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 21-7802  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184	50.00	
80% Sales of Lots	100	200.00	
Opening/Closing	77181	320.00	
Burial Containers	100	100.00	
	77182	145.00	
Handling Fee	100		
Recording & Misc. Fees	77185	35.00	
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	6.50	
	78390		
TOTAL PAID	\$	856.50	

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 035/62

ISSUED BY [Signature]

CITY AUDITOR  
 JUN-30 1989

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Trava Hatcher

in a T.S. Vault Funeral, date, time 12/29/Tues/1PM

Church, Chapel, Graveside Chapel 8S; Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 3689 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Per need C-6146 \_\_\_\_\_

Additional spaces and care fund none left \_\_\_\_\_

Opening/Closing & Setup Per need E-4542 - Bal 25.00

Burial Container T.S. Vault Per need E-2164 \_\_\_\_\_

Handling Fees Inc E-2164 \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee Per need E-4542 \_\_\_\_\_

Sales taxes E-2164 \_\_\_\_\_

Total Due 25.00

Paid receipt number 37221 25.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 7809**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7809

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>TREVA MINERVA HATCHER</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>SEPT. 28, 1910</b>	DATE OF DEATH <b>DEC. 21, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>DORTHA MILLENDER—SISTER</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR OTHER PERSON) SUCH AS <b>PACIFIC BEACH MORTUARY—SAN DIEGO, CA 92109</b>		CALIFORNIA LICENSE NUMBER <b>815</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>6460 CONVOY CT., #316</b> <b>SAN DIEGO, CA 92117</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
| <input checked="" type="checkbox"/> 4 SCIENTIFIC USE                          |  |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY—3751 MARKET ST.—SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <i>N/A Batesville Lady Rose</i>	DATE CREMATED <i>Sealer 18 Sealer</i>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <i>N/A [Signature]</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>N/A</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 22 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/27/88</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <i>N/A</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	<i>N/A</i>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE. OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

12/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marianne L. Pitts

in a Bellini Funeral, date, time Tues-2P.M. - 12/27

Church, Chapel, Graveside Church-St. Raphael; Rapdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 19 Grave 7 Row - Section 3 Division/Block 12

Grave space & Care Fund D.I.P. - (1982-Napoleon)

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Linex 100.00

Handling Fees labor 145.00

Flower vases - Marker setting fee

Recording and filing fee 6.50 35.00

Sales taxes 606.50

Total Due

Paid receipt number 37119 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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Shirone Woodard  
Signature  
2197 Everett Ave  
Address  
San Diego, CA 92112  
City  
8619-232-7372  
Telephone

Work Order #

**E 7810**

PT-583 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7810

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MINNIE LEE PITTS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 15, 1900</b>	DATE OF DEATH <b>December 20, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Irene Woodall 2187 Everett Avenue San Diego, California 92113</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St. San Diego</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metal non sealed - Bell Linn</b>	DATE CREMATED <b></b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell is 9 5/8" below level of soil</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT <b></b>
		DATE SIGNED <b></b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/27/88</u> (ENTER DATE)	DATE PERMIT ISSUED <b>DEC 23 1988</b>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joyce Stetter</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Marshall E. Powers, M.D.M.M.</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Dept. of Health Services P.O. Box 85222 San Diego, CA. 92138-5222</b>	

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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 37119

Date: 12/22/88, 1988

From: Evangelist [unclear] Address: PO Box 2606 [unclear]

In full Payment of Invoice of and for Marie L. [unclear] Dollars (\$ 606<sup>50</sup>)

Lot 19 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 1/27

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7810  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2/13

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Com	77184		
50% Sales of Lots	100		
Opening/Closing	77181	<u>320</u>	<u>00</u>
Burial Containers	100	<u>100</u>	<u>00</u>
Handling Fee	77182	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77185	<u>35</u>	<u>00</u>
Pre-Need Trust	63033		
Sales Tax	9022		
	80101	<u>6</u>	<u>50</u>
	78380		
TOTAL PAID		<u>606</u>	<u>50</u>

AUDITOR  
 DEC 27 1988

For Melton Flournoy (son)

Credit Sales

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lelia Mae Joiner

in a liner Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 175 Grave 13E Row \_\_\_\_\_ Section 2 Division/~~Block~~ 12

Grave space & Care Fund pre need for liner 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 \_\_\_\_\_

pd for full 10-30-88

Total Due 495.00

Paid receipt number 37121 21.00

Balance due 474.00

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 \_\_\_\_\_

Lelia Mae Joiner  
Signature  
5354 Trinidad Way  
Address  
San Diego Ca 92114  
State Zip Code  
619-264-4785  
Telephone

Work Order # E 7811  
PY-583 (REV. 3-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

Joiner-Harris

NAME Joiner, Lelia Mae

ACCT. NO. E-7811

ADDRESS 5554 Trinidad Way, San Diego, Ca 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
22 88	Lot 175, Grave 1, Section 2, Division 12	495.00		21.00	474.00
1-4 89	Coupon 1, Receipt 37163			21.00	453.00
2-9 89	Coupon 2, Receipt 37343			21.00	432.00
3-9 89	Coupon 3, Receipt 37486			21.00	411.00
4-12 89	Coupon 4, Receipt 37669			21.00	390.00
5-4 89	Coupon 5, Receipt 37753			21.00	369.00
6-6 89	Coupon 6, Receipt 38119			21.00	348.00
7-7 89	Coupon 7, Receipt 38208			21.00	327.00
8-10 89	Coupon 8, Receipt 38410			21.00	306.00
9-11 89	Coupon 9, Receipt 37927			21.00	285.00
10-12 89	Coupon 10, Receipt 38097			21.00	264.00
11-9 89	Coupon 11, Receipt 38547			21.00	243.00
1-17 90	Coupon 12 & 13, Receipt 38763			42.00	201.00
2-6 90	Coupon 14, Receipt 38857			21.00	179.00
3-16 90	Coupon 15, Receipt 39016			21.00	158.00
4-12 90	Coupon 16, Receipt 39124			21.00	137.00
5-21 90	Coupon 17 & 18, Receipt 39257			42.00	95.00
6-18 90	Coupon 19, Receipt 39374			21.00	73.00

pd 7/11/90  
12-30-90

Joiner-Harris  
Joiner, Lelia Mae



E 7811

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Credit Sales

For Melton Flournoy (son)

Date 12-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lelia Mae Joiner

in a liner Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 175 Grave 13E Row \_\_\_\_\_ Section 2 Division/~~B~~ 12

Grave space & Care Fund pre-need for liner 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 37121 21.00

Balance due 474.00

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 \_\_\_\_\_

Lelia Mae Joiner  
Signature  
5554 Trinidad way  
Address  
San Diego Ca 92114  
State Zip Code  
619-264-4755  
Telephone

Work Order # E 7811  
Pr. 583 (REV. 9-88)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E 7811

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 22 day of December, 1988, between Lelia Mae Joiner, 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 1, 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: \$21.00 cash herewith, the receipt of which is hereby acknowledged; \$21.00 on the 15 day of January, 1989; and the balance in installments of \$21.00 or more, payable at the office of Mt. Hope Cemetery, on the 15<sup>th</sup> 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 7811

WITNESS our hands this day and year above written.

Deed to be issued to:

22 @ \$21.00  
1 @ \$12.00

Ms Lela Mae Joiner  
Name

3554 Trinidad Way  
Address

PURCHASER

\_\_\_\_\_  
\_\_\_\_\_

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Wendy Jo League

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 37121

Date: 12-22- 1988
 From: Lelia Mae Jones Address: 5554 Trinidad Way S.D. 92114
Twenty-one dollars and xx/100 Dollars (\$ 21.00)

 In part Payment of pre-need lots for Shelton Flournoy

 Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 7811BALANCE DUE 474.00Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check 

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

W. J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>21</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	89033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>21</u>	<u>-</u>

 CITY AUDITOR  
 DEBY  
 1988

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37163

From: Helia Jochen Address: 5554 Trinidad Way, SD  
twent - one no 1100  
 Date: 1-4, 19 89  
 In \_\_\_\_\_ Payment of Coupon Credit Dollars (\$ 21.00 )

Lot 125 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7811  
 BALANCE DUE 453.00

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 1989  
 ISSUED BY Andres Vard

CREDIT	62007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	<u>21.00</u>
	9022	
	80101	
	76390	

2078

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37343

Date: 2-9, 1989

From: Lelia Jones Address: 8554 Miramar Way, San Diego 92114

Twenty-one no 1100 Dollars (\$ 21.00)

In Payment of Receipt & Credit for

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7811

BALANCE DUE 432.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

2112

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	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	8022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	<u>21.00</u>

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

No 37669

Date: 4-12, 1989

From: Selia Mac perini Address: 5554 Avenida Way, \$  
Tucuman - che 70110

In Payment of Balance 4 Credit Lot Dollars (\$ 21.00)

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7611

BALANCE DUE 390.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**APR 21 1989**

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Com	77184	
60% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	76390	
TOTAL PAID	\$	<u>21.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37486

From: Alia Jones Address: 5554 Sunnyside Wy, SB Date: 3-9, 1989  
twenty one no 110 Dollars (\$ 21.00)  
 In Payment of coupon 3 Credit for

Lot 175 Grave 1 Row 1 Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7811  
 BALANCE DUE 411.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	87007	
20% Sales Tax	77184	
60% Sales of Lots	100	<u>21.00</u>
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	60033	
Sales Tax	8022	
	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

CITY AUDITOR  
 MAR 16 1989

OFFICIAL RECEIPT

No 37753



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

From Selia Jones Address: 5554 Trumbull Way, SD -Date: 5-4 1989  
Twenty one 20/100 Dollars (\$ 21.00)  
 In \_\_\_\_\_ Payment of Coupon 5 Credit

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7811  
 BALANCE DUE 369.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Andrea [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>21.00</u>

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

No 38119

From: Edna Jones Address: 5554 Trinidad, SD Date: 6-6, 1989  
Twenty-one and no/100 Dollars (\$ 21.00)  
 in \_\_\_\_\_ Payment of Coupon to Credit Lot

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12 Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7811  
 BALANCE DUE 346.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

8231

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
**JUN 09 1989**

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>21</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	76390		
TOTAL PAID	\$	<u>21</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

№ 38248

From Lelia Mac Joaquin Address: 5554 Avenida Pico, S  
Twenty-one, 92100  
 Date: 7-7, 1989  
 Dollars (\$) 21.00  
 In \_\_\_\_\_ Payment of Major 7 Credit Int

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7811  
 BALANCE DUE 327.00

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	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>21.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
4259

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

№ 38410

Date: Aug 10, 1989

From: Lillian M. Jones Address: 55551 Drunidad Way  
Sweetwater

In part Payment of Credit + Lot Dollars (\$) 21.1

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 11  
BALANCE DUE 206

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>211</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>211</u>

**CITY AUDITOR**  
**AUG 21 1989**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 37927

Date: 9-11, 19 89

From: Lelia Mae Joiner Address: 5554 TRINIDAD Way San Diego 92114

Twenty one Dollars & no/100 Dollars (\$ 21.00 )

In PART Payment of CREDIT LOT Coupon # 9

Lot 175 Grave 1 Row ~ Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. E 7811

W.O. \_\_\_\_\_

BALANCE DUE 285.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>21 00</u>

**CITY AUDITOR**  
**SEP 18 1989**

2312 ISSUED BY Sally Innot

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38047

Date: 10-12, 1989

From: Leticia Mac Jones Address: 5554 Trinidad Way, SP  
Twente Ave, No 1100

In \_\_\_\_\_ Dollars (\$) 21.00  
 Payment of Balance 10 Credit Lot

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7811  
 BALANCE DUE 264.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

2337

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	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

**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 38547

From: Elia Mae Jones Address: 5554 Juniper Way, SD Date: 11-9 19 89  
Twenty-one 20/100 Dollars (\$ 21.00)  
 In \_\_\_\_\_ Payment of Cash for 11 credit mt

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12  
 Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7811  
 BALANCE DUE 243.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

2363

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea O'Neil

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20 CITY</u>
Opening/Closing	77184	<u>AUDITOR</u>
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	<u>NOV 13 1989</u>
TOTAL PAID	77185	
	100	
	77183	
	83033	
	9022	
	80101	
	78390	
		<u>21 00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUDITOR

NO 38783

JAN 22 1990

Date: 1-17, 19 90

From: Lelia Jones Address: 554 - Avenida Wm. L

Unit - three 1st 1/2 Dollars (\$ 43.00)

In Payment of Deposit 12 & 12 Credit set

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12 Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7811

BALANCE DUE 200.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2415

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Lelia Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>43.00</u>
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	\$	<u>43.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

119 38851

Date: 2-6, 19 90

From: Felia M. [unclear] Address: 122 Las Flores Terrace, SD 92114

Twenty-One Dollars Dollars (\$ 21.00 )

In \_\_\_\_\_ Payment of Credit Lot

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7811

BALANCE DUE 179.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

2415

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	<u>21.00</u>
Opening/ Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	\$ <u>21.00</u>

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

No 89016

MAR 20 1990

Date: 3-16 1990

From: Lelia M. Jones Address: 5554 Trinidad Way  
San Diego Ca 92110 Dollars (\$ 21.00 )

In \_\_\_\_\_ Payment of Credit for

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. F-1811

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 2444

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. Paul Wait

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100	<u>21</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>21</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

CITY AUDITOR **NO 39124**

APR 16 1990

Date: 4-12, 1990

From: Lelia Jean Davis Address: 122 Los Flores Terrace St Paul

Twenty one Dollars Dollars (\$ 21<sup>00</sup>)  
 Payment of Credit for

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7811  
 BALANCE DUE \_\_\_\_\_

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	<u>21</u>	<u>00</u>
Opening/Closing	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	\$	<u>21</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUDITOR

NO 39251

MAY 29 1990

Date: 5-21, 1990

From: Delia Jean Martin Address: 123 Las Flores Terrace, #92114

in Payment of Graves Plot Dollars (\$ 43.<sup>00</sup>)

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-1811

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 2496

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	<u>43</u> <u>00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>43</u> <u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 39631

Date: 8-22- , 1970

From: Lelia Mae Joiner Address: 554 Vermont Way San Diego, Ca. 92114

Twenty One and 00/100 Dollars (\$ 21.00 )

in Payment of Credit Due

Lot 175 Grave 1 Row     Section     Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7911

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-67) # 2578

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY Rob Jones

CREDIT	67007	
20% Sales Care	77184	<u>21.00</u>
80% Sales of Lots	100	<del>21.00</del>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>21.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39374

Date: 6-18, 1990

From: Felia Jones - Harris Address: 122 San Flores Avenue

Mersey Co 710/100 Dollars (\$ 21<sup>00</sup>)

In \_\_\_\_\_ Payment of Credit Let.

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-4811

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>21 00</u>
80% Sales 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	
78380		
TOTAL PAID	\$	<u>21 00</u>

CITY AUDITOR  
 JUN 25 1990

2535

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39501

From: Lucia Garcia-Lopez Address: 135 Las Flores Ter, La Jolla, CA 92034  
 Date: 7-19, 1990

In Payment of Quitting Fee Dollars (\$ 21.00)  
of Credit for

Lot 145 Grave 1 Row \_\_\_\_\_ Section 2 Division 12  
 Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-1784  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>21.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 2551

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39882

Date: 10-30, 1990

From: John & Jane Doe Address: 122 Elm St., San Diego, CA 92114

In Thirty Four Dollars (\$ 34<sup>00</sup>)

Payment of Grave Fee

Lot 175 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-1811

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

2640

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>34 00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34 00</u>

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7811

Credit Lot

Lelia Mae Joiner  
5554 Trinidad Way  
San Diego, Ca 92114

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
15											

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ 22.00

Amount Received, \$

21.00

NAME

*Ms Lelia Mae Joiner*

ADDRESS

*5554 Trinidad 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-7811 Credit Lot

Lelia Mae Joiner  
5554 Trinidad Way  
~~XXXX~~ San Diego, Ca, 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
15											

Amount due when paid on, or before,  
due date above.

▶ \$ 21.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 22.00

Amount Received

\$ 21.00

NAME Lelia Mae Joiner

ADDRESS 5554 Trinidad 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-7811**

Credit Lot

**Lelia Mae Joiner**  
**5554 Trinidad Way**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
15											

Amount due when paid on, or before,  
due date above.\$ 21.00Amount due if paid more than 10 days  
after due date above.\$ 1.00

\$ \_\_\_\_\_

\* Amount Received

\$ 21.00NAME Mrs Lelia Mae JoinerADDRESS 5554 Trinidad WayCITY 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-7811** Credit Lot

**Lelia Mae Joiner**  
**5554 Trinidad Way**  
**XXXX San Diego, Ca 92114**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR
15											

Amount due when paid on, or before,  
due date above.

▶ \$ 21.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

NAME Mrs Lelia Mae Joiner Amount Received \$ 21.00

ADDRESS 5554 Trinidad 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-7811**

**Credit Lot**

**Lelia Mae Joiner**  
**5554 Trinidad Way**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
15											

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ \_\_\_\_\_

NAME Lelia Mae Joiner Amount Received \$ 21.00

ADDRESS 5554 Trinidad Way

CITY S. D. STATE ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7811

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

~~XXXX~~ San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
15											

Amount due when paid on, or before,  
due date above.

▶ \$ 21.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ \_\_\_\_\_

Amount Received \$ 21.00

NAME Mrs Lelia Mae Joiner

ADDRESS 5554 Trinidad 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. **E-7811**

**Credit Lot**

**Lelia Mae Joiner,  
5554 Trinidad Way  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>15</b>											

Amount due when paid on, or before,  
due date above

\$ **21.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

NAME Ms Lelia Mae Joiner

Amount Received \$ 21.00

ADDRESS 5554 Trinidad Way

CITY San Diego

STATE Ca

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

**Credit Lot**

**Lelia Mae Joiner**

**5554 Trinidad Way**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>15</b>											

Amount due when paid on, or before,  
due date above.

\$ **21.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

NAME Ms Lelia Mae Joiner Amount Received \$ 21.00

ADDRESS 5554 Trinidad Way

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **5-7811**

**Credit Lot**

**Lelia Mae Joiner  
5554 Trinidad Way  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>15</b>											

Amount due when paid on, or before,  
due date above.

**\$ 21.00**

Amount due if paid more than **10** days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

NAME Mr Lelia M. Joiner

Amount Received \$ 21.00

ADDRESS 5554 Trinidad 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-7811**

**Credit Lot**

**Lelia Mae Joiner**

**5554 Trinidad Way**

**ESSEX San Diego, Ca 92114**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>15</b>											

Amount due when paid on, or before,  
due date above.

▶ \$ **21.00**

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ \_\_\_\_\_

NAME

*Mrs Lelia Mae Joiner*

Amount Received

\$ **21.00**

ADDRESS

*5554 Trinidad Way*

CITY

*San Diego*

STATE

*Ca*

ZIP

*92114*

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7811**

**Credit Lot**

**Lelia Mae Joiner  
5554 Trinidad Way  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
<b>15</b>											

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

NAME

*Mrs Lelia M. Joiner*

Amount Received  $\pm$  \$

*21.00*

ADDRESS

*5554 Trinidad 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-7811**

**Credit Lot**

**Lelia Mae Joiner**

**5554 Trinidad Way**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
<b>15</b>											

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

NAME

*Lelia M. Joiner*

Amount Received

\$ **22.00**

ADDRESS

*5554 Trinidad Way*

CITY

*San Diego*

STATE

*Ca*

ZIP *92114*

check (✓) if this is new address

Send or bring gas coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **B-7811**

**Credit Loc**

**Lelia Mae Joiner**  
**5554 Trinidad Way**  
**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>15</b>											

Amount due when paid on, or before,  
due date above.

▶ \$ **21.00**

Amount due if paid more than **10** days  
after due date above.

▶ \$ **1.00**

\$ \_\_\_\_\_

Amount Received \$

**21.00**

NAME

*Lelia M. Joiner*

ADDRESS

*5554 Trinidad 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-7811**

**Credit Lot**

**Lelia Mae Joiner.**

**5554 Trinidad Way**

**KEM San Diego, Ca 92114**

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
<b>15</b>											

Amount due when paid on, or before,  
due date above.



**21.00**

\$

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$

\$

Amount Received

**21.00**

NAME **Ms Lelia Mae Joiner**

ADDRESS **122 San Flores, Terrace**

CITY **San Diego** STATE **ca** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7811**

**Credit Lot**

**Lelia Mae Joiner  
5554 Trinidad Way  
San Diego, Ca 92116**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
<b>15</b>											

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$

Amount Received, \$

**21.00**

NAME

*Mrs Lelia Mae Joiner - Harris*

ADDRESS

*122 Las Flores, Terra.*

CITY

*San Diego*

STATE

*Ca*

ZIP

*92114*

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Z-7811**

**Credit Lot**

**Lelia Mae Joiner**

**5554 Trinidad Way**

**3333 San Diego, Ca 92114**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>15</b>											

Amount due when paid on, or before,  
due date above.



**21.00**

\$

Amount due if paid more than **10** days  
after due date above.



**1.00**

\$

\$

Amount Received

\$

**21.00**

NAME

**Mr Lelia Mae Harvie**

ADDRESS

**122 La Florida Terr.**

CITY

**San Diego**

STATE

**ca**

ZIP

**92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7811**

**Credit Lot**

**Lelia Mae Joiner  
5554 Trinidad Way  
San Diego, Ca 92114**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
<b>19</b>											

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received, \$

**22.00**

NAME Ms Lelia M. Joiner

ADDRESS 122 San Felipe, Terr.

CITY San Diego

STATE Ca

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

**Credit Lot**

**Lelia Mae Joiner**

**3554 Trinidad Way**

**3333 San Diego, Ca 92114**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>15</b>											

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **21.00**

NAME **Mrs Lelia M. Harry**

ADDRESS **182 Lae Flow, Terr.**

CITY **San Diego** STATE **Ca** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

**Credit Lot**

**Lelia Mae Joiner**  
**5554 Trinidad Way**  
**San Diego, Ca 92114**

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>15</b>											

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ **21.00**

NAME **Ms Lelia M. Joiner**

ADDRESS **132 San Florian Lane**

CITY **San Diego** STATE **Ca** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON 20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **K-7811**

**Credit Lot**

**Lelia Mae Joiner**

**5554 Trinidad Way**

**SDM San Diego, Ca 92114**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>15</b>											

Amount due when paid on, or before,  
due date above.



**21.00**  
\$ \_\_\_\_\_

Amount due if paid more than **10** days  
after due date above.



**1.00**  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME Mr Lelia Mae Joiner Amount Received \$ 21.00

ADDRESS 122 Las Flores Terr.

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7811

Credit Lot

Lelia Mae Joiner  
5554 Trinidad Way  
San Diego, Ca 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
13											

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$

Amount Received

\$

21.00

NAME

Mr Lelia M. Joiner

ADDRESS

122 Los Flores, Terr.

CITY

San Diego

STATE Ca

ZIP

92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7511**

Credit Lot

**Lelia Mae Joiner**

**5554 Trinidad Way**

**ESB San Diego, Ca 92114**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
15											

Amount due when paid on, or before,  
due date above.



21.00

\$

Amount due if paid more than **10** days  
after due date above.



1.00

\$

\$

NAME *Mrs Lelia Mae Joiner* Amount Received \$ *22.00*

ADDRESS *122 La Florida Terr.*

CITY *San Diego* STATE *Ca* ZIP *92114*

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

**Credit Lot**

**Lelia Mae Joiner  
5554 Trinidad Way  
San Diego, Ca 92114**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
<b>15</b>											

Amount due when paid on or before,  
due date above

\$ 12.00

Amount due if paid more than 10 days  
after due date above

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 12.00

NAME Mr Lelia Mae Joiner

ADDRESS 122 Lee Lane, Sherman

CITY San Diego STATE Ca ZIP 92114

check (  ) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-22-88

*For  
Selia Young  
and Selia Mae  
joined  
Mother  
and  
daughter*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Father, Selia Young

in a Double Crypt Vault Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 175 Grave 2 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 12

Grave space & Care Fund preneed - for double crypt 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 37120 21.00

Balance due 474.00

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.

\_\_\_\_\_  
Signatures of recorded holder of deed

Mrs. Selia Young  
Signature  
1207 So. 47th St. #202  
Address  
San Diego, Ca. 92113  
State Zip Code  
619-263-3558  
Telephone

Work Order # E 7812

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

NAME Young, Lelia

ACCT. NO. E-7812

ADDRESS 1207 S. 47th Street, #202, San Diego, Ca 92113 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1-22 88	Lot 175, Grave 2, Section 2, Division 12	495.00		21.00	474.00
1-4 89	Coupon 192 Receipt 37171			42.00	432.00
2-9 89	Coupon 374 Receipt 37244			42.00	390.00
3-10 89	Coupon 596 Receipt 37495			42.00	348.00
4-5 89	Coupon 788 Receipt 37627			42.00	306.00
5-10 89	Coupon 9-13 Receipt 37802			105.00	201.00
6-6 89	Coupon 14-15 Receipt 38124			42.00	159.00
7-1 89	Coupons 16-17 Receipt 38255			84.00	75.00
7-11 89	Receipt 38275			75.00	.00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

112 38124

Date: 6-6, 1989  
 From: Selia Young Address: 1207 S. 47th St #202  
Spokane WA 99205  
 Dollars (\$ 42.00)  
 In Payment of Program 14815 Credit Set  
 Lot 175 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7812

BALANCE DUE 159.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

000128426

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	<u>42.00</u>
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	\$	<u>42.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA CITY AUDITOR  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37627

APR 07 1989

Date: 4-5, 1989

From: Selva Young Address: 1207 S. 41st St #202, SD

In Payment of coupon 748 Credit Dollars (\$ 42.00)

Lot 175 Grave 2 Row 2 Section 2 Division 12  
 Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7812  
 BALANCE DUE 306.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

000125744

AC-212 (Rev. 10-57)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

OFFICIAL RECEIPT

No 37802



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

From: Lelia Young Address: 12073.47th Street, S Date: 5-10 1989  
one hundred five 70/100 Dollars (\$ 105.00)  
 In: \_\_\_\_\_ Payment of: check 9-23 credit def

Lot 125 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7812  
 BALANCE DUE 201.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100	<u>105.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	\$ <u>105.00</u>

CITY AUDITOR  
 MAY 12 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 000127543

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37495

Date: 3-10 1989

From: Lelia Young Address: 1207 S. 47th Street #202, SD

Spitz & Todd 10/100 Dollars (\$ 42.00 )

In Payment of coupon - 346 credit

Lot 175 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7812

BALANCE DUE 348.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 228 2863 939

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 PAID IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

CITY AUDITOR

MAR 16 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37344

From: Selia Young Address: 1207 S. 47th Street #202, SD  
South - Ave 110/100 Date: 2-9 19 89  
 Dollars (\$ 42.00)  
 In Payment of Coupons 384 Credit Lot

Lot 175 Grave 2 Row \_\_\_\_\_ Section 2 Division 1/2 Block 1/2

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7012  
 BALANCE DUE 390.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 228-2862-576

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY India Bird

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

CITY AUDITOR  
 FEB 16 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

№ 37171

From: Helia Young Address: 12075 - 47th Street SD #202  
Forty Third rd/100  
 Date: 1-4 1989  
 Dollars (\$) 42.00  
 In: Payment of Coupon 182 Credit for

Lot 175 Grave 2 Row 2 Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7812  
 BALANCE DUE 432.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.  
 CITY AUDITOR  
 JAN 09 1989  
 ISSUED BY: Andrea Ward

CREDIT	67007	
20% Sales Cars	77184	
20% Sales	100	<u>42.00</u>
Grants	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	
	9022	
Sales Tax	90101	
	78380	
TOTAL PAID	\$	<u>42.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

257-963-877

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 37120

Date: 12-22- 1988

From: Lelia Young Address: 1207 S. 47th St Apt. 202 S.D. City 92113

Twenty-one dollars and <sup>xx</sup>/<sub>100</sub> Dollars (\$ 21.00)

In part Payment of preneed grave

AUDITOR  
DEC 27 1988

Lot 175 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. L 7812

BALANCE DUE 474.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY W.J. League

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>21 -</u>
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>21 -</u>

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7812

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
15											

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ 22.00

NAME Ms Lelia Young Amount Received

\$ 21.00

ADDRESS

1207 So. 47th St. Apt. 202

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-7812

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
15											

Amount due when paid on, or before,  
due date above.

▶ \$ 21.00

Amount due if paid more than 10 days  
after due date above.

▶ \$ 1.00

\$ 22.00

NAME

Msr Lelia Young

Amount Received

\$ 21.00

ADDRESS

1207 S. 47th St. Apt. 202

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-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
15											

Amount due when paid on, or before,  
due date above.



\$ 21.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above. **10**



\$ 1.00

\$ \_\_\_\_\_

\$ 21.00

Amount Received

NAME Mr Lelia Young

ADDRESS 1207 S. 47th St. Apt. 202

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-7812**

Credit Lot

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
15											

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 21.00

NAME

Ms Lelia Young

ADDRESS

1207 So. 47th St. Apt. 202

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-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
15											

Amount due when paid on, or before,  
due date above.



\$ 21.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 21.00

NAME Mrs. Lelia Young

ADDRESS 1207 S. 47th St. Apt. 202

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-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
15											

Amount due when paid on, or before,  
due date above.



\$ 21.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 21.00

NAME Mrs Lelia Young

ADDRESS 1207 S. 47th St. Apt. 202

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-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>15</b>											

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than 10 days  
after due date above.

\$ 1.00

\$ \_\_\_\_\_

NAME

*Mr Lelia Young*

Amount Received

\$ 21.00

ADDRESS

*1207 So 47th St. Apt. 202*

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-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
15*											

Amount due when paid on, or before,  
due date above.



\$ 21.00

Amount due if paid more than 10 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 21.00

NAME

Ms Lelia Young

ADDRESS

1207 S. 47th St. Apt. 202

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-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<b>15</b>									.		.

Amount due when paid on, or before,  
due date above.

\$ **21.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

NAME Ms Lelia Young Amount Received

\$ 21.00

ADDRESS 1207 So. 47th St. Apt. 202

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-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<b>15</b>											

Amount due when paid on, or before,  
due date above.

\$ **21.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

NAME

*Mr. Lelia Young*

Amount Received

\$ **21.00**

ADDRESS

*1207 So. 47<sup>th</sup> St. Apt. 202*

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. E-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
<b>15</b>											

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME Mrs Lelia Young Amount Received

\$ **21.00**

ADDRESS 1207 S. 47th St. Apt. 202

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. **X-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
15											

Amount due when paid on, or before,  
due date above.

\$ **21.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

NAME Mrs. Lelia Young Amount Received

\$ **21.00**

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

check (✓) if this is new address

Send or bring any coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **B-7812**

**Credit Let**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>15</b>	<b>15</b>										

Amount due when paid on, or before,  
due date above.

\$ **21.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

NAME Ms Lelia Young Amount Received

\$ 21.00

ADDRESS 1207 S. 47th St. Apt. 202

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-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
<b>15</b>											

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than **10** days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

\$ **21.00**

NAME Mrs Lelia Young Amount Received

\$ \_\_\_\_\_

ADDRESS 1207 So. 47th St. Apt. 202

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. **B-7812**

**Credit Lot**

**Lelia Young**

**1207 S. 47th Street, #202**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
<b>15</b>											

Amount due when paid on, or before,  
due date above.

\$ **21.00**

Amount due if paid more than **10** days  
after due date above.

\$ **1.00**

\$

\$

NAME

*Mrs Lelia Young*

Amount Received

\$

*21.00*

ADDRESS

*1207 S. 47th St. Apt. 202*

CITY

*San Diego*

STATE

*Ca*

ZIP

*92113*

check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Alfredo Francisco

in a          Vault/Liner Funeral, date, time Wed 12/23 11am

Church, Chapel, Graveside Drop Off; Erickson Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran         

Lot 163 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.  
# 1065017  
called by  
Womack  
PAs 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

PA

Signature         

Address         

State          Zip Code         

Telephone         

Invoice # 078224

Acct. # 000952

Work Order # E 7813  
PV-503 (REV. 8-86)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7813

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES.

NAME OF DECEDENT <b>ALFREDO FRANCISCO</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 26, 1930</b>	DATE OF DEATH <b>Dec. 20, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego Co. Pub. Administrator 5201 A Ruffin Road San Diego, California 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Erickson-Anderson 8390 Allison Av. La Mesa, CA</b>		CALIFORNIA LICENSE NUMBER <b>F296</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market Street San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Flatchina - No Name</b>	DATE CREMATED  SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	
ACKNOWLEDGMENT OF APPLICANT	<b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b>	SIGNATURE OF APPLICANT <b>▶</b>
LOCAL REGISTRAR		DATE SIGNED <b>December 23, 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID <b>4.00</b> DATE PERMIT ISSUED <b>DEC 23 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramirez, M.D.</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/28/88</u> (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b> INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE 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

Credit Sale

Date 12/23/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ferdinand L. Reissner

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 3586 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund OK for double crypt 595<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 588<sup>00</sup>

Paid receipt number 37123 100<sup>00</sup>

Balance due 488<sup>00</sup>

*OK - will pay in 90 days*

*[Signature]*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7814

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37123

Date: 12/23, 1988

From: F.L. Reissner Address: 6006 Dupont St - S.D. 92114

One Hundred and 00/100 Dollars (\$ 100.00)

In Deposit Payment of Credit Sale - Single Lot  
3586 O.H. for Double Crypt

Lot 3586 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E7814

BALANCE DUE 495.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
 JAN 09 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77180	
80% Sales of Lots	100.00	<u>495.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77186	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
<b>TOTAL PAID</b>		<b>\$ <u>100.00</u></b>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37216

Date: 1-10 1989

From: Edward Pevsner Address: 1006 Dupree Street, SB

one hundred noth Dollars (\$ 100.00 )

In \_\_\_\_\_ Payment of payment on credit

Lot 3586 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7814

BALANCE DUE 395.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>100.00</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

CITY AUDITOR

JAN 13 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37356

Date: 2-10, 1989

From: Leah and Paul [unclear] with Debra Street SP Address: \_\_\_\_\_

one hundred no/no Dollars (\$ 100.00)

In \_\_\_\_\_ Payment of credit lot

**008495**

Lot 3586 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-784

BALANCE DUE 295.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Baloe of Lots	100	<u>100.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fee	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>100.00</u>

**CITY AUDITOR**

**FEB 21 1989**

OFFICIAL RECEIPT

No 37558



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 3-27, 1989

From: Richard J. Ruppner 6006 Deppen Street, SD Address

One hundred 20/100 Dollars (\$ 100.00)

In Payment of Success Lot

Lot 3586 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.D. 2-7874

BALANCE DUE 175.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR  
 MAR 30 1989

ISSUED BY Janice Wood

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>100</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fee	100		
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	80101		
78380			
TOTAL PAID	\$	<u>100</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37697

Date: 4-19 19 89

From: Federico P. Pessier Address: 6006 Pepper Street, S D 92114

One hundred and no/100 Dollars (\$ 100.00)

In credit Payment of lot

Lot 3586 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. 81-7814  
 BALANCE DUE 95.00

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 21 1989**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>24 00</u>
80% Sales of Lots	100	<u>76 00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	80101	
Sales Tax	78390	
TOTAL PAID	\$	<u>100 00</u>



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37797

Date: 5-9, 1989  
 From: Juditha Reiss Address: 6006 Dipper Street, SD  
fifty five 70/100 Dollars (\$ 95.00 )  
 In \_\_\_\_\_ Payment of burial cost

Lot 3586 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7814  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	95.00
20% Sales Care	77184	
50% 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	60101	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	95.00

CITY AUDITOR  
 MAY 12 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Russell Edward Ford

in a Double Crypt Vault/Liner Funeral, date, time 12/28 - Wed - 1 P.M.

Church, Chapel, Graveside Delaney Ave - Mitchell at the

All Funeral cars must arrive 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 1 Row          Section 1 Division/Block 11

Grave space & Care Fund         

Additional spaces and care fund         

Opening/Closing & Setup         

Burial Container         

Handling Fees 168.45

Flower vases - Marker setting fee         

Recording and filing fee 35.00

Sales taxes         

Total Due 203.45

Paid receipt number 371 32 203.45

Balance due         

*Northway Press  
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 record holder of deed         

Signature         

Address         

State          Zip Code         

Telephone         

Invoice #         

Acct. #         

Work Order # E 7815

# INTERMENT ORDER AND AUTHORIZATION

E 7815

Contract No. \_\_\_\_\_

Interment No. \_\_\_\_\_

Date 12/27/1988

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the Cemetery performing the interment.

Undersigned hereby request and authorize:

Name of Cemetery Mt. Hope Cemetery

in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT Russell E. Ford Age 81 Sex Male

in the following described interment space:

Grave 1 Lot 68 Block \_\_\_\_\_ Lawn 11 Double Depth Yes  No  Section 1

Crypt \_\_\_\_\_ Tier \_\_\_\_\_ Corridor \_\_\_\_\_ Mausoleum \_\_\_\_\_

Niche No. \_\_\_\_\_ Columbarium \_\_\_\_\_ Mausoleum \_\_\_\_\_

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased. Cemetery is hereby authorized to install any outer burial container purchased in connection with this interment in the Interment Right described herein.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature *Florence E. Ford* (Authorized Representative) Print Name Florence E. Ford Relationship to Deceased 1

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

Signature \_\_\_\_\_ (Authorized Representative) Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

## OFFICE USE ONLY

Funeral Director \_\_\_\_\_ Interment Fee \$ \_\_\_\_\_  
Address \_\_\_\_\_ Tel. \_\_\_\_\_

Type of Service \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_ Time of Service \_\_\_\_\_

Type of Outer Burial Container \_\_\_\_\_ Supplier \_\_\_\_\_

Dedication Service \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_ Time of Service \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ No. of years in County \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ No. of years in State \_\_\_\_\_

REMARKS \_\_\_\_\_

## OTHER NEAR RELATIVES OF DECEASED

Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_

Order Taken By \_\_\_\_\_ Location Checked and Verified

OK'd By \_\_\_\_\_ Date \_\_\_\_\_

Index Card \_\_\_\_\_ Plat Book \_\_\_\_\_ Plat Card \_\_\_\_\_

Recorded By \_\_\_\_\_


# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7819

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>RUSSELL EDWARD FORD</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>APR 11, 1907</b>	DATE OF DEATH <b>DEC 24, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>SELF PRE-NEED RECORDS @ BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD SAN DIEGO, CA 92107</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107</b>		CALIFORNIA LICENSE NUMBER <b>F-816</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 8. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 9. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 10. DISPOSITION PENDING  |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

**FOR CORONER'S USE ONLY**

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Does Skin Wooden State</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Non Leake</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>Bottom Double Crypt</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 27 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/28/88</b> (ENTER DATE) <b>68-1-1-11</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
284-3151

No 37132



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 12-28 1988

From: Russell Mitchell Address: 1818 Sunset Cliffs Blvd. S

Two hundred three 45/100 Dollars (\$ 203.45)

In Payment of Russell Ford's Internment

Lot 62 Grave 1 Row 1 Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7815

BALANCE DUE 6

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 1989**

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77164		
20% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100	<u>168</u>	<u>45</u>
Pre-Need Trust	77182	<u>25</u>	<u>00</u>
Seize Tax	100		
	63033		
	9022		
	60101		
	76390		
<b>TOTAL PAID</b>			<u>203 45</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irving Becker (X) in a Ash Vault Funeral, date, time Thurs 1/5 Church, Chapel, Graveside Debra Only 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 2622 Grave — Row — Section — Division/Block 10

Grave space & Care Fund .....  
Additional spaces and care fund .....  
Opening/Closing & Setup ..... 105.00  
Burial Container ... Buried in Pan - Concrete ..... 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 37127 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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Dorothy E Meyer  
Signature  
801 Mission Beach  
Address  
Santee, Cal 92071  
State  
Sp-123  
Zip Code  
449-0243  
Telephone

Work Order # E 7816  
PY-583 (REV. 8-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT

No 37127



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

Date: 12-27 1988

From: Donald Meyer Address: 8301 Mission Gorge Rd, SD

two hundred forty-two 60/100 - Dollars (\$ 242.60 )

In \_\_\_\_\_ Payment of Gravestone Monument

Lot 4622 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7816

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
**JAN 09 1989**

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77154	
80% Sales of Lots	100	
77184		
Opening/Closing	100	105 00
77181		
Burial Containers	100	40 00
77182		
100		60 00
77185		
Handling Fee	100	35 00
Recording & Misc. Fees	77183	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	2 60
78390		
TOTAL PAID	\$	242 00

1851

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

#57496 7816

Lewis Colonial

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>IRVING SINCLAIR BECKER</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 30, 1891</b>	DATE OF DEATH <b>Dec. 23, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Dorothy Meyer - Daughter 8301 Mission Gorge Rd. Sp. #123 Santee, CA 92071</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial 3053 El Cajon Blvd. San Diego, CA 92104</b>			CALIFORNIA LICENSE NUMBER <b>P-490</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |  |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Cypress View Crematory - San Diego, CA</b>	DATE CREMATED <b>12-30-88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Maryanne Staden</i>
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A St. Fabian's and enclosed in Coroner Center Top of grave</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  
			DATE SIGNED  
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 28 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>1-5-89</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loyen Stetter</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>Ronald E. Ramoak, M.D.</b>			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William H Hawley

in a \_\_\_\_\_ Funeral, date, time Tuesday 12/30

Church, Chapel, Graveside \_\_\_\_\_ San Diego Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7817**

PY-593 (REV. 8-85)

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary L. Conklin in a Cash Vault Funeral, date, time Tues 1/17 AM Church, Chapel, Graveside Deliver Only / 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 40 Grave 3 Row \_\_\_\_\_ Section MAS District/Block A

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container	<u>40.00</u>
Handling Fees	<u>60.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>2.60</u>
Total Due	<u>242.60</u>
Paid receipt number	<u>37184 242.60</u>
Balance due	<u>0</u>

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
State Zip Code  
\_\_\_\_\_  
Telephone

Work Order # E 7818  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

12/29/88

E7818

Enclosed is 242.60 for  
the burial of Mary Louise  
Conklin. This amount was  
given me by Mayer Mortuary  
who are in charge of the  
cremation

S. J. Jellum Maddock

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7818

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Mary Louise Conklin</b>		SEX <b>female</b>	DATE OF BIRTH <b>Jan. 3, 1895</b>	DATE OF DEATH <b>Dec. 21, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Del Mar</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Joellen Bodkoth - niece 1163 Ranger Rd. Fallbrook, Ca. 92028</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Ave. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1884</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                       |  |  |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY (IF REMAINS ARE TO BE CREMATED) <b>10085 Old Hwy 37 Leneda Crematory, El Cajon, CA</b>	DATE CREMATED <b>12/25/88</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Conute Vault 3rd Cremain in Space</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i>	
			DATE SIGNED <b>December 22, 1988</b>	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 22 1988</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>1-17-89</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

**COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.**

OFFICIAL RECEIPT

No 37184



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 1-6, 1989

From: J.J. Madrock Address: 1163 Rancho Road, Millbrook

two hundred forty-two 60/100 - Dollars (\$ 242.60)

In Payment of Mary D. Winkler's Interment

Lot 40 Grave 3 Row \_\_\_\_\_ Section MAS Division Block A

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-7818

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1268

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	105.00
Closing	77181	
Burial	100	40.00
Containers	77182	
	100	60.00
Handling Fee	77180	
Recording &	100	35.00
Misc. Fees	77183	
Pre-Need	88900	
Trust	119000	
Sales Tax	60101	2.60
	78390	
TOTAL PAID	\$	242.60

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emogene E. Scott

in a Bell Tower Vault/Liner Funeral, date, time Tues 1-3 12:00

Church, Chapel, Graveside Chapel of the Holy Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 119 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 300.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.50

Total Due ..... 906.50

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed \_\_\_\_\_

Signature J. A. ...

Address 675 A PICADOR BLVD

SAN DIEGO, CA 92154

State 263-7169 Zip Code

Telephone

Work Order # E 7819

PR-663 (REV. 8-86)

Invoice # 078226

Acct. # 028716

W.O. # 2-7819

NOTE

\$ 906.50 San Diego, California

December 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 new funded \$ 5000 DOLLARS with interest from 3-3-88 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 JOHN R. SCOTT SIGNATURE [Signature]

ADDRESS 675A PICADOR BLVD. San Diego, CA. 92159

CALIF. DRIVERS LIC. # VA. 224-325943 CA. A0578896

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7819

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Imogene Elizabeth Scott</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 20, 1946</b>	DATE OF DEATH <b>Dec. 27, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>John R. Scott, Sr. - Husband 675-A Picador Blvd San Diego, CA 92154</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort. - San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b>   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A 18 ga Batesville Steel Sealer</b>	DATE CREMATED <b>1-3-89</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bell Linei</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>	DATE PERMIT ISSUED <b>DEC 29 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>1-3-89</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego Co. Dept. of Health Services P. O. Box 85222 San Diego, CA 92138-5222</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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	DRG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
078226	01/11/89	028716	JOHN R. SCOTT				03/03/89	CK	3688276	100.00	906.50	706.50
			100 072		77181	000072				35.30		PARTIAL PAYMEN
			100 072		77182	000072				11.03		
			100 072		77183	000072				3.86		
			100 072		77184	000072				26.48		
			100 072		77185	000072				16.00		
			60101		78390					0.72		
			67007		77184					6.61		

2-7819

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 100.00

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 02/06/89

DATE: 02/06/89  
TIME: 204737  
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
078226	01/11/89	028716	JOHN R. SCOTT				01/31/89	CK	228341864	100.00	906.50	806.50
			100 072		77181	000072				35.30		PARTIAL PAYMENT
			100 072		77182	000072				11.03		
			100 072		77183	000072				3.86		
			100 072		77184	000072				26.48		
			100 072		77185	000072				16.00		
			60101		78390					0.72		
			67007		77184					6.61		

2-7819

0

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Cross

in a Bell Lines Funeral, date, time Tues - 2 PM - 1/3

Church, Chapel, Graveside Graveside Lucas Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 4 Grave 9 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees D-8385 \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00 \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 37151 35.00

Balance due 0

1:20 PM  
P.B.

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Neve Likins  
Stephen Farnsworth

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7820

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7820

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MARY</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>CROSS</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>03-08-1896</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>12-26-88</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Wilbur Gonsalves - son 16 Bryant Street No. Dartmouth, MA 02747</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-480</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 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 <b>Melinda H. Stewart for LCB</b>		8B. DATE SIGNED <b>12-30-88</b>	

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b> THIS PERMIT 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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 03 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Roney, M.D.</b>
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT) <input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) <input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY <input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY <input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) <input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA) <input type="checkbox"/> K. DISPOSITION PENDING
---	--

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery - San Diego, CA 3751 Market St.</b>	11B. DATE INTERRED <b>1-3-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>n/a Steel - Bellhouse Not Sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>4-9-3-12</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b>

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT

No 37151

MOUNT HOPE CEMETERY

234-3151

*(Conservator of May Cross)*

Date: 1-3, 1989

From: Neve Lee Fisher Address: 923 Monserate, Chula Vista

thirty-five Dollars (\$ 35.00)

In Payment of May Cross' Wedding fee

Lot 4 Grave 9 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7620

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

*564*

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 JAN 09 1989

ISSUED BY Andy 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		<u>35.00</u>
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

12-28-82

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Claude Smith Jr  
in a Bell Tower Vault/Liner Funeral date, time Thurs 12/29 1:30  
Church, Chapel, Graveside Church & Home, Passdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

Lot 720 Grave DIP Row Extra Dip 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 37133 35.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7821

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7821

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Claude Smith, Jr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>March 4, 1912</b>	DATE OF DEATH <b>Dec. 23, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lottie A. Smith - Wife 3332 Durant Street San Diego, California 92113</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
		DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 28 1988</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Powell, M.D.</i>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/29/88</b> (ENTER DATE) <b>Fal-10-10p</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 37133

From: Anna Phillips Address: 240 E. Laaburn Rd. Altadena Date: 12-29 1988  
thirty-five 25/100 Dollars (\$ 35.00)  
 In Payment of Claude Smith's Recording

Lot 720 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-762  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

3129

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 JAN 09 1989  
 ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
Gravest	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fees	77183	<u>35.00</u>
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>35.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 38435

Date: 8-18 1989

From: Stella Smith Address: 3332 Duont St. SD 92113

In one hundred twenty-five Dollars (\$ 125.00)

Payment of grave's installation for Stella Smith

Lot 720 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-721

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 1065

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Arda Ward

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>125.00</u>
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>125.00</u>

CITY AUDITOR  
 AUG 28 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mattie Mullen  
in a Bell Service Funeral, date, time Thurs 12/29 11:00  
Church, Chapel, Graveside Church Drive, 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 252 Grave 3-tag Row Dip Section 14 Division/Block 7

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes .....

Total Due ..... 35.00

Paid receipt number 37134 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 7822

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37134

Date: 12-28 1988

From: Anderson, Joseph Address: 5050 Federal Blvd SD

Trust - Joint w/ W/O Dollars (\$ 35.00 )

In Payment of Mattie Muller's Remains

Fee

Lot 252 Grave 3 Row \_\_\_\_\_ Section 19 Division Block 17

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7872

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

3129

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
**CITY AUDITOR**  
**JAN 09 1989**  
 ISSUED BY Andra Wood

	67007	
CREDIT	77184	
20% Sales Care	100	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
TOTAL PAID	100	<u>35.00</u>
	83003	
	9022	
	80101	
	78380	<u>35.00</u>

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7822

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Mattie Mullen</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 8, 1884</b>	DATE OF DEATH <b>Dec. 22, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Orelia Harris - Daughter</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>		
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>446 N. 30th Street</b> <b>San Diego, California 92102</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, Calif.</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Metasearch - Rose - Batesville Ill.</b>	DATE CREMATED <b></b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Top of DIP - lower</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b></b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/29/88</b> (ENTER DATE)	DATE PERMIT ISSUED <b>DEC 27 1988</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.</b>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Georgette</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b></b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Toke Torimaru  
in a T.S. Vault Vault/Liner Funeral, date, time Tues 1/3 10:00

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 31 Grave 1 Row        Section 11 Division/~~Block~~ 7

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases—Marker setting fee Disinterment 2 ashes 420.00

Recording and filing fee ..... 25.00

Sales taxes ..... 11.37

Total Due ..... 1131.37

Paid receipt number 37142 1131.37

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 \_\_\_\_\_

Signature Yuko Yamate  
534 Beacon Pl  
Address Chula Vista, Ca 92010  
State 422-4333 Zip Code  
Telephone \_\_\_\_\_

Work Order # E 7823  
FY-883 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37142

Date: 1-3 1989

From: Joyce Najma Address: 1427 Delrosa Ave Chula Vista

One thousand one hundred thirty-one Dollars (\$ 1131.37)

In Payment of Jake Srinivas's Interment

Lot 31 Grave 1 Row \_\_\_\_\_ Section 11 Division Block 17

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7823

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1878

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CH. AUB. 1989  
 JAN 09 1989

ISSUED BY Andrea Wood

CREDIT	67007	
Gen. Sales Com.	77184	
50% Sales of Lots	100	
Opening/Closing	100	320 00
Special Containers	77181	175 00
Handling Fee	100	170 00
Recording & Misc. Fees	77185	455 00
Pre-Need Trust	63033	
Trust	9022	
Sales Tax	60101	11 37
	78390	
<b>TOTAL PAID</b>	<b>5</b>	<b>1131 37</b>

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7823

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

<b>NAME OF DECEDENT</b> <b>TAKE TORINARI</b>	<b>SEX</b> <b>female</b>	<b>DATE OF BIRTH</b> <b>May 17, 1894</b>	<b>DATE OF DEATH</b> <b>Dec 27, 1988</b>
<b>PLACE OF DEATH—CITY OR TOWN</b> <b>Orange</b>	<b>PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)</b> <b>Orange</b>		<b>NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT</b> <b>Fumi Chida - daughter</b>
<b>NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)</b> <b>Lewis Colonial/Seabough 3051 El Cajon Blvd. San Diego, CA 92104</b>		<b>CALIFORNIA LICENSE NUMBER</b> <b>F-480</b>	
		<b>1311 E. Concord Ave/ Orange, CA 92667</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

<b>INTERMENT</b>	<b>NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED</b> <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		<b>COUNTY</b> <b>San Diego</b>
<b>CREMATION</b>	<b>NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED</b> <b>n/a 18th St Metal Scales</b>	<b>DATE CREMATED</b>	<b>SIGNATURE OF PERSON IN CHARGE OF CREMATORY</b> ▶
<b>BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS</b>	<b>ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION</b> <b>n/a C.T.S. Vault</b>		
<b>SCIENTIFIC USE</b>	<b>NAME AND ADDRESS OF FACILITY RECEIVING REMAINS</b> <b>n/a</b>		
<b>ACKNOWLEDGMENT OF APPLICANT</b>	<b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b>		<b>SIGNATURE OF APPLICANT</b> ▶
			<b>DATE SIGNED</b>
<b>LOCAL REGISTRAR</b>	<b>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT</b>	<b>AMOUNT OF FEE PAID</b> <b>\$ 2.70</b>	<b>DATE PERMIT ISSUED</b> <b>DEC 30 1989</b>
			<b>SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT</b> <i>Ronald E. Carroll, M.D.</i>
<b>CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION</b>	<b>I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON</b> <b>3-1-89</b>	<b>SIGNATURE OF PERSON IN CHARGE OF DISPOSITION</b> <i>Joyce Stetter</i>	<b>LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE</b>
	<b>(ENTER DATE)</b>		
<b>IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY</b>	<b>INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH</b> <b>Orange County P.O. 355 Santa Ana, CA 92702</b>		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Belzad J. Meini  
in a \_\_\_\_\_ Funeral, date, time Fri 12/30 2:00

Church, Chapel, Graveside Graveside Muslim Crem. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 47 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section Muslims Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 250.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 285.00

Paid receipt number 37321 285.00

Balance due 0

*Bill Meini*

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 Belzad Meini  
Address 5029 Guilford Ave  
CA, 92117  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(619) 483-3497  
Telephone \_\_\_\_\_

Work Order # E 7824  
(CV-583 (REV. 9-88))

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7824

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>BEHZAD SADGHI NARINI</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>JUNE 17, 1959</b>	DATE OF DEATH <b>DEC 26, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>BEHROOZ NARINI BROTHER</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>GREENWOOD MORTUARY—4300 IMPERIAL AVE, SAN DIEGO</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>	3029 GULLITTOY AVE <b>SAN DIEGO, CA 92117</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY—3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A Flat China - no home</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 30 1988</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/30/88</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37321

Date: 2-7 1989

From: Muslim Cemetery - P.O. Box 201058, SD 92126 Address:

two hundred eighty five and 00/100 Dollars (\$ 285.00)

In Payment of Subjed J. Macini Entement

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7824  
 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

**TTY AUDIT**  
**B 10 1989**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots Y	100	
Planning/ Closing	77184	<u>250.00</u>
Burial Containers	100	
	77181	
	100	
	77182	
	100	
	77185	
	100	<u>25.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	75390	
TOTAL PAID	\$	<u>250.00</u>

121

Disinterment

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Alexa Abby Litten  
in a \_\_\_\_\_ Vault/Liner Funeral, date, time LITTEN 11/13/89

Church, Chapel, Graveside \_\_\_\_\_ Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 692 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 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 \_\_\_\_\_ 700.00

Sales taxes \_\_\_\_\_

Completed on Jan 13, 1989

Disposal of marker removed to Greewood Total Due 700.00  
Paid receipt number 37136 700.00  
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.

Jacqueline Litten  
Signature

Signature of recorded holder of deed \_\_\_\_\_

Address \_\_\_\_\_

State 264-5597 Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7825

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

*To signed and returned - Mt Hope*

E7825

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

*Completed on Jan 13, 1989*

*January* MONTH *1989* YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

*Glenna Abby Litten*

from Lot 692 Grave      Section 5 Row      Block      Div 8  
and to remove the same to and reinter said remains in Lot      Grave       
Section      Row      Block      Div     . *Greenwood Memorial Park San Diego County, Ca*

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. *Featherinbill Mortuary in charge of transportation, etc.*

<i>* Patricia Ann Litten</i>	<i>    </i>	<i>    </i>
Signature	Signature	Signature
<i>* Daughter</i>	<i>    </i>	<i>    </i>
Relation to deceased	Relation to deceased	Relation to deceased
<i>* 1718 Rowan St.</i>	<i>San Diego, Ca. 92105</i>	<i>    </i>
Address	Address	Address

I hereby authorized the above disinterment:

*\* Patricia Ann Litten*  
(Lot owner must sign if not legal custodian)

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Resentment

Date 12-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marian L. Litten

in a \_\_\_\_\_ Funeral, date, time LITTEN 1/13/89

Church, Chapel, Graveside Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 695 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

*Completed  
on  
Jan 13, 1989*

700.00

700.00

700.00

0

Dispose of marker Total Due \_\_\_\_\_

Paid receipt number 37136 \_\_\_\_\_

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.

Patricia Litten  
Signature

Address \_\_\_\_\_

City 264-5577 Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7826



*Sign and Return to Mt. Hope*

THE CITY OF

# SAN DIEGO

E 7926

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

January 1989  
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Marion I. Litten

from Lot 695 Grave ~ Section 5 Row ~ Block ~ Div 8  
and to remove the same to and reinter said remains in Lot          Grave           
Section          Row          Block          Div         . Greenwood Memorial Park  
San Diego Co. California

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. Featheringill Mortuary in Charge of Transportation etc.

* <u>Patricia Ann Litten</u> Signature	_____ Signature	_____ Signature
* <u>Daughter</u> Relation to deceased	_____ Relation to deceased	_____ Relation to deceased
* <u>1718 Rowan St.</u> Address	<u>San Diego, Ca. 92105</u> Address	_____ Address

I hereby authorized the above disinterment:

\* Patricia Ann Litten  
(Lot owner must sign if not legal custodian)

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E7825 & E7826  
 No 37136

Date: 12-29 1988

From: Adrian Litter Address: 1718 Rowan Street San Diego  
Spurlock Heights CA

In \_\_\_\_\_ Dollars (\$) 1400.00  
 Payment of Reinterment of Hanna & Marion  
Litter to Greenwood

Lot 692/695 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division 10  
 Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7825 & 2-7826

BALANCE DUE 4

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

1338

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR  
 JAN 09 1989

ISSUED BY Adrian Litter

CREDIT	67007	
20% Sales Cert	77184	
1% Sales of Lots	100	
Opening/Closing	77184	
Funeral Containers	100	
Funeral Containers	77181	
Funeral Containers	100	
Funeral Containers	77182	
Funeral Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	1400 00
Pre-Need Trust	77183	
Pre-Need Trust	63033	
Pre-Need Trust	9022	
Sales Tax	60101	
Sales Tax	78390	
TOTAL PAID	\$	1400 00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Daryl M. Sanders

in a Bell Sister Vault/Liner Funeral, date, time Tues 1/3 2:00

Church, Chapel, Graveside Marine; Dillard Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 3 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 148.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 6.50

Total Due 605.50

Paid receipt number 37150 605.50

Balance due 0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. BARBARA Hughes

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Barbara Hughes  
Signature  
7651 Zandbergen Lane  
Address  
Huntington Beach, CA  
City  
(714) 840-8768  
Telephone  
926  
Zip Code

Work Order # E 7827

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7827

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Hazel Marie Sanders</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct 3, 1909</b>	DATE OF DEATH <b>Dec 28, 1988</b>
PLACE OF DEATH—CITY OR TOWN <b>Huntington Beach</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Orange</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Barbara J. Hughes - Niece</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR OTHER DISPOSER) <b>Dillard Brothers Huntington Beach, CA</b>		CALIFORNIA LICENSE NUMBER <b>F1193</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>16561 Landau Lane Huntington Beach, CA 92647</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
| <input checked="" type="checkbox"/> 4 SCIENTIFIC USE                          |  |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <i>Metal-Non Sealer Bell Semi</i>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>4.00</b>	DATE PERMIT ISSUED <b>DEC 30 1989</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>1-3-89</b> <b>3-4-82</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Orange County Health Dept. P.O. Box 355, Santa Ana, CA 92702</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
284-3151

No 37150



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

From: Penella Jones Address: 42245 Victoria Road Torrance  
CA 90505  
Date: 1-3, 1989  
in Payment of Class Jones Interment Dollars (\$ 605.50)

Lot 3 Grave 4 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7827  
BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE  
**CITY AUDITOR**  
**JAN 09 1989**  
ISSUED BY India Wald

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	320.00
Burial Containers	100	100.00
Handling Fee	77185	144.00
Recording & Misc. Fees	77183	35.00
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	6.50
	78380	
TOTAL PAID	\$	605.50

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/30/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lupe Cassidy 10:00 in a Bell Funerals Funeral, date, time Wed 1/4 12:30 Church, Chapel, Graveside Hittig Street, Coronad Mortuary. 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 open Imperial State

Lot 105 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	27.00
Total Due	927.00
Paid receipt number	37139 907.00
Balance due	6

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 \_\_\_\_\_

E. A. Cassidy  
Signature  
707 S. Harpole  
Address  
Spring Valley, 907B  
City State Zip Code

Telephone \_\_\_\_\_

Work Order # E 7828  
PV-593 (REV. 8-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 7828

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>LUPE</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>CASSIDY</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>1-2-11</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>12-30-88</b>	4. SEX <b>F</b>
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5A. CITY OF DEATH <b>National City</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Priscilla A. La Blanc - Niece 707 Paraiso Avenue Spring Valley, CA 92077</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045</b>	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F951</b>
---	--

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 <i>[Signature]</i>	8B. DATE SIGNED <b>1-3-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 3 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>San Diego Co. Dept. of Health Services Vital Records, P.O. Box 85222 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT <b>N/A</b>
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1. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b>	11B. DATE INTERRED <b>105-6-2-11 1-4-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b>	12B. DATE CREMATED <b>Semi oval flat top Wooden C.C. - lined</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37139

Date: 1-3, 1989

From: E.A. Cassidy Address: \_\_\_\_\_

In \_\_\_\_\_ Payment of Supp. Cassidy's Interment Dollars (\$ 907.00)

Lot 105 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-1828

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.

CREDIT	67007		
20% Sales Tax	77184	60	00
80% Sales of Lots	100	240	00
Opening/Closing	77181	320	00
Burial Containers	100	100	00
	77182	145	00
Handling Fee	100		
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	7	00
	78380		
TOTAL PAID	\$	907	00

ISSUED BY [Signature]

AUDITOR  
 JAN 09 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37191

Date: 1-6, 1989

From: E. A. Cassale Address: \_\_\_\_\_

1775 951108 Dollars (\$ 15.95)

In \_\_\_\_\_ Payment of Plowee Cup for Judge Cassale

Lot 105 Grave 6 Row \_\_\_\_\_ Section 2 Division 27 Block AUDITOR

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7828

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 Andy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	69033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>15.95</u>

JAN 11 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gregory Judson

in a Bell Fier Funeral, date, time Wed 1-4 11:00

Church, Chapel, Graveside Graveside Murley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 4168 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 7.00

Total Due 607.00

Paid receipt number 37155 607.00

Balance due EG

*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 7829

PY 583 (REV. 8-85)

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37155

From: Walter Mitchell Address: 3655 5th Avenue, SD Date: 1-4 19 89  
six hundred seven and 00/100 Dollars (\$ 607.00)  
 In Payment of Person's funeral

Lot 4168 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-1824  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

7703

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 JAN 09 1989  
 ISSUED BY Andy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	320.00
Burial Containers	100	100.00
Handling Fee	77182	145.00
Recording & Sec. Fees	100	35.00
Pre-Need Trust	77183	
Sales Tax	63033	7.00
	9022	
	60101	
	78390	
TOTAL PAID	\$	607.00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37544

Date: 3-23, 1987

From: Mrs. G. Mitchell Address: \_\_\_\_\_

we ordered Urns - you called Dollars (\$) 125.00

In \_\_\_\_\_ Payment of Urns - Letter for you

Lot 4168 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block AUDITOR

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-1829

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

2065

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY India White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>125.00</u>

MAR 30 1987

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7829

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>GEORGIANA</b>	1B. MIDDLE <b>MASTEN</b>	1C. LAST (FAMILY) <b>JUDSON</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>2/18/1913</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>12/31/1988</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SELF PRE-NEED RECORDS @ WENLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>WENLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>F-119</b>		

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 <i>James C. Mitchell</i>	8B. DATE SIGNED <b>1/4/1989</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 04 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Roney, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. BOX 85222, SAN DIEGO, CA 92138-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>BIT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 4168-10</b>	11B. DATE INTERRED <b>1/4/1989</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Ray Wallace</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Clothsworth State Bellhimer</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	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	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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Steen Stalleon

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Korea

Lot 245 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 \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of dead \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7830**

PV-693 (REV. 8-85)

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-3-88

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Mrs. Stallions

in a ES. Vault Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Chapel & Home Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Korean

Lot 31 Grave 11 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund .....	<u>495.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>175.00</u>
Handling Fees .....	<u>170.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>11.37</u>
Total Due .....	<u>1206.37</u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

*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 \_\_\_\_\_

Marian R. Stallions  
Signature  
6004 - C Lake Murray Pl  
Address  
La Mesa, CA 92042  
State  
460 - 1560  
Telephone

Work Order # E 7831  
PY-883 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Willie T. Stevens

in a Top Dble. Crypt Funeral date, time Wed 1/11 11:00

Church, Chapel, Graveside Angel Fire Pagodale Mortuary.

All Funeral cars must arrive 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 10 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund 1-11-89 - notice: Cashier Waa XXX

Additional spaces and care fund (3 1/4 -)

Opening/Closing & Setup Exchanged top of Double

Burial Container Crypt for # 6 - 1 call

Handling Fees only 101 - under budget

Flower vases - Marker setting fee Sub E-6

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 record holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7832  
PY-683 (REV. 8-86)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7832

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Willie</b>	1B. MIDDLE <b>"T"</b>	1C. LAST (FAMILY) <b>Givens</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>10-3-19</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-4-89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Patricia Hikas - Niece 783 Beyer Way San Diego, California 92154</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Bl. S.D.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1329</b>		

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—Federal Director or Person Acting as Such: *[Signature]*

8B. DATE SIGNED: **1-6-89**

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b> THIS PERMIT 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.	8A. AMOUNT OF FEE PAID <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 9 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Donald L. Ramos, M.D.]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH: **P.O. Box 85222 San Diego, CA. 92138**

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT:

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego, California</b>	11B. DATE INTERRED <b>1-11-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Non-Sealed Metal 2XX 31 3/4 Wide</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Removed Top 1/2 of D.C. Used #6 Bell</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A Went to Norway 1-10 to measure</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION <b>N/A See E-7832</b>	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.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elma Wood

in a Bell Lines Funeral, date, time Sat 1-7 10:00

Church, Chapel, Graveside Yonkerside Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 62 Grave 3 Row \_\_\_\_\_ Section 4 Division/Block 5

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee Sat OT 380.00

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 987.00

Paid receipt number 27190 987.00

Balance due 0

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Ruby Adams  
Signature  
2140 N Vaer  
Address  
Laurel 09  
State  
583-7007  
Telephone

Work Order # E 7833  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7833

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Elna</b>	1B. MIDDLE <b>Lucina</b>	1C. LAST (FAMILY) <b>Wood</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>8-26-92</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-03-89</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Euby H. Adams - Niece 2147 North Waco Tulsa, OK. 74127</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Cypress View/Beaman Brothers 3933 Imperial Ave San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>670</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>1-06-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 06 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>San Diego County - Vital Records 3853 Popocatepet Street, San Diego, CA</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT <b>N/A</b>
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 3751 Market Street, San Diego, Ca.</b>	11B. DATE INTERRED <b>1-7-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A 18 La Jolla Village Drive Rose - Silver</b>	12B. DATE CREMATED <b>6/23/85</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37190

From: Ruby Adams Address: 2147 N Wood, Suite 86 Date: 1-6 1989  
two hundred eighty-seven Dollars (\$ 987.00)  
 In Payment of Alma Woods' interment

Lot 62 Grave 3 Row \_\_\_\_\_ Section 4 Division 5 Block 5 CITY AUDITOR

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. 2-7833

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

CREDIT	67007	
20% Sales Tax	77194	
80% Sales of Lots	100	
Opening/Closing	77184	320 00
Burial Containers	100	100 00
Handling Fee	77182	100 00
Recording & Misc. Fees	100	100 00
Pre-Need Trust	77183	415 00
Sales Tax	63030	
	9022	
	90101	7 00
	78390	
TOTAL PAID	\$	987 00

ISSUED BY

Andrea Ward

CITY AUDITOR  
 JAN 11 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Malcolm Dion Allen

in a Self Serve Funeral, date, time Mon 1/9 1:00

Church, Chapel, Graveside Chapel & Grave Pasadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 127 Grave 8 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 195.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 7.00

Total Due ..... 857.00

Paid receipt number 37182 400.00

Balance due 457.00

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Virginia Bradford  
Signature  
4934 Altadena Ave  
Address  
San Diego, Ca 92115  
State  
528-0239 Zip Code  
Telephone

Work Order # E 7834  
PY-693 (REV. 9-86)

Invoice # 2028714  
Acct. # 1078228

W.O. # E-7834

NOTE

\$ 457.00 San Diego, California

January 5 19 89

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 Four Hundred Fifty Seven DOLLARS with interest from 3/9/87 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 Virginia Bradford SIGNATURE Virginia Bradford

ADDRESS 4234 Altadena San Diego, Ca 92115

CALIF. DRIVERS LIC. # E0193574

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7834

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Malcolm</b>	1B. MIDDLE <b>Dion</b>	1C. LAST (FAMILY) <b>Allen</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>5-8-72</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-1-89</b>	4. SEX <b>Male</b>
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5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE <b>Virginia Bradford - Grandmother 4234 Altadena Avenue San Diego, California 92115</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd. S.D. P 1529</b>	7B. CALIFORNIA LICENSE NUMBER <b>P 1529</b>
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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 <i>[Signature]</i>	8B. DATE SIGNED <b>1-6-89</b>
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<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b> THIS PERMIT 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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 9 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, CA. 92138</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego, California</b>	11B. DATE INTERRED <b>1-9-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A 127-8-2-11- Bellview</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

3/6

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37412

From: Virginia Leadford Address: 4234 Altadena Ave, SD 92115  
 Date: 3-1, 1989  
two hundred fifty-seven Dollars (\$ 257.00)  
 In Payment of Malcolm Allen's Interment

Lot 127 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. 078228  
 Acct. No. 028714  
 W.O. 8-7634  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 06 1989

ISSUED BY Andres J. Wood

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>257.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37413

Date: 3-1, 19 89

From: Virginia Bradford Address: \_\_\_\_\_

In \_\_\_\_\_ Dollars (\$) Payment of Amount due for Malcolm Allen

Lot 129 Grave 8 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7834

BALANCE DUE 6

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**MAR 06 1989**

ISSUED BY Andee Wood

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	5 00
Handling Fee	77181	10 60
Recording & Misc. Fee	100	
Pre-Need Trust	77182	
Sales Tax	100	
	63033	
	9022	
	60101	35
	75380	
TOTAL PAID	\$	15 95

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37182

Date: 1-5, 1989

From Virginia Bradford Address: 4234 Otisana, SD 92115

paid by check no 1100 Dollars (\$) 400.00

In Payment of Malcolm Allen's interment

Lot 127 Grave 8 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-17834

BALANCE DUE 457.00

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 Angela Ward

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100	200	00
Opening/Closing	77184	150	00
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	80101		
	78380		
TOTAL PAID	\$	400	00

CITY AUDITOR  
 JAN 11 1989

078228 01/11/89 028714 VIRGINIA BRADFORD  
*E-7834*  
 100 072  
 100 072  
 100 072  
 100 072  
 60101

03/01/89 CA 37412  
 77181 000072  
 77182 000072  
 77183 000072  
 77185 000072  
 78390

257.00  
 95.60  
 56.24  
 19.68  
 81.54  
 3.94

457.00 PAID IN FULL 0.00

078228 01/11/89 028714 VIRGINIA BRADFORD  
*E-7834*  
 100 072  
 100 072  
 100 072  
 100 072  
 60101

02/03/89 CK 403961720  
 77181 000072  
 77182 000072  
 77183 000072  
 77185 000072  
 78390

200.00  
 74.40  
 43.76  
 15.32  
 63.46  
 3.06

457.00 PARTIAL PAYMENT 257.00

NUMBER OF INVOICES PAID 3  
 TOTAL AMOUNT PAID 1,985.00

*JSW*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen Whitson  
in a T.S. Vault Funeral, date, time Tues 1/10 11:00

Church, Chapel, Graveside Shoreside Mortuary Murphy-Kitchin

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran Mr. Mitchell

Lot 186 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 1

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container T.S. Vault provided by

Handling Fees Mortuary 170.00

Flower vases - Marker setting fee 3 @ 15.95 47.85

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 572.85 ~~525.00~~

Paid receipt number 37212 572.85

Balance due 0

*Mortuary  
could verify  
cost sheets*

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7835

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7839

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>HELEN</b>	1B. MIDDLE <b>CARRIER</b>	1C. LAST (FAMILY) <b>WHITSON</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>9/9/1895</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1/6/1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROBERT B. WHITSON, JR., SON 2952 COLLURA STREET SAN DIEGO, CA 92105</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MURLEY-MITCHELL MORTUARY, 3635 FIFTH AVENUE, SAN DIEGO, CA 92103</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>F-119</b>		

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 <i>Ed Leach</i>	8B. DATE SIGNED <b>1/9/1989</b>
---	---	------------------------------------

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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 09 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D., J.F.</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. BOX 85222, SAN DIEGO, CA 92138-5222</b>
--	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b> <i>186-2-1-1</i>	11B. DATE INTERRED <b>1/10/1989</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Seamus Stille</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Populay Hollywood An Vault</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	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	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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37212

Date: 1-10 19 29

From: Merkley-Mitchell Address: 2655 Fifth Avenue, SD  
Five Hundred Seventy-two 85/100 Dollars (\$ 572.85)  
 In \_\_\_\_\_ Payment of Helen Whitson's Entombment

Lot 186 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7835  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Indra Nord

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320 00</u>
Burial Containers	100	<u>15 00</u>
	77182	
Handling Fee	100	<u>207 80</u>
Recording & Misc. Fees	77185	<u>35 00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	<u>1 95</u>
	78390	
TOTAL PAID	\$	<u>572 85</u>

CITY AUDITOR  
 JAN 13 1929

7724

OFFICIAL RECEIPT

No 37292



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 2-2, 1989

From: Markle, Nita Address: \_\_\_\_\_

In \_\_\_\_\_ Payment of one hundred twenty-five 10/100 Dollars (\$ 125.00)

Markle, Nita  
W. Peterson

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7835

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

7827

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 FEB 06 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>125.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	0	<u>125.00</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego ✓

Date Jan 9, 1989

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emily Mae Batay

in a Courtesy Funeral, date, time Fri-2PM - 1-13-89

Church, Chapel, Graveside Church - 85; Rayside Mortuary.

All funeral cars must 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 2851 Grave      Row      Section      Division/Block 10

Grave space & Care Fund Single sp and Care 595<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup 320<sup>00</sup>

Burial Container 175<sup>00</sup>

Handling Fees 170<sup>00</sup>

Flower vases - Marker setting fee     

Recording and filing fee 35<sup>00</sup>

Sales taxes 12<sup>25</sup>

*By Fax Room*

Total Due 1307<sup>25</sup>

Paid receipt number 37211 300.00

Balance due 1007<sup>25</sup>

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and warrant that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature [Signature]  
Address 1050 Coland St #8  
Spring Vly, CA 92099  
State CA Zip Code 92099  
Telephone 463-7039

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 7836**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7836

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Emily</b>	1B. MIDDLE <b>Ann</b>	1C. LAST (FAMILY) <b>Batey</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Jan. 3, 1907</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 6, 1989</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lori Batey - Daughter 3565 Allan Avenue Apt. 3 San Diego, California 92102</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA.</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		

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—Federal Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED <b>Jan. 11, 1989</b>
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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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 12 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, CA. 92138</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>St. Hope Cemetery 3751 Market Street, San Diego, Calif. 28-57/10</b>	11B. DATE INTERRED <b>1-13-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Steel Center Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38116

From: Lori Doty Address: 3565 Delmont Ave, SD Date: 6-6 19 89  
thirty one 40112  
 Dollars (\$ 31.90)  
 In \_\_\_\_\_ Payment of 2 flower cups for Emily  
Doty  
 Lot 2851 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7836  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 110

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
**CITY AUDITOR**  
**JUN 09 1989**  
 ISSUED BY Andra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100	<u>10</u>	<u>00</u>
	77182	<u>21</u>	<u>20</u>
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		<u>70</u>
	76390		
TOTAL PAID	\$	<u>31</u>	<u>90</u>

OFFICIAL RECEIPT

No 37223



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

Date: 1-11, 1989

From Chris Deter Address: \_\_\_\_\_  
two hundred fifty seven 2500 Dollars (\$) 357.25  
 In \_\_\_\_\_ Payment of Emily Deter's Interment

Lot 2851 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. 2-7836  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	80101	
	78390	
<b>TOTAL PAID</b>		<b>\$ 357.25</b>

Handwritten notes in table:  
 - 140.00  
 - 170.00  
 - 35.00  
 - 12.25

CITY AUDITOR  
 JAN 18 1989

OFFICIAL RECEIPT

No 37220



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
254-3151

Date: 1-11- 1989

From: Don Bates Address: S.D.  
Three Hundred fifty and no. Dollars (\$ 350.00)  
 In payment of on Emily Mae Bates

Lot 2857 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7836  
 BALANCE DUE 357.20

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	\$	<u>350.00</u>

*Handwritten notes in table:*  
 CITY AUDITOR  
 PAID JAN 15 1989  
 350.00

Pre-Need Lot  At Need  On Acct.   
 Pre-need Trust  Cash  Check

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37218

Date: 1-10, 1989

From: Amylee Pater Address: \_\_\_\_\_

Three hundred dollars Dollars (\$ 300.00 )

In \_\_\_\_\_ Payment of Amylee Pater

CITY AUDITOR

Lot 2051 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_

Division 10  
 Block 244  
119 1990

Invoice No. \_\_\_\_\_

Acct. No. 8-7836

W.O. 707.85

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 Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83003	
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>300.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37211

From: Lila Cross Address: 1050 Leland St, La Verde Date: 1-10 1989  
Howland Dollars (\$) 300.00  
 In \_\_\_\_\_ Payment of Emily M. Dancy's Interment

Lot 2851 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7836  
 BALANCE DUE 1007.25

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 Lila Cross

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	
	9022	
	60101	
	78390	
		\$ <u>300.00</u>

**AUDITOR**  
 JAN 13 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles Alvin Newman  
in a Double Crypt - Bottom Funeral, date, time Tues - 1-17- 2 PM  
Church, Chapel, Graveside Chapel 4 S.S.; Paradale Mortuary.

All Funeral cars must 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 I want separate extra 100.00

Lot 157 Grave BB Row \_\_\_\_\_ Section 4 Division/Block 6

Grave space & Care Fund For Double Crypt & flat marker 595.00

Additional spaces and care fund Top open -

Opening/Closing & Setup 320.00

Burial Container Double Crypt - 330.00

Handling Fees labor 320.00

Flower vases - Marker setting fee Not Included

Recording and filing fee 35.00

Sales taxes 23.10

Total Due 1623.10

Paid receipt number 37214 1623.10

Balance due 0

I hereby certify I am the Sister (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 Grave N. Billings  
Signature 2021-6th ave  
Address Los Angeles, Ca 90018  
State 733-1312 Zip Code  
Telephone

Work Order # E 7837  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37231

Date: 1-17, 1969

From: Anderson - Dardale Address: 5050 Tule & Blue

one hundred twenty-five Dollars (\$ 125.00)

In \_\_\_\_\_ Payment of Charles D. Anderson's Marker  
installation fee

Lot 157 Grave 3 Row \_\_\_\_\_ Section 4 Division Block 6

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7657

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-67)

3214

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Charles Dardale

CREDIT	87007	
20% Sales Tax	77184	CITY AUDITOR
50% Sales of Lots	100	
Opening/	100	
Closing	77181	JAN 23 1969
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	<u>125.00</u>
Misc. Fees	77183	
Pre-Need	69033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37214

Date: Jan 10 1989

From: Grace N. Bellinger Address: 2021-6th Ave #4 L.A. 90018

Sixteen hundred twentythree and 10/100 Dollars (\$ 1623.10)

In full Payment of Interment of Charles Alvin Newman - dec

through up to stone must pay \$100.00 additional

Lot 157 Grave B Row \_\_\_\_\_ Section 4 Division Block 63

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F 7837

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

ISSUED BY [Signature]

CREDIT	67007	119	00
20% Sales Tax	77184		
80% Sales of Lots	100	476	00
Opening/Closing	77181	320	00
Burial Containers	100	330	00
Handling Fee	77185	320	00
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	63030		
	9022		
Sales Tax	80101	23	10
	76390		
TOTAL PAID		\$ 1623	10

JAN 13 1989  
 AUDITOR

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7837

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Charles</b>	1B. MIDDLE <b>Alvin</b>	1C. LAST (FAMILY) <b>Newton</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>9-26-05</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-10-89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT <b>Grace Billings - Sister 2021 6th Avenue Los Angeles, California 90018</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 3050 Federal Blvd. San Diego, Calif.</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F 1329</b>		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—General Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED <b>1-11-89</b>
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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>		9A. AMOUNT OF FEE PAID <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 12 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
			9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, CA.</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY	
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA.</b>		11B. DATE INTERRED <b>1-17-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Steelzone Leaker 87 Bottom Double Creek</b>		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		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 <b>N/A</b>		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 <b>N/A</b>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Case # PA  
1065939

Date 1-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Blasquez age 12 - 2nd County in a None Vault/Line Funeral, date, time Thur - 1-12 - 1 P.M. Church, Chapel, Graveside Chapel + Witness; Erickson-Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No no set up!

Lot 163 Grave 9T Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund Top of grave - 55.00

Additional spaces and care fund \_\_\_\_\_ 90.00

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

Dictated by  
Mr. Jerome - PA  
1065939

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Vin Thomas + John

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 7838**

Invoice # 078719

Acct. # 000952

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7839

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>James</b>	1B. MIDDLE <b>Arnel</b>	1C. LAST (FAMILY) <b>Blancas III</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>May 27, 1976</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>January 7, 1989</b>	4. SEX <b>Male</b>
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5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE <b>Katherine Poellot (Mother)</b> <b>4382 Rosebud Lane</b> <b>La Mesa, CA 92041</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Eric Olson - Anderson Mortuary</b> <b>8390 Allison Ave., La Mesa, CA 92041</b>	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>F296</b>
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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 <i>John Anderson</i>	8B. DATE SIGNED <b>January 11, 1989</b>
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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 <b>\$ 4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 11 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records</b> <b>30 Ave 5222</b> <b>San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>St. Rose Cemetery</b> <b>3751 Belmont St.</b> <b>San Diego, CA</b>	11B. DATE INTERRED <b>163-9T-1-12</b> <b>1-1289</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Roger Stetter</i>
INTERMENT	12A. NAME AND ADDRESS OF CREMATORY <b>Flax Octagon - Orth General</b> <b>Plastic Handles -</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
CREMATION	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC USE	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
TRANSIT	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego ✓

Date 1-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Louise H. Mendeman

in a Vault Vault/Liner Funeral, date, time 1-13 - Fri - 1 P.M.

Church, Chapel, Graveside Chapel - 22 ; Conrad Room Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 569 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/~~Block~~ 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recordal holder of deed \_\_\_\_\_

Signature Via Phone Mr. Conrad

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7839

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7839

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>LOUIS</b>	1B. MIDDLE <b>HELMUTH</b>	1C. LAST (FAMILY) <b>MINDEMAN</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>2-11-1905</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-10-1989</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Santa Ana</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>Orange</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Duane L. Mindeman - Son 355 Calle Grande Orange, CA 92669</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Lemon Grove Mortuary 7367 Broadway - Lemon Grove, CA 92045</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F981</b>		
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 <i>[Signature]</i>		8B. DATE SIGNED <b>1-12-89</b>	

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 13 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	10. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <b>San Diego Co. Dept. of Health Services/Vital Records/P.O. Box 85222/San Diego, CA 92138-5222</b>			

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b> <i>569-1-8</i>	11B. DATE INTERRED <b>1-13-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b> <i>19th Steel Seal - Vault</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-11-89

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Hubert F. Bluteau

in a Crematorium Vault/Urns Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 1574 Grave - Row - Section 4 Division/Block B

Grave space & Care Fund Pre need D-5430 RD.

Additional spaces and care fund none

Opening/Closing & Setup Paid into trust 320<sup>00</sup>

Burial Container See Rec. 175<sup>00</sup>

Handling Fees See Rec. 170<sup>00</sup>

Flower vases - Marker setting fee Ne.

Recording and filing fee 35<sup>00</sup>

Sales taxes 12<sup>25</sup>

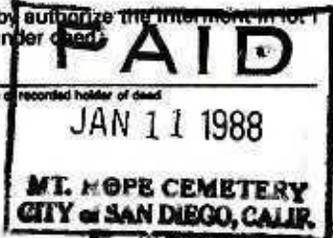
Total Due 712<sup>25</sup>

Paid receipt number 37219 712<sup>25</sup>

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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under dead.



Signature of recorded holder of dead

Hubert F. Bluteau

6379 Trojan Ave

S.D. 92115

Ca. Zip Code

582-1588 Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7840

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

*Trust*

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37219

Date: Jan 11 19 89

From: Herbert Bluteau Address: 5379 Trojan Ave - D. 92115

Seven Hundred Twelve and 25/100 Dollars (\$ 712.25)

In full Payment of Conate Vault - Opening & C. - Bur. Fee & Tax  
Pre-need Trust

Lot 1574 Grave      Row      Section      Division 10

Invoice No.     

Acct. No.     

W.O. E-7840

BALANCE DUE     

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

189

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

11

ISSUED BY Loeyu [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	69033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>712.25</u>

CITY AUDITOR  
 JAN 13 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James J. The Dermott

in a Ash Vault Funeral, date, time Feb 1/20 11:00

Church, Chapel, Graveside Witness ; Requiem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 900 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup increased \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees 0-8911 \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 31240 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 \_\_\_\_\_

James W. M. Dermott  
Signature

Address \_\_\_\_\_

State 426-9636 Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7841

PY-583 (REV. 8-85)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7841

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>James</b>	1B. MIDDLE <b>John</b>	1C. LAST (FAMILY) <b>McDermott</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>02-03-1900</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>01-12-89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>James W McDermott-son 121 Orange Ave Sp 33 Chula Vista, Ca 92011</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon, Ca</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-1352</b>		
ACKNOWLEDGMENT OF APPLICANT <small>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.</small>	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Janet Deiman</i>		8B. DATE SIGNED <b>1-13-89</b>		

* PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT 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.</small>	9A. AMOUNT OF FEE PAID <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 13 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Rumbach, M.D.</i>
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

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt Hope Cemetery 900-10 3751 Market St San Diego, Ca</b>	11B. DATE INTERRED <b>1-20-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Leneda Inc 14065 Hwy 8 Bus. El Cajon, Ca</b>	12B. DATE CREMATED <b>1/17/89</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a Center Head - Ash Vault</b>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE 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 SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 37240

Date: 1-20 . 19 89

From: Mr. Mc Dermott Address: \_\_\_\_\_

In thirty-five no 110 Dollars (\$ 35.00)  
 Payment of James Mc Dermott

Lot 900 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7841

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

2454093

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

*[Handwritten Signature]*

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	<u>35.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>35.00</u>

AUDITOR  
 JAN 28 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-12-89

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Alexander Dyachenko

in a Ball Boxes Vault/Liner Funeral date, time Fri 1/13 10:00

Church, Chapel, Graveside Church & Home, 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 24 Grave          Row 1 Section 3 Division/Block 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 7.00

Total Due 607.00

Paid receipt number 37263 607.00

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 7842

PT-593 (REV. 8-85)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 7842

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ALEXANDER</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>DYACHENKO</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>6-12-1955</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-12-89</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dmitry Dyachenko—Father 4314 Proctor Place San Diego, CA 92116</b>	
7A. TYPE, NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Conrad Lemon Grove Mortuary 7387 Broadway—Lemon Grove, CA 92045</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 941</b>		

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 <b>1-12-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 12 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>San Diego Co. Dept. of Health Services Vital Records/P.O. Box 85222 San Diego, CA 92138-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b> <i>24/1/3/2</i>	11B. DATE INTERRED <b>1-13-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37263

Date: 1-26, 1989

From: Conrad Westman Address: 7387 Paradise, Lemon Grove

six hundred seven no/100 Dollars \$ 607.00

In Payment of Alexander Dyachenko's Interment

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. 2-7842  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**FEB 06 1989**

ISSUED BY Conrad Westman

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	320	00
Burial Containers	100	100	00
Handling Fee	77185	145	00
Recording & Misc. Fees	100	35	00
Pre-Need Trust	63033		
Sales Tax	60101	7	00
	78390		
<b>TOTAL PAID</b>		\$	<b>607 00</b>

6839

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank A Small in a F.S. Vault Funeral, date, time Tues 1/19 10:00 Church, Chapel, Graveside Seaside 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 John

Lot 717 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 37226 712.25

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

E.F. Small  
Signature  
2774 Camino LARALA  
Address  
LA JOLLA, CA. 92037  
State Zip Code

Telephone \_\_\_\_\_

Work Order # E 7843

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7843

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>FLOYD</b>	1B. MIDDLE <b>A.</b>	1C. LAST (FAMILY) <b>SMALL</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>10-09-1889</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>01-11-1989</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kilar P. Small - son 2279 Caminito Cabala La Jolla, CA 92037</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Lewis Colonial/Benbough San Diego, CA 92104</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>7-488</b>		
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 <b>Malinda M. Stewart for LCB</b>		8B. DATE SIGNED <b>1-13-89</b>	

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b>	THIS PERMIT 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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 13 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Dorall E. Ramon, M.D.</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery - San Diego, CA 3751 Market St. 717-1-8</b>	11B. DATE INTERRED <b>1-17-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>n/a] Vault - Cloth covered Wooden State -</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 37226

From: Mr. O. Small Address: 2279 Caminito Cabala, SD Date: 1-13, 1989  
seven hundred twelve 25/100 Dollars (\$ 712.25)  
In Payment of Floyd Small's Interment

Lot 717 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-9843

BALANCE DUE \_\_\_\_\_

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.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>500.00</u>
Burial Containers	100	<u>125.00</u>
Handling Fee	77182	<u>35.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Trust	9022	
Sales Tax	60101	<u>12.25</u>
	78090	
TOTAL PAID	\$	<u>712.25</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-13-89

*Prepaid*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jeanette Branch

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 104 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 ..... 7.00

Total Due ..... 857.00

*sent ahead to  
Ragsdale  
c/o Clyde Robertson*

Paid receipt number 37229 857.00

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.

**PAID**  
I hereby authorize the interment in lot I hold under deed.  
**JAN 13 1988**  
Signature of recorded holder of deed \_\_\_\_\_  
**MT. HOPE CEMETERY**  
**CITY OF SAN DIEGO, CALIF.**

Signature 140 S. Gregory St

Address San Diego, CA 92113

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7844**

OFFICIAL RECEIPT

No 37229



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

Date: 1-13, 19 89

From: Clara Robertson Address: \_\_\_\_\_

credit reported fifty seven Dollars (\$) 857.00  
 In \_\_\_\_\_ Payment of Placed lot and trust for  
Jeanette Brown

Lot 104 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. B-7844  
 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 Andrew Wood

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
80% Sales of Lots	100	<u>200.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	60303	<u>107.00</u>
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>857.00</u> See

CITY AUDITOR  
 JAN 23 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego ✓

Date 1-16-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William Morgan

in a Bell Service Funeral, date, time Fri - 11 Am - 1-20

Church, Chapel, Graveside Church + St. Agadale; Agadale Mortuary.

All Funeral cars must 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 # I - quite OK.

Lot 101 Grave 10 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 7

Grave space & Care Fund Per need A-1892- \_\_\_\_\_

Additional spaces and care fund one sp. \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container Concrete Liner 100.00

Handling Fees Labor 145.00

Flower vases - Marker setting fee none \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 7.00

Total Due \_\_\_\_\_ 607.00

Paid receipt number 37236 607.00

Balance due 0

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Jennifer Chubris  
Signature  
125038 Montgomery Lane  
Address  
Menlo Park, Ca. 94026  
State Zip Code  
445-0839  
Telephone

Signature of recorded holder of deed

Called By Mr. Agadale

Work Order # **E 7845**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7845

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>WILLIAM</b>	1B. MIDDLE <b>C.</b>	1C. LAST (FAMILY) <b>MORGAN</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>08-27-98</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>01-14-89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>La Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jacqueline A. Perkins - Niece 25038 Manzanita Lane Descanso, CA 92016</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1329</b>		
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 <i>[Signature]</i>			8B. DATE SIGNED <b>01-17-89</b>	

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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 17 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P. O. Box 85222 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St.: San Diego, CA</b>	11B. DATE INTERRED <b>10-10-2-7</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A 209a. Steel Batesville Pale Hand Bell Lane - Navy Sqd.</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A See Lot Card for Pipeline</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37236

E 7845

Date: 1-18, 1989

From: Mr. Pecker's Address: 2206 69th Street N, San Diego

Six hundred seven and 10/100 Dollars (\$ 607.00)

In Payment of William Nagas's Interment

Lot 101 Grave 10 Row \_\_\_\_\_ Section 2 Division 7 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 7845

BALANCE DUE 607.00

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 Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	320.00
Burial Containers	100	101.00
Handling Fee	77186	145.00
Recording & Misc. Fees	100	35.00
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	7.00
	78390	
TOTAL PAID	\$	607.00

CITY AUDITOR

JAN 23 1989

1644  
 320  
 107.00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 37566



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

From: Jacqueline Pechin Address: 25038 Margarita Dr  
San Diego thirty-five Date: 3-29, 1989  
In \_\_\_\_\_ Payment of Margarita Monument installation Dollars (\$ 135.00)

Lot 101 Grave 10 Row \_\_\_\_\_ Section 2 Division Block 7

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-7845  
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 05 1989

ISSUED BY Josha Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	135 00
Sales Tax	63033	
	9022	
TOTAL PAID	60101	135 00
	78390	

1069

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego



Date 1-16-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Silvio Coscia 

in a Courts Vault/Liner Funeral, date, time 1-31/10AM / Tues

Church, Chapel, Graveside Graveside ; Family free care Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 507 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/Block 8

Grave space & Care Fund B-1230- \_\_\_\_\_

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 \_\_\_\_\_ 2.80

Total Due 242.80

Paid receipt number 39270 242.80

Balance due 0

*Payable 1-31-89*  
*no chain - New P. 8/11/89*  
*Obituary Family*

I hereby certify I am the Son in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

*Via Brown*  
*Richard H. Clayton*  
Signatures of recorded holder of deed

*Richard H. Clayton*  
Signature  
2752 B 1/2 Rd  
Address  
Cal.  
State  
81503  
Zip Code  
619-303-245-9380  
Telephone

Work Order # E 7846  
PY-589 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E 7846

Date January 15, 1989

This Package Contains the cremated remains of

Mr. Silvio Coscia

Who Died January 15, 1989 @ Grand Junction, Colo.  
and whose body was cremated on the above first  
mentioned date at

*Callahan-Edfast Mortuary*

1250 East Sherwood Drive

PO Box 546 • Grand Junction, CO 81502-0546 • (303) 243-2450



**COLORADO DEPARTMENT OF HEALTH  
AUTHORITY FOR FINAL DISPOSITION**

E 7845

This final disposition permit, when completely filled out and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with Section 25-2-111 C.R.S. 1982. This permit must accompany the remains to their destination.

Name of Decedent Silbio Coscia Date of Death Jan. 15, 1989

Sex Male Age 66 Date of birth Oct. 7, 1922 Place of Death Grand Jct. Mesa  
City County

Name of Funeral Establishment Callahan-Edfast Mortuary PK

Address of Funeral Establishment Box 546

Type of Disposition Cremation Place Callahan-Edfast Crematory Grand Jct Co  
Cemetery or Crematory City State

I have examined the completed death certificate for the decedent named above and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to Section 25-2-103 C.R.S. 1982 in the county where the death occurred, or if such an office does not exist in the county where the death occurred by the coroner or the coroner's designate.)

Jane Curtis Deputy 575 Patterson Jan. 17, 1989  
Signature, Title Address Date

Items below are to be completed by the cemetery or crematory official.

Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

Body was Cremated Date 1-15-89 In Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_

Place Callahan - Edfast Crematory

Hary Blackburn - Associate Jan 17, 1989  
Signature Title Date

OFFICIAL RECEIPT

No 37270



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

Date: 1-31, 1989

From: Richard Clifton Address: 2752 B 1/2 Rd, Columbia

two hundred forty-two and 80/100 Dollars (\$ 242.80)

In Payment of Richard Clifton's Cemetery

Lot 507 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-2646

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0112

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales	100	
of Lots	77184	
Opening	100	<u>105.00</u>
Closing	77181	
Burial	100	<u>40.00</u>
Containers	100	
Handling	100	<u>60.00</u>
Recording	77185	
Misc. Fees	100	<u>35.00</u>
Pre-Need	80003	
Trust	8022	
Sales Tax	80101	<u>2.80</u>
	76390	
TOTAL PAID	\$	<u>242.80</u>

RECEIVED  
FEB 17 1989  
AUDITOR

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan 16, 1989

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Manuela S. Romero in a Vault Funeral, date, time Thurs - 1/19 / 10 AM Church, Chapel, Graveside Chapel # 48; 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

✓ Lot 15 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 7

Grave space & Care Fund	<u>11703-</u>	<u>—</u>
Additional spaces and care fund	<u>none</u>	<u>—</u>
Opening/Closing & Setup		<u>320<sup>00</sup></u>
Burial Container	<u>Concrete Vault</u>	<u>175<sup>00</sup></u>
Handling Fees	<u>labor</u>	<u>170<sup>00</sup></u>
Flower vases - Marker setting fee	<u>none</u>	<u>—</u>
Recording and filing fee		<u>35<sup>00</sup></u>
Sales taxes		<u>12<sup>25</sup></u>
<u>open back gate</u>	<u>note</u>	Total Due <u>712.25</u>
<u>30 days</u>		Paid receipt number <u>2/13/89</u> <u>712.25</u>
		Balance due <u>0</u>

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 \_\_\_\_\_

Priscilla Montoya  
Signature  
3356 Towson, Ct  
Address  
San Diego Ca, 92123  
City  
583-3565-277-1272  
Telephone  
Zip Code

Work Order # E 7847  
PY-593 (REV. 8-88)

Invoice # 078715  
Acct. # 028876

## NOTE

W.O. # 8-7842\$ 712.25 San Diego, California1-17 19 89

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 twelve 25/100 DOLLARS with interest from 2-17-89 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 ERNEST PRECIADO SIGNATUREErnest PreciadoADDRESS 3600 21ST ST #105 SAN FRANCISCO, CALIF.CALIF. DRIVERS LIC. # F0939560

94114

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7847

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Marcos</b>	1B. MIDDLE <b>S.</b>	1C. LAST (FAMILY) <b>Romero</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Dec. 24, 1905</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 16, 1989</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Juan D. Pruciano - Son 6033 Thorn Street San Diego, CA. 92115</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Cypress View/Bonham Brothers - San Diego, CA. 3933 Imperial Ave.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>679</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>1-16-89</b>
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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.	8A. AMOUNT OF FEE PAID <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 17 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>San Diego County - Vital Records P.O. Box 83222, San Diego, CA. 92138</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT <b>N/A</b>	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>St. Hope Cemetery 3751 Market Street, San Diego, CA. 92102</b>	11B. DATE INTERRED <b>Jan. 19, 1989</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 FROM ISSUE DATE.

REPORT NO. C63-102

PAID INVOICE REPORT BY DEPARTMENT  
AS OF 02/22/89

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
078715	01/30/89	028876	ERNEST PRECIADO						02/13/89	CK	2063	712.25	712.25	0.00
				100	072		77181		000072			320.00	<u>712.25</u> PAID IN FULL	
				100	072		77182		000072			175.00		
				100	072		77183		000072			35.00		
				100	072		77185		000072			170.00		
				60101			78390					12.25		
NUMBER OF INVOICES PAID					1									
TOTAL AMOUNT PAID					712.25									

*[Handwritten signature]*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego ✓

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John P. Kelley

in a Bellini Funeral, date, time Thur - 1/19 - 11 Am

Church, Chapel, Graveside Graveside; Feathergill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 67 Grave 1 Row \_\_\_\_\_ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre need - D-9525 \_\_\_\_\_

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 37235 35.00

Balance due 0

need P.B.

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. From Mom Ed. OK - Dad, Parla Hutter

Signature of recorded holder of dead \_\_\_\_\_

Signature 14720 NW 3rd Ave

Address Miami FL 33168

State \_\_\_\_\_ Zip Code 681-0650

Telephone \_\_\_\_\_

Work Order # E 7848

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7848

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOHN</b>	1B. MIDDLE <b>PERSHING</b>	1C. LAST (FAMILY) <b>KELLEY</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>10/15/18</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1/15/89</b>	4. SEX <b>M</b>
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5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Doris Hutter-dog 14720 NW 3rd Ave. Miami, FL 33168</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary</b>	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>1083</b>
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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 <i>Edward Feathers</i>	8B. DATE SIGNED <b>1-18-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 19 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D. mm</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>PO Box 85222 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>67-1-3-12 Mt. Hope 3751 Market St San Diego, CA</b>	11B. DATE INTERRED <b>1-19-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CREMATORY <b>n/a Belshire - Octagon - Woodley</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>n/a</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37235

Date: 1-18 1989

From: Darla Stutter Address: 14720 NW 3rd, Miami, FL

thirty-five no/100 Dollars (\$ 35.00 )

In Payment of Jane Kelley's Headstone

Lot 67 Grave 1 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-2898

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	8022	
	60101	
	78300	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR

JAN 23 1989

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego ✓

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William W. Harrison

in a Conute Vault Funeral date, time Thurs - 1 P.M. - 1/19

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 261 Grave 5 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund Single Burial 495<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Conute 175<sup>00</sup>

Handling Fees labor 170<sup>00</sup>

Flower vases - Marker - setting fee —

Recording and filing fees 25<sup>00</sup>

Sales taxes 12<sup>25</sup>

Total Due 1207.25

Paid receipt number 37230 1207.21

Balance due 0

**PAID**  
JAN 17 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.

Doris Harrison Webster  
Signature  
6586 MACARTHUR DR.  
Address  
LEMONGRAVE CA 92045  
State  
(619) 583-0921  
Telephone Zip Code

Signature of recorded holder of deed

Work Order # E 7849  
PT-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7849

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>William</b>	1B. MIDDLE <b>Warner</b>	1C. LAST (FAMILY) <b>Harrison</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>8-26-1891</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-14-89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Bessie Harrison - Webster-Dt 6580 MacArthur Drive Lemon Grove, California 92045</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F - 1329</b>		

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 <i>Anderson-Ragsdale Mortuary</i>	8B. DATE SIGNED <b>1-19-89</b>
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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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 19 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D., M.M.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, CA. 92138</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego, California 261-5-2-12</b>	11B. DATE INTERRED <b>1-19-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Vault Steel non Sealer</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

No 37230

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: Jan 17 1989

From: Clarence Milton Address: El Centro Ca 92243

Twelve hundred seven and 25/100 Dollars (\$ 1207.25)

In full Payment of Interment of and for William W. Harrison - dec

Lot 261 Grave 5 Row — Section 2 Division 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-7849  
BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR  
JAN 23 1989

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184	99	00
80% Sales of Lots	100	996	00
396	77164		
Opening/Closing	100	320	00
77181			
Burial Containers	100	175	00
77182			
Handling Fee	100	170	00
77185			
Recording & Misc. Fees	100	35	00
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	12	25
78390			
TOTAL PAID		\$	1207.25

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dr. Adeline J. Brown  
in a Bell Case Vault/Liner Funeral date, time Thurs 1/19 10:00

Church, Chapel, Graveside Imperial; 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 3029 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund .....	<u>100.00</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>64.00</u>
Burial Container .....	<u>49.00</u>
Handling Fees .....	<u>50.00</u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>3.60</u>
<b>Total Due</b> .....	<b><u>299.00</u></b>
<b>Paid receipt number</b> <u>37237</u>	<b><u>299.00</u></b>
<b>Balance due</b> .....	<u>0</u>

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 \_\_\_\_\_

Kenny R. Brown  
Signature  
1737 Bay View Hrs Dr. #43  
Address  
S.D. CA. 92105  
State Zip Code  
263-4837  
Telephone

Work Order # **E 7850**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7850

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DeAdrienne</b>	1B. MIDDLE <b>Jacquez</b>	1C. LAST (FAMILY) <b>Brown</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>10-7-88</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-13-89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Henry Ranier Brown - Father 1737 Bayview Hts. Drive #43 San Diego, California 92105</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1329</b>		

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 <i>Herbert W. Ragsdale</i>	8B. DATE SIGNED <b>1-17-89</b>
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<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b> THIS PERMIT 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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 18 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald S. Ramos, M.D. D.B.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, Calif 92138</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego, California</b>	11B. DATE INTERRED <b>1-19-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Georgina</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>3-0-Whitehall St Ina OX Liner</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

No 37232



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

Date: 1-17 1989

From: Capitola Estate Address: 5050 Federal Blvd. SD

Two hundred nint-nine and 00/100 Dollars (\$ 299.00)

In Payment of No. Advance f. Brown's Interment

Lot 3029 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9 Block 9

Invoice No \_\_\_\_\_  
Acct. No \_\_\_\_\_  
W.O. 2-7850  
BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	20	00
20% Sales Com	77184		
80% Sales	100	80	00
of Lots	77184		
Opening/ Closing	100	64	80
Burial	100	47	00
Cemetery	77182		
Handling Fee	100	30	80
Recording & Misc. Fees	100	35	00
Pre-Need Trust	63033		
Sales Tax	9022	3	00
	80101		
	78300		
TOTAL PAID		219	00

3245

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stephen McKenzie

in a \_\_\_\_\_ Vault/Line Funeral, date, time Wed 1/18 11:00

Church, Chapel, Graveside Nitross; None Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 114 Grave 8 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 \_\_\_\_\_

*P.A. - 10 66080*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

*Hal Lewis  
at Board Hill*

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7851**

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7851

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Stephen</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>McKenzie</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 29, 46</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 10, 89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>Encinitas</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Public Administration 5201-A Ruffin Road San Diego, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Av. San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>1424</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>Jan. 17, 1989</b>
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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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 17 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records, 3851 Miramar San Diego, CA 92101</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

PA

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 114-8B-1-12 3751 Market ST. San Diego, CA</b>	11B. DATE INTERRED <b>1-18-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A - no home - Pater Board Fletcher 4-Sunny Bay Health</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elvira Butler  
in a T.S. Vault Funeral, date, time Thurs 1/19 10:00

Church, Chapel, Graveside Graveside; Corsad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran will use Market

Lot 119 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 300.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 300.00

Burial Container ..... 15.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee ..... 35.00

Recording and filing fee ..... 12.25

Sales taxes ..... 102.25

Total Due ..... 102.25

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the ELDEST 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 \_\_\_\_\_

Paul S. Butler  
Signature  
470 S. 48. St.  
Address  
PHX, ARIZONA  
City  
85034 Zip Code

Telephone 602-267-0909

Invoice # 078713

Acct # 028874

Work Order # E 7852  
PY-593 (REV. 8-86)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7852

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ELVIRA</b>	1B. MIDDLE <b>VERONICA</b>	1C. LAST (FAMILY) <b>BUTLER</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>12-11-1911</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-15-1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Pre-need</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Conrad Lamon Groves Mortuary 7387 Broadway - Lamon Grove, CA 92045</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 941</b>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 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 <b>1-16-1989</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 18 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>San Diego Co. Dept. of Health Services Vital Records/P.O. Box 85222 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b>	11B. DATE INTERRED <b>119-10-2-11</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Oitoyan - Woody T.S. Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

W.O. # E-7852

NOTE

\$ 1012.25 San Diego, California

1-17 19 89

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 twelve 25/100 — DOLLARS with interest from 3-19-89 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 JAC R C BUTLER SIGNATURE Jac R C Butler

ADDRESS 420 S. 48th T. PHOENIX, ARIZONA 85034

CALIF. DRIVERS LIC. # SS # 546-62-7034

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Hale

in a Flag Vault Crypt Vault/Line Funeral date, time Fri 1/20 2:00  
Church, Chapel, Graveside Church & Home Paradale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ 3669 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 355.00

Paid receipt number 37239 355.00

Balance due 0

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Jimmy Cortez

Address 5251 Logan ave

San Diego Ca 92114

State \_\_\_\_\_ Zip Code

Telephone 619-262-9762

Work Order # E 7853

PT-583 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7853

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

**FOUND**

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>James</b>	1B. MIDDLE <b>=</b>	1C. LAST (FAMILY) <b>Hale</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>3/6/13</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1/12/89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Winnie Coutee - Sister 3856 Logan Ave. San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort. San Diego, CA 5050 Federal Blvd.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1329</b>		

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 <i>Harold W. Ragsdale</i>	8B. DATE SIGNED <b>01/17/89</b>
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<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b> THIS PERMIT 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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 17 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donall E. Roman, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P. O. Box 85222 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
--	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St.: San Diego, CA</b>	11B. DATE INTERRED <b>1-20-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>George Stettin</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Roga Steelcraft Suffer - Sealy on top of D.C. -</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Dona &amp; Staff at Laveille</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A "He Was our Special Friend"</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37239

Date: 1-20, 19 89

From: Janice C. Lopez Address: 5251 Jason Ave, San Diego

Three hundred fifty-five Dollars (\$ 355.00)

In Payment of Janice C. Lopez's Statement

AUDITOR  
 JAN 29 1989

Lot 2669 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7853

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1321

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
2% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	100	<u>320.00</u>
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	<u>85.00</u>
Pre-Need Trust	77183	
Sales Tax	65033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>355.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irma Springstead in a Best Vault Vault/Liner Funeral, date, time no service Church, Chapel, Graveside Delivery Only Room 1123 Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 19 Grave 46 Row \_\_\_\_\_ Section MPS Division/Block N

Grave space & Care Fund .....	_____
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>105.00</u>
Burial Container .....	<u>40.00</u>
Handling Fees .....	<u>60.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>2.80</u>
Total Due .....	<u>242.80</u>
Paid receipt number <u>37241</u>	<u>242.80</u>
Balance due	<u>0</u>

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Susan Springstead  
Signature  
326 San Antonio Ave  
Address  
San Diego, CA 92106  
State Zip Code  
23-1337  
Telephone

Work Order # E 7854  
PY-883 (REV. 8-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF HEALTH AND WELFARE



COOPERATIVE CENTER FOR  
HEALTH STATISTICS - VITAL  
STATISTICS

450 W. STATE ST.  
BOISE, IDAHO 83720

E7854

CERTIFICATE OF DEATH

DATE FILED: DECEMBER 19, 1988 STATE FILE NUMBER: 88-06907

DECEDENT: IRMA FRANCES SPRINGSTEAD

DATE OF DEATH: DEC. 07, 1988 PLACE OF DEATH: HARRISON, IDAHO

DATE OF BIRTH: JAN. 22, 1897 PLACE OF BIRTH: OREGON

AGE: 91 YEARS SEX: FEMALE CITIZENSHIP: UNITED STATES VETERAN? NO

MARITAL STATUS: WIDOWED SURVIVING SPOUSE:

SOCIAL SECURITY NUMBER: 518-82-4280 RESIDENCE: HARRISON, IDAHO

FATHER: DANIEL HELBOK

MOTHER: ANNIE HART

MORTUARY: YATES FUNERAL HOME COEUR D'ALENE, ID

CERTIFIER: ROBERT WEST, MD, CORONER AUTOPSY: YES

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST: INTERVAL  
MASSIVE CRANIO CEREBRAL DISRUPTION IMMEDIATE  
GUNSHOT WOUNDS TO HEAD IMMEDIATE

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

CARDIAC PACEMAKER

TYPE OF INJURY: HOMICIDE DATE OF INJURY: DECEMBER 07, 1988

HOUR OF INJURY: 04:00 A.M. (APPROXIMATELY) INJURY AT WORK? NO

HOW INJURY OCCURRED: RECD 2 CLOSE RANGE SMALL CAL.GSW TO HEAD

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: U.S.97,MP78-77 CARLIN BAY COEUR D'ALENE IDAHO

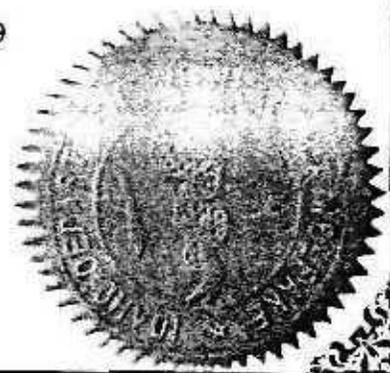
DATE ISSUED: JANUARY 03, 1989

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Idaho Department of Health & Welfare, Boise, Idaho.

*See Siggs, R.N.*

BEE BIGGS, R.N. State Registrar

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF IDAHO  
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.  
Section 39-273, Idaho Code



142872

HW40139

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

№ 37241

Date: 1-20, 19 89

From: Irma Springstead Address: 326 San Antonio Ave, SD

Two hundred forty-two 80/100 Dollars (\$ 242.80)

In \_\_\_\_\_ Payment of Irma Springstead's money

Lot 19 Grave 46 Row \_\_\_\_\_ Section MAS Division Block 19

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. E-7854  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1630

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Irma Reed

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	105.00
Burial Containers	100	40.00
Handling Fee	77185	60.00
Recording & Misc. Fees	100	35.00
Pre-Need Trust	83033	
	8022	
Sales Tax	80101	2.80
	78390	
TOTAL PAID	\$	242.80

AUDITOR

1989

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Angela Constance Guili Compagna  
~~Burial~~ ash vault Funeral, date, time A.Y.P. 1/26

Church, Chapel, Graveside none; Beady 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

under marker on Rite Side

Lot 5 Grave 1 Row 5 Section 5 Division/Block 5

Grave space & Care Fund In space of Mother A-5315 0

Additional spaces and care fund Room for Mr. Robert Compagna

Opening/Closing & Setup 105<sup>00</sup>

Burial Container 40<sup>00</sup>

Handling Fees 60<sup>00</sup>

Flower vases (Marker setting fee for 12 X 30 X 3 - 125<sup>00</sup>

Recording and filing fee 35<sup>00</sup>

Sales taxes 2.80

Total Due 367.80

Paid receipt number 37252 367.80

Balance due 0

B.M. Invoice  
called 1/24  
Robert OK

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.

Robert P. Compagna  
 Signature  
4774 Bermuda Ave.  
 Address  
San Diego, Ca. 92107  
 State  
223-0157 Zip Code  
 Telephone

Signature of recorded holder of deed

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7855**  
 PY-593 (REV. 6-86)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7855

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>IRMA AKA: IRMA</b>	1B. MIDDLE <b>CONSTANCE CONSTANCE</b>	1C. LAST (FAMILY) <b>COMPAGNA COMPAGNA</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>NOV 21, 1920</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>JAN 18, 1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROBERT P. COMPAGNA, HUSBAND 4776 BERBERA AVENUE SAN DIEGO, CA 92107</b>	
7A. TYPE, NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EMERSON-INTERNATIONAL FUNERAL HOME, 1215 SORLEY CLIFFS BLVD, SAN DIEGO, CA 92107</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>F-816</b>		
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 <i>[Signature]</i>	
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 <b>34.00</b>	9B. DATE PERMIT ISSUED <b>JAN 20 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. BOX 92222, SAN DIEGO, CA 92138-9222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

**TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE**

- |  |   |
|--|---|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                             |
| <input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)                  |
| <input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY         |
| <input type="checkbox"/> D. SCIENTIFIC USE                                       | <input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |

- |   |
|---|
| <input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)                                       |

**FOR CORONER'S USE ONLY**

- |   |
|---|
| <input type="checkbox"/> K. DISPOSITION PENDING |
|---|

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>HT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b> <i>5-1-5-5</i>	11B. DATE INTERRED <i>1-26-89</i>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>GREENWOOD CREMATORY, 1-805 &amp; IMPERIAL AVENUE, SAN DIEGO, CA</b> <i>5-1-5-5</i>	12B. DATE CREMATED <b>JAN 20 1989</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>P.I.P. Nice Copper Mine Under Mackerson Left (East)</i>	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	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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**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 FROM ISSUE DATE.**

OFFICIAL RECEIPT

No 37252



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

Date: 1-24 1989

From: Leschley Mitchell Address: 1818 Sunset Cliff Blvd SD

Three hundred sixty seven and 80/100 Dollars (\$ 367.80)

In Payment of Angela Campagna's Monument

Lot: 5 Grave: 1 Row: 1 Section: 5 Division Block: 5

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-7655  
BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

4

ISSUED BY: Andrea Wood

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	105 00
Burial Containers	100	40 00
	77182	60 00
Handling Fee	100	
Recording & Misc. Fees	77183	160 00
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	2 80
	76390	
TOTAL PAID	\$	367 80

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

85-82

PROPERTY AUDITOR

JAN 29 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen J. Steele  
in a Top Seal Vault Funeral date, time Mon 1/23 1:00  
Church, Chapel, Graveside Church of the Holy Cross Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 578 Grave Top of Dip Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 18

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 300.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 2/23/88 712.25

Balance due 0

30 day notes

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 Wayne E. Steele  
Address 944 Daisy St.  
Escondido CA 92027  
City State Zip Code  
Telephone (619) 745-8248

Work Order # E 7856

Invoice # 078714  
Acct. # 028875

W.O. # E-7856

NOTE

\$ 712.25 San Diego, California

1-20 19 89

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 twelve 25/100 DOLLARS with interest from 3/23/89 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 WAYNE E. STEELE SIGNATURE Wayne E. Steele

ADDRESS 944 Paisy St. Escondido CA 92027

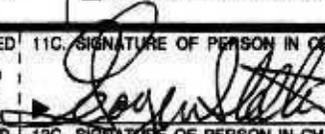
CALIF. DRIVERS LIC. # K 6281326

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7856

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>HELEN</b> AKA <b>HELEN</b>	1B. MIDDLE <b>ELIZABETH</b> <b>JOHNSON</b>	1C. LAST (FAMILY) <b>STEELE</b> <b>STEELE</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>3-9-1911</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-19-1989</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>La Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Wayne E. Steele - Son</b> <b>944 Daisy Street</b> <b>Escondido, CA 92027</b>		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Central Lamon Grove Mortuary</b> <b>7387 Broadway - Lamon Grove, CA 92045</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>7941</b>			
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 <b>1-20-1989</b>
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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 23 1989</b>	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 <b>San Diego Co. Dept. of Health Services</b> <b>Vital Records / P.O. Box 83222</b> <b>San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT				
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)		
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)		
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY		
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY				<input type="checkbox"/> K. DISPOSITION PENDING
INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery</b> <b>3751 Market Street</b> <b>San Diego, CA 92102</b>	11B. DATE INTERRED <b>378T-10</b> <b>1-23-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 			
CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b> <b>Costwood Oetgen</b> <b>Wooden - T. J. Kelly</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY			
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <b>DIP</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

COMPLETE ALL APPLICABLE ITEMS

**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.**

CITY OF SAN DIEGO  
 AUDITOR & COMPTROLLER  
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 03/01/89

DATE: 03/01/89  
 TIME: 011001  
 PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/D	PAYM CATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
078714	01/30/89	028875	WAYNE E. STEELE				02/23/89	CK	4182	712.25	712.25	0.00
			100 072		77181	000072				320.00		
			100 072		77182	000072				175.00		
			100 072		77183	000072				35.00		
			100 072		77185	000072				170.00		
			60101		78390					12.25		

*E-7856*

*JK*

NUMBER OF INVOICES PAID 1  
 TOTAL AMOUNT PAID 712.25

PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Frank Faynam  
in a T. S. Vault Funeral date, time Jan 1/24 11:30

Church, Chapel, Graveside Chapel of Hope, 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 Impaired State

Lot 16 Grave 11 Row      Section 2 Division/Block 12

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 125.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 12.25

Total Due ..... 712.25

Paid receipt number 37246 712.25

Balance due 0

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Carole R. Van Pelt  
Signature  
9410 1/2 San Carlos St.  
Address  
Spring Valley Ca 92077  
State Zip Code  
475-6704  
Telephone

Work Order # E 7857  
PY-583 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7857

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Frank</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Farran</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Oct. 29, 1907</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 20, 1989</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Spring Valley</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marshall Van Pelt - Son-In-Law 9410 San Carlos Street Spring Valley, CA. 92077</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Cypress View/Bonham Brothers 3933 Imperial Ave. San Diego, CA.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>670</b>		
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 <i>W. L. Hughes</i>		8B. DATE SIGNED <b>1/24/89</b>

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 24 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Cannon, M.D., C.P.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>San Diego County - Vital Records P.O. Box 85222, San Diego, CA. 92138</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT. <b>N/A</b>		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY.	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street, San Diego, CA. 92108</b>	11B. DATE INTERRED <b>1-24-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Lois Stettin</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A 16-11-2-12 Columbus Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Steel 20 gr Baisvall Dealer</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37246

From: Margaret Van Relt Address: 9410 San Carlos St La Jolla  
Spice Meadows twelve 55100 Dollars (\$ 712.25)  
 In \_\_\_\_\_ Payment of Funeral Home's interment

Date: 1-20, 1989

Lot 16 Grave 11 Row \_\_\_\_\_ Section 2 Division CITY 2 Block AUDITOR

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-7857  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE

ISSUED BY Judith Wood

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77182	<u>170.00</u>
Recording & Misc. Fees	100	<u>25.00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>12.25</u>
	78390	
TOTAL PAID	\$	<u>712.25</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ole Larson

in a cash vault Funeral, date, time Thurs 1/26 2:00

Church, Chapel, Graveside Utterson; 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 4481 Grave — Row — Section — Division/Block 10

Grave space & Care Fund C-8276

Additional spaces and care fund none

Opening/Closing & Setup 105<sup>00</sup>

Burial Container material 40<sup>00</sup>

Handling Fees labor 60<sup>00</sup>

Flower vases - Marker setting fee —

Recording and filing fee 35<sup>00</sup>

Sales taxes 2.80

Total Due 242.80

Paid receipt number 37257 242.80

Balance due 0

30 day note  
O.K.

I hereby certify I am the next of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Celia Millburn  
 Signature 2247 Greenfield Dr.  
 Address El Cajon Ca 92019  
 Phone 579-7910 Zip Code

Signature of recorded holder of deed

Angie M. Jaden is the  
sister of Ole Larson.

Work Order # E 7858

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7858

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>OLE</b>	1B. MIDDLE <b>MURPHY</b>	1C. LAST (FAMILY) <b>LARSEN</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>9-10-12</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-21-89</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CELA WILLIAMS-WINE 2247 GERRARD DRIVE E. OAK, CA 92019</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>F. J. &amp; L. J. JAMES 1-205 GERRARD AVENUE SAN DIEGO, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>243</b>		
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 <i>[Signature]</i>		8B. DATE SIGNED <b>1-24-89</b>	
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 <b>4.00</b>		9B. DATE PERMIT ISSUED <b>JAN 25 1989</b>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. BOX 63222 SAN DIEGO, CA 92138-5222</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>751 1/2 ST. STREET SAN DIEGO, CA</b>	11B. DATE INTERRED <b>4481-10 1-26-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>1-205 GERRARD AVENUE SAN DIEGO, CA</b>	12B. DATE CREMATED <b>JAN 8 5 1989</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	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	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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 FROM ISSUE DATE.

OFFICIAL RECEIPT

No 37251



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 1-23 1989

From: Celia Melburn Address: 2247 Sunfield Dr, San Diego  
Two hundred forty-two, 20/100 Dollars (\$ 242.00)  
 In Payment of the City's Government

Lot 4981 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block AND 29

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-17656  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>105.00</u>
Burial Containers	100	<u>40.00</u>
	77182	<u>60.00</u>
Handling Fee	100	<u>35.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>2.80</u>
	78390	
TOTAL PAID	\$	<u>242.80</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
2891

CITY AUDITOR  
 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-23

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Susietta May Bradley

in a Oak Vault Funeral, date, time Wed 1/25 11:00

Church, Chapel, Graveside Chapel of St. Luke, 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 47 Grave 2 Row \_\_\_\_\_ Section 15 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container Concrete Round Vault \_\_\_\_\_ 40.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 2.80

Total Due 242.80

Paid receipt number 37254 242.80

Balance due 0

**BROTHER**

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery 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 deed \_\_\_\_\_

AUSTIN N. COFFEY  
Signature  
3260 SAN CARLOS DR  
Address  
SPRING VALLEY, CA  
City  
660-2095 92078  
Telephone Zip Code

Work Order # **E 7859**

PY-583 (REV. 8-88)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7859

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>AKA Santa Soletta</b>	1B. MIDDLE <b>Ray</b>	1C. LAST (FAMILY) <b>Bradley</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 1, 1928</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 18, 1989</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Hilbert V. Coffey - Brother 178 Lee Alamos Drive San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Jugoslav Hart, 5088 Federal Blvd. San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1129</b>		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the 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.</small>		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED <b>Jan. 23, 1989</b>	

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 23 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P. O. Box 85222 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Country San Diego, CA</b>	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Lanada Inc. 14005 Old Highway 80: El Cajon, CA</b>	12B. DATE CREMATED <b>1/24/89</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Copperline &amp; Belle in Found Vault - Home - Down - where</b>	13B. DATE RECEIVED <b>1/25/89</b>	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 <b>N/A Family Request all together</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 FROM ISSUE DATE.

OFFICIAL RECEIPT

No 37254

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 1-24, 19 89

From: Master Coffee Address: 3260 San Carlos Dr, San Valley

two hundred forty-two and 00/100 Dollars (\$ 242.00)  
In Payment of Master Coffee's Insurance

Lot 47 Grave 2 Row \_\_\_\_\_ Section 15 Division Block 17

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-1759  
BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY Andie Wood

CREDIT	87007	
20% Sales Tax	77194	
80% Sales of Lots	100	
Opening/Closing	77194	105.00
Burial Containers	100	40.00
Handling Fee	77182	60.00
Recording & Misc. Fees	100	25.00
Pre-Need Trust	77165	
Sales Tax	83033	2.00
	9022	
	80101	
	79380	
TOTAL PAID	\$	242.00

JAN 29 1989 CITY AUDITOR

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ralph Eugene Smith

in a T.S. Vault Vault/Urner Funeral, date, time Jan 11/28 10:00

Church, Chapel, Graveside Chapel 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 no.

Lot 211 Grave 3 Row - Section 2 Division/Block 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund no .....

Opening/Closing & Setup ..... 320.00

Burial Container T.S. Vault ..... 175.00

Handling Fees labor ..... 170.00

Flower vases - Marker setting fee Saturday Service ..... 380.00

Recording and filing fee ..... 25.00

Sales taxes ..... 12.25

Total Due ..... 1587.25

Paid receipt number 27247 ..... 500.00

Balance due 3/31/89 ..... 1087.25

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.

Brenda Smith  
Signature  
1635 Mary Lou St  
Address  
Calif 92102  
State Zip Code  
284-1867  
Telephone

Signature of record holder of deed

Work Order # E 7860  
PY-583 (REV. 8-88)

Invoice # 081869  
Acct. # 029606

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7860

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Ralph</b>	1B. MIDDLE <b>Eugene</b>	1C. LAST (FAMILY) <b>Smith</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>1-31-47</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-22-89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>La Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lindsey Smith, Jr. - Father 1635 Mary Lou Street San Diego, California 92102</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1329</b>		

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 <i>Walter W. Ragsdale</i>	8B. DATE SIGNED <b>1-23-89</b>
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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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 24 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, Calif.</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>211-3-2-12 Mt. Hope Cemetery 3751 Market St. San Diego, California</b>	11B. DATE INTERRED <b>Jan 28-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Metal-iron sealed T. &amp; Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37247

Date: 1-23, 19 89

From: Brenda Smith Address: 1633 Mary Lou St, SA

Five hundred and no/100 Dollars (\$ 500.00)

In Payment of Ralph Eugene Smith's Interment

Lot 211 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7860

BALANCE DUE 1087.25

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

0161

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	60033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>500 00</u>

99 00 396 00  
 CITY AUDITOR  
 JAN 23 1989

081869 03/22/89 029606

*E-7860*

67007	BRENDA G. SMITH
100	072
100	072
100	072
100	072
60101	

77184

77181	000072	03/31/89 CK	106
77182	000072		
77183	000072		
77185	000072		
78390			

60.00

1,087.25
315.00
175.00
415.00
170.00
12.25

1,087.25

PAID IN FULL 0.00

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego ✓

Date 1-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Francisca T. Emnaae

in a Double Crypt Vault/Urner Funeral, date, time Wed-2PM-11AS

Church, Chapel, Graveside Shanewise 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 1384 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Double Crypt - on Bottom 595<sup>00</sup>

Additional spaces and care fund Top of Crypt —

Opening/Closing & Setup — x 30<sup>00</sup>

Burial Container Double Crypt 330<sup>00</sup>

Handling Fees Labor 320<sup>00</sup>

Flower vases Market setting fee —

Recording and filing fee — x 35<sup>00</sup>

Sales taxes JAN. 23. 1988 23<sup>10</sup>

Total Due 1623<sup>10</sup>

Paid receipt number 37248 162310

Balance due 0

**PAID**  
**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 \_\_\_\_\_

Mary E. Duarte

Signature P.O. Box 17674

Address CALIFORNIA 92117

State 270 0345 Zip Code

Telephone \_\_\_\_\_

Work Order # E 7861

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7861

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>FRANCISCA</b>	1B. MIDDLE <b>TORGES</b>	1C. LAST (FAMILY) <b>EMACE</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>12-12-02</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-20-89</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MARY DURANTE DAUGHTER 4451 ONORGA AVE SAN DIEGO, CA 92117</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CLAYBANK MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-1126</b>		
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 <i>Leri Furness</i>		8B. DATE SIGNED <b>1-24-89</b>	
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 <b>4.00</b>		9B. DATE PERMIT ISSUED <b>JAN 24 1989</b>	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>PO BOX 85222, SAN DIEGO, CA</b>			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>1384-10 MT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA</b>	11B. DATE INTERRED <b>1-25-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Leguizeta</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Cloth Covered Wooden State Bottom Double Crypt</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	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	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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

No 37248



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

Date: Jan 23 1989

From: Mrs E. Dearte Address: P.O. Box 17674 - S.D. 92117

In Sixteen hundred twenty three & 10/100 Dollars (\$ 1623<sup>10</sup>/<sub>100</sub>)

Payment of Interment of and for Francisca T. Emnace - Dec  
and Double Crypt - only one interment fee pd.

Lot 1384 Grave 2 Row 2 Section 2 Division 10  
 Block

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7861  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

*[Signature]*

ISSUED BY \_\_\_\_\_

CREDIT	67007	119	00
20% Sales Tax	77104		
80% Sales of Lots	77104	476	00
Opening/Closing	100	320	00
Burial Containers	77183	330	00
Handling Fee	77185	320	00
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	83033		
Sales Tax	80101	23	10
	78390		
<b>TOTAL PAID</b>		<b>\$ 1623</b>	<b>10</b>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37479

Date: 3-8, 1989

From: Mr. Lenchay Address: \_\_\_\_\_

thirty-one & 90/100 Dollars (\$ 31.90 )

In \_\_\_\_\_ Payment of Flower Cups for Francis Annice

Lot 1384 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block CITY 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7861

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	<u>10 00</u>
	77182	
Handling Fee	100	<u>21 20</u>
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>70</u>
	78300	
TOTAL PAID	\$	<u>31 90</u>

MAR 16 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lawrence Webster  
in a I.S. Vault Funeral date, time Thurs 1/26 1:00

Church, Chapel, Graveside Chapel of Home Base - Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran yes

Lot 127 Grave 4 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 475.00

Additional spaces and care fund .....

Opening/Closing & Setup steatashit ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 12.25

Total Due ..... 1207.25

Paid receipt number 37250 1507.25

Balance due 6

I hereby certify I am the Brother of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature F. Webster  
Address 919 W. Huntington Dr  
City San Marcos Calif 91066  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone 818 303 8811

Work Order # E 7862  
FY-593 (REV. 8-88)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7862

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>LAURENCE</b>	1B. MIDDLE <b>ALLEN</b>	1C. LAST (FAMILY) <b>WEBSTER</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Feb. 4, 1937</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 19, 89</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mrs. Elsie H. Patterson -Sister 1811 North Crest Spce #3 Cressent City, CA 95531</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BERGE-ROBERTS MORTUARY National City, CA 607 National City Blvd.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-284</b>		
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 <i>Ernest Z. Miller</i>		8B. DATE SIGNED <b>Jan. 25, 89</b>

* 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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 25 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>San Diego Co. Health Dept. 5222 P.O. BOX 85222 San Diego, CA 92138-</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 127-4-1-11 3751 Market St., San Diego, CA</b>	11B. DATE INTERRED <b>1-26/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Steelton Scales - C. Vult</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	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	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	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.**

COMPLETE ALL APPLICABLE ITEMS

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37803

From: J.E. Webster Address: 919 W. Huntington Dr, Miramonte  
one marked with fine red Dollars (\$ 135.00)  
 In Payment of Marker installation for  
Lawrence Webster  
 Lot 1217 Grave 4 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. B-7862  
 BALANCE DUE 135.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	57007
20% Sales Tax	77184
50% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
Handling Fee	77185
Recording & Misc. Fees	100
Pre-Need Trust	50033
Sales Tax	50022
	50101
	78390
TOTAL PAID	\$ <u>135.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 743

CITY AUDITOR

34 7 2 1989  
 135.00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37250

Date: 1-23, 1989

From: J.E. Webster Address: 919 W. Huntington, Marina

Two hundred seven 25/100 Dollars (\$ 1207.25)

In: Payment of Lawrence Webster's Interment

Lot 27 Grave 4 Row \_\_\_\_\_ Section 1 Division-Block 1

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7862  
 BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

656

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Indea Ored

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>376.00</u>
Opening/Closing	77181	<u>250.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>12.25</u>
	78390	
TOTAL PAID	\$	<u>1207.25</u>

CITY AUDITOR

99 JAN 29 1989

Patthi

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan 23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret J. Kenner in a Double Crypt Vault/liner Funeral, date, time Feb - 11 Am 1-2<sup>PM</sup> Church, Chapel, Graveside Graveside Mortuary. Bearsley-Mitchell 223-7781  
All Funeral cars must arrive 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 1/4 Grave Bottom Row \_\_\_\_\_ Section MAS- Division/Block A

Grave space & Care Fund	<u>For Double Crypt - flat Marker</u>	<u>595.<sup>00</sup></u>
Additional spaces and care fund	<u>Top of Double Crypt open</u>	
Opening/Closing & Setup		<u>320.<sup>00</sup></u>
Burial Container		<u>330.<sup>00</sup></u>
Handling Fees	<u>labor</u>	<u>325.<sup>00</sup></u>
Flower vases - Marker setting fee		<u>—</u>
Recording and filing fee		<u>35.<sup>00</sup></u>
Sales taxes		<u>23.10</u>
Total Due		<u>1628.10</u>
Paid receipt number	<u>37264</u>	<u>1628-10</u>
Balance due		<u>—</u>

*Will Be in before with ch-*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery 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 deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 7863  
PY-883 (REV. 9-88)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7863

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MARGARET</b>	1B. MIDDLE <b>JUSTICE</b>	1C. LAST (FAMILY) <b>KEMNER</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>APR 25, 1912</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>JAN 21, 1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PATRICIA L. RANK, NIECE 1805 CAPISTRANO STREET SAN DIEGO, CA 92106</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>DEANSLY-RITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD., SAN DIEGO, CA 92107</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-816</b>		
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 <i>Ed Leach</i>		8B. DATE SIGNED <b>JAN 24, 1989</b>

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 24 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ransom, M.D. SP</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. BOX 06222, SAN DIEGO, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>HT HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA</b>	11B. DATE INTERRED <b>4574-1B-NMS-A 1-27-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Robert Stetter</i>	
	12A. NAME AND ADDRESS OF CREMATORY <i>Metal Sealers Cashier</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Bottom Double Crypt</i>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	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.**

OFFICIAL RECEIPT

No 37264



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 1-27, 1989

From: Deak Valkswan Address: 1869 Cople Street, SD

sixteen hundred twenty-eight and 10/100 Dollars (\$ 1628.10)

\* In \_\_\_\_\_ Payment of Margaret Kerns' Interment

Lot 4574 Grave 1 Row \_\_\_\_\_ Section MAS Division Block A

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7863  
 BALANCE DUE 6

Pre-Need Lot  At Need  On Acct.   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

730

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**FEB 06 1989**

ISSUED BY Indira J. W...

CREDIT	67007	119.00
20% Sales Care	77184	
80% Sales of Lots	100	476.00
Opening/Closing	100	320.00
Burial Containers	77181	
	100	330.00
Handling Fee	77182	
Recording & Misc. Fees	100	320.00
Pre-Need Trust	77183	
Sales Tax	63033	35.00
	9022	
	60101	23.10
	78390	
TOTAL PAID	\$	1628.10

See

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Novella Meyer 11:30  
of Bell Senior Funeral, date, time Wed 1/25 2:00  
Church, Chapel, Graveside Tranesele; 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 49 Grave 7 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 35.00

Paid receipt number 37257 35.00

Balance due 0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Waverly

Address 1255 Wren St

State SD 92114 Zip Code

Telephone 2626624

Work Order # E 7864  
PY-883 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7864

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>NOVELLA</b>	1B. MIDDLE <b>NOVELLA</b>	1C. LAST (FAMILY) <b>MEYER</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Feb. 13, 1898</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 22, 1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Warren C. Meyer (Son) 1255 Wren Street San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>P-964</b>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge on 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 <i>Judith E. King</i>	8B. DATE SIGNED <b>1-24-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 24 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rames, M.D. Co</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records P.O. Box 85222 San Diego, CA 92138-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>	49/7/16/17	11B. DATE INTERRED <b>1-25-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Seoyoung...</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Fleckboard Sunset Wood</b>		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Bellhimer</b>		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 <b>N/A</b>		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 <b>N/A</b>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

No 37257



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

Date: 1-25, 1989

From: Warren Heger Address: 1255 Wren Street, SD

thirty-four Dollars (\$ 35.00)

In see Payment of Warren Heger's Member

Lot 49 Grave 7 Row \_\_\_\_\_ Section 16 Division 7  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7664

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

376

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

CITY AUDITOR  
FEB 06 1989

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>35.00</u>
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-26-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Wahlstrom (X) in a Cash Vault Vault/Liner Funeral, date, time THU AYD 1127 Church, Chapel, Graveside Deliver Only Pathingall Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 20 Grave 18 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container P.I.P. - Vault \_\_\_\_\_ 40.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 2.80

Total Due \_\_\_\_\_ 242.80

Paid receipt number 37259 242.80

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7865

PR-583 (REV. 8-86)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7865

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>EDITH</b>	1B. MIDDLE <b>LENNIA</b>	1C. LAST (FAMILY) <b>WAHLSTROM</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>4/1/1902</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1/15/1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Robert Wahlstrom, son 7467 Mission Gorge Rd. #201 Santee, CA</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, Ca.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>1083</b>		
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 <i>[Signature]</i>		8B. DATE SIGNED <b>1-17-89</b>	

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b> THIS PERMIT 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.	8A. AMOUNT OF FEE PAID <b>\$4.00</b>	8B. DATE PERMIT ISSUED <b>JAN 17 1989</b>	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P. O. Box 85222, San Diego CA 92138-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery, 3751 Market St. San Diego, Ca.</b>	11B. DATE INTERRED <b>1-27-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Lenada, Inc. 14065 Olds Highway 80 El Cajon, Ca.</b>	12B. DATE CREMATED <b>1/16/89</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b> <i>Cardboard box - placed in plank vault</i>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-26-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mexie Alwynne Levey

in a T-S Vault Vault/Line Funeral, date, time Fri 1/27 11:00

Church, Chapel, Graveside no service; Sunday Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 543 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 10 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 125.00

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 39264 712.25

Balance due 0

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Mrs Nelson

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State CA Telephone 691-4910 Zip Code \_\_\_\_\_

Telephone AM 422-6347

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 7866**  
FY-882 (REV. 8-85)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7866

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MIRNIE</b>	1B. MIDDLE <b>KLATYNE</b>	1C. LAST (FAMILY) <b>LEEVEY</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>May 24, 1904</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 26, 1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jean T. Nelson (Niece) 1257 Garrett Street Chula Vista, CA 92011</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Rumphrey Chula Vista Mortuary—Chula Vista, CA 855 Broadway</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>7-964</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>1-26-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 26 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records P.O. Box 85222 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>	11B. DATE INTERRED <b>1-27-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Portezal Boged Flat China N/A Concrete Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

E7868

1257 Sunset Ave.  
Chula Vista Cal  
92011

Sandy:  
This is for the burial fee  
for Marie E. Sleep.  
Cashied to the club for  
\$712.25 as reported.  
Calypso is to have lot  
543 Sec. 10 Township 7. purchased  
by Eugene Bacon in 1959.

Thank you  
Jean Nelson

Calypso's Social Security # 355-10-2106 D

OFFICIAL RECEIPT

No 37269



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

From: Jan Nelson Address: 1257 Garrett Ave, Chula Vista  
Seven hundred twelve 25710 Dollars (\$ 712.25)  
In \_\_\_\_\_ Payment of Minnie Seaver's Interment

Date: 1-20, 1989

Lot 543 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 10 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7866

BALANCE DUE ✓

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

1921

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR  
FEB 06 1989

ISSUED BY Anna Wald

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	<u>322.00</u>
Burial	100	<u>175.00</u>
Containers	77182	<u>170.00</u>
Handling Fee	100	
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	83033	
Sales Tax	9022	<u>12.25</u>
	80101	
	78390	
TOTAL PAID	\$	<u>712.25</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

Jan 26, 1989

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arthur William Brewer

in a Bell Vault/Liner Funeral date, time 1:30 - Mon - 1:00

Church, Chapel, Graveside Chapel of the Good Shepherd Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Erig Galt

Lot 2082 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Pre-paid - D-1920 —

Additional spaces and care fund none

Opening/Closing & Setup Pre - D-1920

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

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7867**

PR-593 (REV. 8-86)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7867

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ARTHUR</b>	1B. MIDDLE <b>WILLIAM</b>	1C. LAST (FAMILY) <b>BREWER</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>11-27-1900</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-26-1989</b>	4. SEX <b>M</b>
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5A. CITY OF DEATH <b>Garden Grove</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>Orange</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Pre-need</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Conrad Lemon Grove Mortuary 7347 Broadway - Lemon Grove, CA 92045</b>	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F941</b>
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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 <b>1-27-1989</b>
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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 <b>JAN 27 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Orange Co. Dept. of Health Services Birth and Death Registration P.O. Box 355/Santa Ana, CA 92702</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT <b>San Diego Co. Dept. of Health Services/Vital Records/P.O. Box 85222/San Diego, CA 92138-5222</b>
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b>	2082-10	11B. DATE INTERRED <b>1-30-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b>	<i>Steel Scaled in Lines</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		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 <b>N/A</b>		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 <b>N/A</b>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

No 37306



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 2-6, 19 89

From: Conrad Mortuary Address: 7387 Broadway, San Diego

Thirty - four no/100 Dollars (\$ 35.00)

In \_\_\_\_\_ Payment of Recording fees for letter process

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7867

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

6894

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
**FEB 10 1989**

ISSUED BY: Jordan Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77165	
Recording & Misc. Fees	100	<u>35.00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78990	
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Justin Ray Willingham

in a          Vault/Urner Funeral, date, time Nov 1-30-11:30

Church, Chapel, Graveside Graveside; Sanic 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 3148 Grave          Row          Section 1 Division/~~Block~~ 9

Grave space & Care Fund .....	<u>100.00</u>
Additional spaces and care fund .....	<u>none</u>
Opening/Closing & Setup .....	<u>104.00</u>
Burial Container .....	<u>        </u>
Handling Fees .....	<u>        </u>
Flower vases - Marker setting fee .....	<u>none</u>
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>        </u>

Total Due 199.00

Paid receipt number 37265 49.00

Balance due 150.00  
37299 150

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed         

Justin R. Willingham  
Signature  
37265 "C" ST. APT. 101 SAN DIEGO  
Address  
CA 92102  
State Zip Code  
231-9075  
Telephone

Work Order # E 7868

PR-883 (REV. 8-88)

Invoice #           
Acct. #

W.O. # E E 7868

NOTE

\$ 150<sup>00</sup> 2 San Diego, California

January 27 19 89

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 Hundred fifty and 00/100 DOLLARS with interest from Feb 28, 1989 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 \_\_\_\_\_ SIGNATURE x Angela J. Day

ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. # IV. 02708640

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7868

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JUSTIN</b>	1B. MIDDLE <b>RAY</b>	1C. LAST (FAMILY) <b>WILLINGHAM</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>01-26-89</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>01-26-89</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Walter R. Willingham - Father 3265 C Street #101 San Diego, CA 92102</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Lewis Colonial/Banbough San Diego, CA 92104</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>8-460</b>		

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.	SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED <b>1-27-89</b>
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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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 27 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records..P.O. Box 85222 SAN DIEGO, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
--	--	--

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>348-L9 3751 Market St. Mount Hope Cemetery - San Diego, CA</b>	11B. DATE INTERRED <b>1-30-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Woodmen - Flat Top 2-0 - not sure</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

No 37259



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 1-26, 1989

From: Leatherhill Address: 6322 El Cajon Blvd, SD

Two hundred forty-two 80/100 - Dollars (\$ 242.80)

In Payment of Robert Walchstrom's burial

Lot 70 Grave 18 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 21-786  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 FEB 06 1989  
 ISSUED BY Andreas V. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	105.00
Burial Containers	100	240.00
Handling Fee	77182	100.00
Recording A	100	35.00
Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	2.80
	78390	
TOTAL PAID	\$	242.80

OFFICIAL RECEIPT

No 37299



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

Date: 2-2, 1989

From: Walter Billingham Address: 3265 C St, #101, SA

one hundred fifty two/100 Dollars (\$ 150.00)

In Justin Billingham Payment of Interest

Lot 3148 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. 2-7868  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**FEB 10 1989**

ISSUED BY Andre Reid

CREDIT	67007	
20% Sales Care	77184	<u>20 00</u>
80% Sales of Lots	100	<u>31 00</u>
	77184	<u>69 00</u>
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fee	100	<u>35 00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>150 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

030176

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 37265

Date: Jan 27, 1989

From: Angela S. Day Address: 3265 - "C" St apt 101 - SD, CA 92102

In Part Payment of Interment of Infant Justin W. Wellingham  
 Dollars (\$ 49.00)

Lot 3148 Grave --- Row --- Section 7- Division 9  
 Block ---

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7868.00  
 BALANCE DUE 150.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 163

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 FEB 06 1989

ISSUED BY Raymond [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>49.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>49.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego ✓

Date 1-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mamie B Smith in a Double Crypt Funeral, date, time Wed - 2/1 - 2 P.M. Church, Chapel, Graveside Church of JS; 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 3858 Grave ON Bolton Row      Section      Division/Block 10

✓ Grave space & Care Fund	<u>E-4496</u>	<u>    </u>
Additional spaces and care fund	<u>NONE</u>	<u>    </u>
Opening/Closing & Setup		<u>320.00</u>
Burial Container		<u>330.00</u>
Handling Fees		<u>320.00</u>
Flower vases - Marker setting fee		<u>    </u>
Recording and filing fee		<u>35.00</u>
Sales taxes		<u>23.10</u>
	Total Due	<u>1028.10</u>
	Paid receipt number <u>37271</u>	<u>1028.10</u>
	Balance due	<u>    </u>

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 7869  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT

No 37271



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 1-31, 1989

From: Under Passdale Address: 5050 Federal Blvd. SD 92102

One Thousand twenty-eight and 10/100 Dollars (\$ 1028.10)

In Payment of Maria Smith's Interment

Lot 3756 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7869

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

3331

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 FEB 06 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320.00</u>
Burial Containers	77182	<u>330.00</u>
Handling Fee	100	<u>320.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	83033	
	8022	
Sales Tax	80101	<u>23.10</u>
	78390	
TOTAL PAID	\$	<u>1028.10</u>

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 7869

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MAHIE</b>	1B. MIDDLE <b>BOBBIE LEE</b>	1C. LAST (FAMILY) <b>SMITH</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>09/15/01</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>01/27-89</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Floyd T. Smith - husband 7958 Draper St. San Diego, Ca. 92037</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Rogstad Mortuary 5050 Federal Blvd</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1329</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>1/31/89</b>
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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 1 1989</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT <b>92530-5222 P.O. Box 85222 San Diego, Ca.</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>38588-10 Mt. Hope Cemetery 3751 Market St. S. D.</b>	11B. DATE INTERRED <b>2/1/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Bottom of Double Cuffet Metal Sealer - "Last Supper"</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Credit Set*

Date 1-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorese Dargon

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 3621 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 ..... 595.00

Paid receipt number 37268 25.00

Balance due 570.00

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 record holder of deed \_\_\_\_\_

*Lorese Dargon*  
Signature  
7248 Laddick Street  
Address  
San Diego, CA 92114  
City State Zip Code  
589-0790  
Telephone

Work Order # **E 7870**  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

43575

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 4-9, 1993

From: Loree Dergan Address: 7248 Laddick St. 10

Twenty five Dollars (\$ 25.00)  
In Pre-Need Pot Payment of

Lot 3621 Grave - Row - Section - Division 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7870

BALANCE DUE \$140

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

9

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	
	9022	
	80101	
	78380	
	\$	<u>25 0</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

No 41728

Date: 1-7, 1992

From Loraine Norgan Address: 7248 Laddick St, 10 92114

Twenty-Five Dollars (\$ 25.00)

In Payment of Credit Lot

Lot 3621 Grave --- Row --- Section --- Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7870

BALANCE DUE 8470.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42609

From Laura Hanson Address: 248 Laddick St SD  
Espey 710/110 Dollars (\$ 50 )  
 In Payment of Pre-Need Not

Lot 3621 Grave — Row — Section — Division Block 10

Invoice No. 1

Acct. No. —

W.O. E-7870

BALANCE DUE —

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
50% Sales of Lots	100	<u>50</u>	<u>W</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	53033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>50</u>	<u>W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400

No 42027

Date: 3-17, 1992  
 From: Louise Dargan Address: 7248 Laddick St, SD  
Thirty Dollars (\$ 30.00)  
 In Payment of Pre-Need Lot

Lot 3621 Grave 8 Row 7 Section 10 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7870

BALANCE DUE 3440.-

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>30</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

ISSUED BY Waits

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42322

Date: 6-5, 1992

From: Lorene Dargan Address: 7248 Laddick St., S.D. CA 92114

Twenty five and <sup>xx</sup>/<sub>100</sub> Dollars (\$ 25.00 )

In part Payment of prepaid lot

Lot 3621 Grave - Row - Section - Division 10  
 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 7870

BALANCE DUE 390.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY W.J. League

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100	<u>25</u>	<u>-</u>
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	\$	<u>25</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42093

From Loree Dargan Address: 7248 Laddish St. SD 92114 Date: 4/7, 1992  
Twenty-five Dollars (\$ 25.<sup>00</sup>)  
 In Payment of Pre-Need Lot

Lot 3621 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7870  
 BALANCE DUE \$415.<sup>00</sup>

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

ISSUED BY J. Vait

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 43076

Date: 12-4- 1992

From: Lorene Dagan Address: 7248 Laddick St. S.D. CA 92114

Fifty and 00/100 Dollars (\$ 50.00 )

In part Payment of Renewed lot

Lot 3621 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 7870

BALANCE DUE 240.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

ISSUED BY W. J. Traylor

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	76390		
TOTAL PAID	\$	<u>50</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 43352

Date: 2-10, 1993

From: DARGAN, LORENE Address: 7248 LAODICK ST. S.D. CA 92114

FIFTY and 00/100 Dollars (\$ 50.00 )

In PART Payment of PRE-NEED LOT

Lot 3621 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7870

BALANCE DUE \$ 190.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>KLW</u> <del>50.00</del> <u>50.00</u>
Opening/ Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

43413

Date: 3-2, 1975

From: Loren Larson Address: 7245 Radcliff, LN

Musty Pine 710/w Dollars (\$ 25.<sup>00</sup> )

In Payment of Pre-Need Lot

Lot 3621 Grave 1 Row - Section - Division 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7870

BALANCE DUE 8165.<sup>00</sup>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-61)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	<u>25.00</u>
	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	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

**43623**

Date: 4-26, 1993

From: Louise Dargan Address: 7248 Los Reyes

One hundred forty Dollars (\$ 140.00 )

In full Payment of Pre Need Lot.

Lot 3621 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7870

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY M. Leguina

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100	<u>140</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>140</u>	<u>00</u>

OFFICIAL RECEIPT

No 37268



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Date: 1-27 1989

From: Lorene Wilson Address: 324B Indiant Street, SD  
Twenty-five no 100 Dollars (\$ 25.00)  
 In Payment of Credit Sat Sale

Lot 3621 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 8-7870  
 BALANCE DUE 570.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

5306

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 FEB 06 1989

ISSUED BY Andrea Wood

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 41321

Date: 10-2, 1991

From: Dargan Lorene Address: 7248 Loddick St S.D. 92114

Twenty five <sup>no</sup> Dollars (\$ 25.00 )

In \_\_\_\_\_ Payment of Credit Lot

Lot 3621 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7870

BALANCE DUE 545.00

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 P. Carter

CREDIT	87007		
20% Sales Cart	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
	77181		
Handling Fee	100		
	77182		
Recording & Misc. Fees	100		
	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	63033		
	9022		
TOTAL PAID	80101	\$	<u>25 00</u>
	78390		

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 41571

From: Loren Nargan Address: 7549 Laddick St. SD 92114 Date: 12-2, 1991  
Fifty Dollars 700/w Dollars (\$ 50<sup>00</sup>)  
 In Payment of Credit + Lot

Lot 3621 Grave 1 Row - Section - Division 10  
Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7870

BALANCE DUE \$475<sup>00</sup>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100	<u>50</u>	<u>W</u>
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42802

From: Laura Dargan Address: 4248 Laddick St, SD Date: 10-6, 1992  
Fifty Dollars (\$ 50.-)  
 in Payment of Pre-Need Lot

Lot 3621 Grave      Row      Section      Division 10

Invoice No.     

Acct. No.     

W.O. E-7870

BALANCE DUE \$290.-

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 Walt

CREDIT	67007		
20% Sales Cars	77154		
80% Sales of Lots	100	<u>50</u>	<u>W</u>
Opening/Closing	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	\$	<u>50</u>	<u>W</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego ✓

Date 1-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John W. Morgan

in a Vault Funeral, date, time Tues-1/31-10:30A

Church, Chapel, Graveside Graveside; Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran DIP-Top

Lot 271 Grave 1 Row — Section 2 Division/Block 12

Grave space & Care Fund Per need - E-4551-

Additional spaces and care fund none

Opening/Closing & Setup 320<sup>00</sup>

Burial Container T.S. Vault 175<sup>00</sup>

Handling Fees Labor 170<sup>00</sup>

Flower vases - Marker setting fee —

Recording and filing fee 35<sup>00</sup>

Sales taxes 12<sup>25</sup>

Total Due 712.25

Paid receipt number 37273 712.25

Balance due 0

I hereby certify I am the Son-in-Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Ken Clatney  
Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7871

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7871

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOHN</b>	1B. MIDDLE <b>W.</b>	1C. LAST (FAMILY) <b>MORGAN</b>	2. DATE OF BIRTH (MONTH DAY YEAR) <b>12/22/1911</b>	3. DATE OF DEATH (MONTH DAY YEAR) <b>1/27/1989</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jim Shalsonburg, son-in-law 7651 Macaw Lane San Diego, Ca. 92123</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, Ca.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>1082</b>		
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 <i>[Signature]</i>		8B. DATE SIGNED <b>1-30-89</b>	
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 <b>\$4.00</b>		9B. DATE PERMIT ISSUED <b>JAN 30 1989</b>	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>mm</b>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P. O. Box 85222, San Diego Ca. 92138-5222</b>			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY	
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY			
COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, Ca.</b>		11B. DATE INTERRED <b>1-31-89</b>		11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CREMATORY <b>n/a Funerary Pleghed Pine Soft Wood in Vault</b>		12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a Shalsonburg Father in law</b>		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>n/a</b>		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION <b>n/a</b>		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

№ 37273

Date: 1-31, 1989

From: Jim Stambor Address: 7651 Madro Av, SD

Donor received twelve 25/100 Dollars (\$ 712.25 )

In Payment of John Marger's Interment

Lot 271 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7871

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

783

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 FEB 06 1989

ISSUED BY Archie Ward

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>320 00</u>
77181		
Burial Containers	100	<u>175 00</u>
77182		
Handling Fee	100	<u>170 00</u>
77185		
Recording & Misc. Fees	100	<u>35 00</u>
77183		
Pre-Need Trust	63033	
8022		
Sales Tax	60101	<u>12 25</u>
78390		
TOTAL PAID	\$	<u>712 25</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peter T Brass in a T-S Vault Funeral, date, time Wed 2/1 1:00 Church, Chapel, Graveside Mount Bonnal; 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 48 Grave 5 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund .....  
 Additional spaces and care fund Greened .....  
 Opening/Closing & Setup P-4498 .....  
 Burial Container P-8673 .....  
 Handling Fees P-86 .....  
 Flower vases - Marker setting fee .....  
 Recording and filing fee ..... 35.00  
 Sales taxes .....  
 Total Due 35.00  
 Paid receipt number 37286 35.00  
 Balance due 0

*Family will check mail*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 7872  
 PY-593 (REV. 8-86)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7872

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>PETER</b>	1B. MIDDLE <b>THEODORE</b>	1C. LAST (FAMILY) <b>BRASS</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Jun 28, 1905</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 30, 1989</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Verna W. Brass (Wife)</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Euphrey Chula Vista Mortuary—Chula Vista, CA</b> <b>855 Broadway</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-964</b>		1399 Ninth Avenue, Apt. #511 <b>San Diego, CA 92101</b>

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 <i>Judith E King</i>	8B. DATE SIGNED <b>1-31-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 31 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records P.O. Box 85222</b> <b>San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery</b> <b>3751 Market St. San Diego, CA</b>	11B. DATE INTERRED <b>48-5-16-7</b> <b>2/1/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Joseph Stalter</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>W/A</b> <i>Sgt. Bartel Board</i> <i>Flat Top - Vault</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>W/A</b>	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 <b>W/A</b>	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 <b>W/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

ET872 No 37286

24 89  
 855 Broadway  
 Hampton - June 1989 -  
 City Peter Gross' recording fee 35.00  
 48 5 16 - 7

2-7872

CITY AUDITOR

FEB 06 1989

100/7783 35.00

x  
4104 x

Sandra Ward

35.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hermilo De Jesus Martinez

in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time Wed 2/0 10:00

Church, Chapel, Graveside Delaney : Mary Mortuary.

All Funeral cars must 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 Double

Lot 114 Grave 8 Row \_\_\_\_\_ Section 2 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 \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 01940

Acct. # \_\_\_\_\_

Work Order # E 7873

PY-503 (REV. 8-86)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7873

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Hernilo</b>	1B. MIDDLE <b>De Jesus</b>	1C. LAST (FAMILY) <b>Martinez</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Jan. 13, 1956</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Dec. 17, 1988</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>Oceanside</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>San Diego County Coroner 5555 Oakland Avenue San Diego, CA. 92123</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer, Mortuary 2859 Adams St. San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>1424</b>		

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 <i>John Mayer</i>	8B. DATE SIGNED <b>1-31-89</b>
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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 <b>4.000</b>	9B. DATE PERMIT ISSUED <b>JAN 31 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rannal, M.D.</i>
8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>3851 Rosecrans San Diego, CA 92101</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

*Top Burial*

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input checked="" type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA.</b>	11B. DATE INTERRED <b>2/12</b> <b>2/1/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>George W. Steltzer</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Flat China no liner</b> <i>Portugal Berra</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Lewis Romero

in a \_\_\_\_\_ Funeral date, time Tues 1/31 10:00  
Church, Chapel, Graveside St. Joseph's; Lewis Cultural Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Loc 3776 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 ..... 199.00

Total Due .....

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

*30 days note*  
I hereby certify I am the Carmen Romero of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Carmen Romero  
Signature  
887 Ransom St  
Address  
San Diego Cal. 92101  
State Zip Code

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7874  
PY-593 (REV. 8-88)

W.O. # 2-7874

NOTE

\$ 199.00 San Diego, California

1-30 19 89

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 hundred nine and no/100 DOLLARS with interest from 3/31/89 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 CARMEN ROMERO SIGNATURE Carmen Romero

ADDRESS 897 LAVER ST SANDIEGO CAL. 92101

SSN                       
CALIF. DRIVERS LIC. # 527-85-9096

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ET874

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ROBERT</b>	1B. MIDDLE <b>LEWIS</b>	1C. LAST (FAMILY) <b>ROMERO</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>01-26-1969</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>01-26-1989</b>	4. SEX <b>M</b>
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5A. CITY OF DEATH <b>National City</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Carmen Romero-Mother 887 Raven Street San Diego, CA 92102</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Lewis Colonial/Bonbough 3051 El Cajon Blvd. San Diego, CA 92104</b>	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-480</b>
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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 <b>1-30-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 30 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA. 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>3776-1-9 3751 Market St. Mount Hope Cemetery - San Diego, CA</b>	11B. DATE INTERRED <b>1-31-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A 2-0 Flat top no liner</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

112 38333  
E 7974

Date: July 31, 1989

From: Delores Morge Address: 8451 Montrose #D

In part Payment of Burial for Robert K. Korman Dollars (\$ 10.00)

Lot 3776 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 07874  
BALANCE DUE \$144 -

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
531 MONTROSE #D  
95102  
**CITY AUDITOR**  
**AUG 02 1989**  
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 -</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>10 -</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

4/2

NO 37878

E7874

Date: 6-1, 1989

From: Garnon Romero Address: 287 Linden Street

In thirty dollars Payment of Mount Hope Cemetery Dollars (\$ 30.00)

Lot 3776 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. 074407  
 Acct. No. 029041  
 W.O. 2-7674  
 BALANCE DUE 159.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>30.00</u>

CITY AUDITOR  
 JUN 06 1989

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

ISSUED BY [Signature]

OFFICIAL RECEIPT

5/8

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 37722



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 5-1, 1989

From: Carmen Romero Address: 887 Power Street, SD

Twenty-five and 10/100 Dollars (\$ 25.00)  
In Payment of Robert L. Romero's Interment

Lot 3776 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9 Block 9

Invoice No. 079407  
Acct. No. 029041  
W.O. 2-7874  
BALANCE DUE 179.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	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	\$	<u>25 00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

254

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Jan 30, 89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bettye L. Donaldson

in a Vault Funeral date, time Feb 2, 1989 - 1 P.M. - Thur

Church, Chapel, Graveside Church St. 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 161 Grave 2 Row - Section 2 Division/Block 12

Grave space & Care Fund single 495<sup>00</sup>/<sub>2</sub>

Additional spaces and care fund none

Opening/Closing & Setup 320<sup>00</sup>/<sub>2</sub>

Burial Container Cornub Vault 175<sup>00</sup>

Handling Fees labor 170<sup>00</sup>

Flower vases - Marker setting fee ---

Recording and filing fee 35<sup>00</sup>

Sales taxes 12.25

*Bill to Ragsdale  
One Hr. Late  
Jan 30 89*

Total Due 1207.25

Paid receipt number 37300 1207.25

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 record holder of deed \_\_\_\_\_

X Stephen P. Donaldson  
Signature  
X 1627 J Ave. #3  
Address  
X CA  
State  
X 477-7270 92050  
Telephone Zip Code

Work Order # **E 7875**  
PY-889 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7875

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>BETTYE</b>	1B. MIDDLE <b>LAVERN</b>	1C. LAST (FAMILY) <b>DONALDSON</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>8-30-46</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>01-27-89</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Stephen P. Donaldson - husband 1627 "I" Ave. Apt. 3 National City, CA 92050</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Alderson-Ragdale 5050 Federal Blvd Ca.</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F 1329</b>		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition of the remains 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 <i>[Signature]</i>		8B. DATE SIGNED <b>2/2/89</b>
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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 02 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> D.B.
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, Ca. 92138</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

**TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                       | <input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                             | <input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)                  | <input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)                                       |
| <input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY         | <b>FOR CORONER'S USE ONLY</b>   |
| <input type="checkbox"/> D. SCIENTIFIC USE                                     | <input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |   |

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, Ca.</b>	11B. DATE INTERRED <b>2/2/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Dead-Steel non Sealer Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37814  
 E7875

Date: 5-12 1989

From: Ernest S. Cozart Address: 21 4th Ave, #K, Chula Vista

one hundred 10/100 Dollars (\$ 100.00)

In Payment of Monthly fee on burial contract  
service

Lot 161 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block PROPERTY AUDITOR

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11875

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.

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77182
Sales Tax	100
TOTAL PAID	77185
	100
	00
	65033
	9022
	60101
	78300
	100
	00

ISSUED BY: [Signature]

MAY 19 1989  
 PROPERTY AUDITOR

OFFICIAL RECEIPT

No 37300



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

Date: 2-2 19 89

From: Anderson-Ross Address: 5050 Federal Blvd, SF  
Walter Richard Owen Dollars (\$) 1207.35  
 In \_\_\_\_\_ Payment of Betty L. Donaldson's Interment

Lot 161 Grave 2 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 21-7875  
 BALANCE DUE 00.00  
100 service fee  
 Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
3348

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**FEB 10 1989**

ISSUED BY Betty L. Donaldson

CREDIT	67007	
20% Sales Tax	77184	<u>99.00</u>
30% Sales of Lots	100	<u>395.00</u>
Opening/Closing	77184	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fee	100	<u>35.00</u>
Pre-Need Trust	63233	
Sales Tax	9022	<u>12.25</u>
	80101	
	78380	
TOTAL PAID	\$	<u>1207.35</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Allene P. Jones

in a Burial Funeral date, time Fri 2/3 11:00

Church, Chapel, Graveside Church of Home, Pasadena Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 172 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 Allene & Benjamin 250.00

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 285.00

Paid receipt number 37572 285.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7876

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7876

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ALLENE</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>FRANCIS</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>10-6-06</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-29-89</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Carlos Davis - son 2662 Boston Ave. San Diego, Ca. 92113</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale 5050 Federal Blvd. San Diego</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1329</b>		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the prepaid 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 <i>Hartson Ragsdale</i>	8B. DATE SIGNED <b>2/2/89</b>
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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 02 1989</b>
		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i> <span style="float: right;">D.B.</span>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, Ca. 92122</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>72-10 Mt. Hope Cemetery 3751 Market St. San Diego Ca.</b>	11B. DATE INTERRED <b>2/3/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Loyew Stettin</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Steel-NonSealer - BellHeimer</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

No 37272



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

Date: 1-31, 1989

From: Walter Dore's Address: 2062 Boster Ave, SD 92113

Two hundred eighty-five 1/10 Dollars (\$ 285.00)

In Payment of Marker Setting fee for Allene  
and Benjamin Francis, Recording fee for Allene

Lot 72 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-9876  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR  
 FEB 06 1989

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77180	
Pre-Need Trust	100	<u>285 00</u>
Sales Tax	63033	
	8022	
	60101	
	78390	
TOTAL PAID	\$	<u>285 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jessie D. Matthews  
in a T.S. Vault Vault/Liner Funeral, date, time Thurs 2/2 2:30  
Church, Chapel, Graveside Home; Parish Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 8 Grave 8 Row \_\_\_\_\_ Section 3 Division/Block 3

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 300.00

Burial Container 175.00

Handling Fees 178.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 37297 712.25

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 7877

PR-593 (REV. 8-88)

E 7877

# INTERMENT ORDER AND AUTHORIZATION

Contract No. \_\_\_\_\_ Interment No. \_\_\_\_\_ Date August 26, 1988

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the Cemetery performing the interment.

I, \_\_\_\_\_, undersigned hereby request and authorize:  
Name of Cemetery Mount Hope Cemetery

In accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT Jessie Gillmore Mathews Age \_\_\_\_\_ Sex Female  
in the following described interment space:

Grave 8 Lot 8 ~~XXXX~~ Sec. 3 ~~XXXX~~ Div. 3 Double Depth Yes  No  Section \_\_\_\_\_

Crypt \_\_\_\_\_ Tier \_\_\_\_\_ Corridor \_\_\_\_\_ Mausoleum \_\_\_\_\_

Niche No. \_\_\_\_\_ Columbarium \_\_\_\_\_ Mausoleum \_\_\_\_\_

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased. Cemetery is hereby authorized to install any outer burial container purchased in connection with this interment in the Interment Right described herein.

I, \_\_\_\_\_, undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature George C. Hatch / George C. Hatch / Nephew  
(Authorized Representative) Print Name Relationship to Deceased

Address 3745 Trudy Ln. San Diego, CA 92106 Tel. No. 222-0975  
Street City State Zip

Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Authorized Representative) Print Name Relationship to Deceased

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Street City State Zip

## OFFICE USE ONLY

Funeral Director \_\_\_\_\_ Interment Fee \$ \_\_\_\_\_  
Address \_\_\_\_\_ Tel. \_\_\_\_\_  
Type of Service \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_ Time of Service \_\_\_\_\_  
Type of Outer Burial Container \_\_\_\_\_ Supplier \_\_\_\_\_  
Dedication Service \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_ Time of Service \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ No. of years in County \_\_\_\_\_  
Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ No. of years in State \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER NEAR RELATIVES OF DECEASED

Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_

Order Taken By \_\_\_\_\_ Location Checked and Verified   
OK'd By \_\_\_\_\_ Date \_\_\_\_\_  
Index Card \_\_\_\_\_ Plat Book \_\_\_\_\_ Plat Card \_\_\_\_\_  
Recorded By \_\_\_\_\_


# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7877

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JESSIE</b>		1B. MIDDLE <b>GILLMORE</b>		1C. LAST (FAMILY) <b>MATHENS</b>		2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>DEC 19, 1962</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>JAN 27, 1989</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>				6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GEORGE HATCH, NEPHEW 3745 TRUDY LANE SAN DIEGO, CA 92106</b>			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107</b>						7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-816</b>					
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 <i>Ed Leach</i>				8B. DATE SIGNED <b>JAN 31, 1989</b>					
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 <b>\$4.00</b>		9B. DATE PERMIT ISSUED <b>JAN 31 1989</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramirez, M.D.</i>					
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. BOX 85222, SAN DIEGO, CA 92138-5222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)					
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)					
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY			<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			FOR CORONER'S USE ONLY					
<input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY						<input type="checkbox"/> K. DISPOSITION PENDING		

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, 8-8-3-3 SAN DIEGO, CA (SAN DIEGO COUNTY)</b>		11B. DATE INTERRED <b>FEB 2, 1989</b>		11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Raymond Stoltz</i>	
	12A. NAME AND ADDRESS OF CREMATORY <i>Pinkadylon - Wooden in Vault</i>		12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

008103 No 37297

Date: Feb 2, 1989

From: Beardsley Mitchell Address: 1818 Sunset Cliff Blvd S.D. 92107

Seven Hundred Twelve and 25/100 Dollars (\$ 712.25)

In full Payment of Interment of and for Jessie Gillmore Mathews, Decedent  
Open & Cl - Vault - Plc fee - Labor - S.T.

Lot 8 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7877

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 OF SAN DIEGO**  
**FEB 10 1989**

ISSUED [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	320	00
Closing	77181		
Burial	100	175	00
Containers	77182		
	100	170	00
Handling Fee	77185		
Recording &	100	35	00
Misc. Fee	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101	12	25
	78380		
TOTAL PAID	\$	712	25

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Beirdie Richards

in a T.S. Vault Funeral date, time Fri 2/3 2:00

Church, Chapel, Graveside Church of the Holy Spirit; 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 52 Grave 4 Row        Section 3 Division/Block 12

Grave space & Care Fund Single 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 12.25

Total Due 1207.25 ~~712.25~~

Paid receipt number 37276 1207.25

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Oliver Jaquet  
Address 7163 Webster Ave  
San Diego Calif 92113  
State CA Zip Code  
232-1377  
Telephone

Work Order # E 7878

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7878

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Birdie</b>	1B. MIDDLE <b>Whittington Richardson</b>	1C. LAST (FAMILY) <b>Richards</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Dec. 13, 1886</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 24, 1989</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ollivan Jacquett - Daughter 3161 Webster Ave. San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.: San Diego, CA 3050 Federal Blvd.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F 1329</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>1/30/89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>JAN 30 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P. O. Box 852221 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St.: San Diego, CA 92102</b>	11B. DATE INTERRED <b>2/3/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Vault -</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38203  
 E7878  
 Date: 6-29, 1989

From: Eric R Pappas Address: \_\_\_\_\_

One hundred twenty-five 20/100 Dollars (\$ 125.00 )

In \_\_\_\_\_ Payment of marker installation for you  
Lucie Richards

Lot 52 Grave 4 Row \_\_\_\_\_ Section 3 Division Block AUDITOR

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7878

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

CITY AUDITOR  
 JUN 30 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37276

Date: 1-31, 1989

From: Udon Jassant Address: 3163 Webster Ave, SD  
twelve hundred seven 25/100 Dollars (\$ 1207.25)

In \_\_\_\_\_ Payment of Burial Expenses

Lot 52 Grave 4 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7878

BALANCE DUE 5

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 [Signature]

CREDIT	67007	<u>99.00</u>
20% Sales Tax	77184	
80% Sales of Lots	100	<u>376.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	8022	
Sales Tax	80101	<u>12.25</u>
	78390	
<b>TOTAL PAID</b>		<u>1207.25</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Vincent Barksdale  
in a          Vault/Liner Funeral date, time Tues 2/7 10:00

Church, Chapel, Graveside Deliver Only: Pogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran         

Lot 114 Grave 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         

*P.A. - 1064991  
See James*

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed         

Signature         

Address         

State          Zip Code         

Telephone         

Work Order # E 7879

Invoice # 079409

Acct. # 000952

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7879

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>John</b>	1B. MIDDLE <b>Vincent</b>	1C. LAST (FAMILY) <b>Barksdale</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>9-25-62</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>12-18-88</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>San Diego County Coroner 5555 Overland Ave. San Diego, Ca. 92123</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH —IF APPLICABLE <b>Anderson-Bagsdale Mortuary San Diego, Ca. 92102</b>			7B. CALIFORNIA LICENSE NUMBER <b>F 1329</b>		

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: *[Signature]*

8B. DATE SIGNED: **2/6/89**

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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 07 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH: **92138-85222 P. O. Box 85222 San Diego, Ca.**

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT:

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>114-2B-1-12 Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102</b>	11B. DATE INTERRED <b>2/7/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Cloth covered wooden - outer N/A no tissue - steel junction South side</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe 88-2204  
in a \_\_\_\_\_ Funeral, date, time Thurs 2/2 11:00  
Church, Chapel, Graveside Delway Berg-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 149 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 55.00

Additional spaces and care fund ..... 90.00

Opening/Closing & Setup ..... 90.00

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 57944

Acct # 00052

Work Order # E 7880  
PY-683 (REV. 8-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7880

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>John</b>	SEX <b>Male</b>	DATE OF BIRTH <b>Unknown</b>	DATE OF DEATH <b>Found 10-12-1988</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY, OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR OR INTERMENT FACILITY <b>BURGH-ROBERTS MORTUARY National City, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-284</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10 DISPOSITION PENDING                 </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market St., San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Flatchena - no home - Bolton</b>	DATE CREMATED <b></b>
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b></b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b></b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b></b>
		DATE SIGNED <b></b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$4.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>2/2/89</b> (ENTER DATE)	DATE PERMIT ISSUED <b>FEB 1 1989</b>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Leoyeu Stelter</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D.</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b></b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Le Roy Jesse Harvey in a Bell Lane Vault/liner Funeral, date, time 2/2 10:00 Church, Chapel, Graveside Delmar Ericksen - 6th Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran John

Lot 2755 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 39387 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 7881  
PR-583 (REV. 8-88)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7881

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1. NAME OF DECEDENT—FIRST (GIVEN) <b>LeRoy</b>	1B. MIDDLE <b>Jesse</b>	1C. LAST (FAMILY) <b>Harvey</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Apr. 11, 1906</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 1, 1969</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rosalina Harvey Wife 4559 Palm Avenue La Mesa, California 92041</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Erickson-Anderson 8390 Allison Av. La Mesa, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>7296</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>Feb. 3, 1969</b>
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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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB - 7 1969</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records P.O. Box 85222 San Diego, California 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 2755-10 3751 Market St. San Diego, CA. 92102</b>	11B. DATE INTERRED <b>Feb. 7, 1969</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Loga Belleville Park Handler lined -</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	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	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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37387

Date: 2-24, 1989

From: El Camenis Address: 5600 Carroll Canyon

Thirty-five no/100 Dollars (\$ 35.00)

In Payment of Recording Fee for Laura Harvey

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-7001

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

026172

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 MAR 06 1989

ISSUED BY: Andrea Ward

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Handing Fee	100	
Recording & Map Fees	77183	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	8022	
	60101	
	78390	
TOTAL PAID		<u>35.00</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 88-2157 in a Vault/Liner Funeral, date, time Fri 2/3 1:00 Church, Chapel, Graveside Delmar, Calif. Holy Bullia Mortuary. All funeral cars must arrive 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 Top South Row 1 Section 1 Division/Block 12

Grave space & Care Fund ..... 55.00  
Additional spaces and care fund .....  
Opening/Closing & Setup ..... 40.00  
Burial Container .....  
Handling Fees .....  
Flower vases - Marker setting fee .....  
Recording and filing fee .....  
Sales taxes .....  
Total Due ..... 745.00

*P.A. 1067524  
Season  
Siddley*

Paid receipt number \_\_\_\_\_  
Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # **E 7882**  
PY-593 (REV. 9-85)

Invoice # 079413  
Acct. # 000952

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7892

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>John</b>	1B. MIDDLE	1C. LAST (FAMILY) <b>Doe CC#88-2151</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Unk.</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>10-8-88</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>Jamul</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PUBLIC ADMINISTRATOR: 5201-A Ruffin Road San Diego, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5002 EL CAJON BLVD. SAN DIEGO, CA</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F-1357</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>2-2-1989</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 2 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, CA</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA</b>	11B. DATE INTERRED <b>2/3/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Top South side</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Wooden flat top no liner</b>	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 <b>N/A South</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARRIS  
Charles Victoria Harris  
 in a Bell Vault/Liner Funeral date, time Mon 2/6/89 1 P.M.  
 Church, Chapel, Graveside Chapel of Home Mukhey - Mitch Mortuary.  
 All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 888 Grave 2 Row \_\_\_\_\_ Section 2 Division/Block 7

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... sheet

Recording and filing fee ..... 55.00

Sales taxes ..... 7.00

Total Due ..... 607.00

Paid receipt number 37319 607.00

Balance due 0

*Monterey  
 well boys*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

*Shawcom P.D.*  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature of recorded holder of deed

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 State Zip Code

\_\_\_\_\_  
 Telephone

Work Order # **E 7883**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MOUNT HOPE CEMETERY

E 7883

2 Feb 1989

The undersigned hereby requests and authorizes the interment of the remains of Chaney "Victoria" Harris in Lot 88 Gr 2 Row \_\_\_\_\_ Sec 2 Block/Div 7 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.

Paul W. Harris  
Signature of Relative or Legal Guardian

3027 Dye Road, Ramona, Calif. 92065  
Address and relationship to Tot

X Paul Harris  
owner and/or authority to sign authorization

De Mitchell  
(Witness)

\_\_\_\_\_  
(Witness)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7883

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>CHARCY</b>		1B. MIDDLE <b>VICTORIA</b>		1C. LAST (FAMILY) <b>HARRIS</b>		2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>OCT 2, 1911</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>FEB 2, 1989</b>		4. SEX <b>F</b>		
5A. CITY OF DEATH <b>SPRING VALLEY</b>				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>				6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PAUL W. HARRIS, HUSBAND 3027 BYE ROAD RAWHIA, CA 92065</b>				
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>HENLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>						7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-119</b>						
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 <i>Ed Leach</i>						8B. DATE SIGNED <b>FEB 3, 1989</b>			
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 <b>\$4.00</b>		9B. DATE PERMIT ISSUED <b>FEB 03 1989</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Brown, M.D.</i>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. BOX 86222, SAN DIEGO, CA 92138-8222</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT						
TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE												
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)						
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)						
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY			<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			FOR CORONER'S USE ONLY						
<input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY						<input type="checkbox"/> K. DISPOSITION PENDING			

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>HT HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA</b> <i>88-2-2-7</i>	11B. DATE INTERRED <b>FEB 6, 1989</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Wooden Cloth and St...</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Bell Lines</i>	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 <i>"Rocky Soil"</i>	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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37319

Date: 2-6-89 19

From Markley-Mitchell Mortuary Address: 3655 - 5th Ave - S.D. 92103

In full Payment of Interment of and for Charney Victoria Harris - Decand Dollars (\$) 607<sup>00</sup>

Lot 88 Grave 2 Row \_\_\_\_\_ Section 2 Division 7  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7883

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AG-212 (Rev. 10-87) 7842

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**FEB 10 1989**

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	320 00
77181		
Burial Containers	100	100 00
77182		
Handling Fee	100	745 00
77185		
Recording & Misc. Fees	100	35 00
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	7 00
78990		
TOTAL PAID	\$	607 00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 88-2636 in a          Vault/Liner Funeral, date, time Fri 2/3 10:00 Church, Chapel, Graveside Delway; Mayes Mortuary. All Funeral cars must arrive 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 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 .....         

Seles taxes .....         

Total Due ..... 145.00

Paid receipt number         

Balance due         

PA 1067494  
Susan

*[Handwritten signature]*

I hereby certify I am the          of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed         

Signature         

Address         

State          Zip Code         

Telephone         

Work Order # E 7884

FD-603 (REV. 8-85)

Invoice # 029472

Acct. # 000952

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7884

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>John</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>Doe CC#88-2636</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>unk</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Dec. 5, 1988</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>Escondido</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Av. San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>1424</b>		

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 <i>John Mayer</i>	8B. DATE SIGNED <b>2-2-89</b>
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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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 02 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Brown, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>3851 Rossmore San Diego, CA 92101</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input checked="" type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope cemetery 3751 Market San Diego, CA</b>	11B. DATE INTERRED <b>2/3/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Leoyul...</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Bag of Bones - Bluffwood box on North Side Top</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

See Scope

Date 2/2/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Suzanne Lynn Martinez

in a Concrete Funeral, date, time Feb 27 - 1:30

Church, Chapel, Graveside Family Room; None Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

Lot 9 Grave 6 Row N. 4th Century BX4 area Section BAR Division/Block JE

Grave space & Care Fund Lot 9 - 2p. 6 North 4" 215<sup>00</sup>

Additional spaces and care fund None

Opening/Closing & Setup 105<sup>00</sup>

Burial Container Concrete 40<sup>00</sup>

Handling Fees Labor 60<sup>00</sup>

Flower vases - Marker setting fee not included

Recording and filing fee 2 @ 35 70<sup>00</sup>

Sales taxes 2<sup>00</sup>

Total Due 492<sup>00</sup>

Paid receipt number 307363 492<sup>00</sup>

Balance due 0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signatures of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Suzanne Lynn Martinez  
5564 Lone Star Dr.  
San Diego, California  
(619) 286-7415 - 92120

Invoice #

Acct. #

Work Order # E 7885

PR-583 (REV. 8-88)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 37363



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 2-14, 1989

From: Jacqueline Martinez Address: 5564 Ave The Dr, S  
San Diego, CA 92110 Dollars (\$) 492.80

In Payment of sumner Martinez's interment

Lot 9 Grave 6 Row \_\_\_\_\_ Section GAR Division Block 3E

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 8-785  
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77194	<u>43.00</u>
80% Sales of Lots	100	<u>172.00</u>
Opening/Closing	77181	<u>105.00</u>
Burial Containers	100	<u>40.00</u>
Handling Fee	77185	<u>60.00</u>
Recording Misc. Fees	100	<u>50.00</u>
Pre-Need Trust	63003	
Sales Tax	80101	<u>2.80</u>
TOTAL PAID	78390	<u>492.80</u>

CITY AUDITOR  
FEB 17 1989

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY 004168**  
 264-3151

NO 38071

Date: 10-23- 19 89

From: Chris Martinez Address: 6550 Burgandy St., S.D. CA 92120

Fifteen dollars and 95/100 Dollars (\$ 15.95 )

In Full Payment of installation of flower can

Lot 9 Grave 6 Row \_\_\_\_\_ Section G.A.I.R Division CITY AUDITOR  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 7885

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

148.5

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		
Opening/Closing	77181		
Burial Containers	100		
	77182	5	
Handling Fee	100	10	60
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		35
	78390		
TOTAL PAID	\$	15	95

OCT 30 1989

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

N8933  
E7885

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>SUNNY</b>	1B. MIDDLE <b>LYNN</b>	1C. LAST (FAMILY) <b>MARTINEZ</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>10-23-1943</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>1-28-1989</b>	4. SEX <b>FEMALE</b>
--	---------------------------	--------------------------------------	--	---	-------------------------

5A. CITY OF DEATH <b>WEST LOS ANGELES</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>LOS ANGELES</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MICHAEL CHRISTOPHER A. MARTINEZ (HUSBAND)</b>
--	---	---

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>NEPTUNE SOCIETY P.O. BOX 2308 EL CAJON, CA</b>	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-1352</b>
--	--

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 <i>Brenda Maloney</i>	8B. DATE SIGNED <b>2/7/1989</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 09 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Robert M. ...</i>
---	---	--	---

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>313 N. FIGUEROA ST. LOS ANGELES, CA</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT <b>P.O. 85222 SAN DIEGO, CA</b>
---	---

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>MNT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIF.</b>	11B. DATE INTERRED <b>2/14/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Leggett ...</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>LENEIDA CREMATORY INC. 14065 HWY 80 EL CAJON, CA.</b>	12B. DATE CREMATED <b>2/12/89</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>...</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED <i>Feb 14 1989</i>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>Same Consultant Bob (Conute) With Baby</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	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 <b>N/A</b>	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.

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7885

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
		<b>Martinez</b>	<b>7-13-1970</b>	<b>7-13-1970</b>	<b>Male</b>
5A. CITY OF DEATH		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
<b>La Mesa</b>		<b>San Diego</b>		<b>Christopher Martinez—father</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE		
<b>Cypress View/Bonham Brothers</b>			<b>670</b>		
<b>3953 Imperial Ave. San Diego, CA</b>			<b>6550 Burgundy St. San Diego, CA 92120</b>		
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
			<i>[Signature]</i>		<b>2-2-1989</b>

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		<b>\$4.00</b>	<b>FEB 2 1989</b>	<i>[Signature]</i>
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		
	<b>San Diego County—Vital Records</b>	<i>[Signature]</i>		
	<b>3851 Rosecrans St. San Diego, CA</b>			

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

**FOR CORONER'S USE ONLY**

I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

J. TRANSIT (OUTSIDE OF CALIFORNIA)

K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
		<b>Mount Hope Cemetery</b>	<b>9-6-88R-3E</b>	<i>[Signature]</i>
		<b>3751 Market St. San Diego, CA 92102</b>	<b>2/14/89</b>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
		<b>N/A</b>	<i>[Signature]</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	<b>N/A</b>			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	<b>N/A</b>			
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	15B. DATE OF DISPOSITION	16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
	<b>N/A</b>			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jane Verner  
in a Bell Services Funeral, date, time Tues 2/7 11:00

Church, Chapel, Graveside Howe's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 29 Grave 7 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 \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number \_\_\_\_\_ 35.00

Balance due 0

*Public Services  
will mail  
check*

*Presented  
P-8614*

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on 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 7886

PY-563 (REV. 8-85)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7886

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>IONE</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>VANER</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>05-17-1908</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>02-03-1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SELF: PRE NINE RECORD</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-480</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>2.6.89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 06 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
--	--

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>3751 Market St. Mount Hope Cemetery - San Diego, CA</b>	11B. DATE INTERRED <b>2/7/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>29-7-3-12 Cloth Covered Octogan - Plastic Bale Handler</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Limer</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E7886 No 37488

From Don Davis Regional Water Address 4355 Duffin Rd, SD Date: 3-9, 1988

In Trust - P/O 11/10 Dollars (\$ 35.00)  
 Payment of Recording fee for Don Davis

Lot 29 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7086  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	<u>35 00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>35 00</u>

CITY AUDITOR  
 MAR 16 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William Henry Everett

in a T.S. Vault Vault/Line Funeral, date, time Wed 2/8 10:30

Church, Chapel, Graveside Chapel & Home 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 Infused Sale

✓ Lot 4409 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund .....	<u>595.00</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>175.00</u>
Handling Fees .....	<u>170.00</u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>12.25</u>
Total Due .....	<u>1307.25</u>

Paid receipt number 37341 1307.25

Balance due 0

*30 days  
notice*

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 496 REGINA DEL MAR  
PACIFICA CA 94044  
State CA Zip Code  
415-355-4987  
Telephone

Work Order # E 7887  
PY-503 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

W.O. # E-7887

NOTE

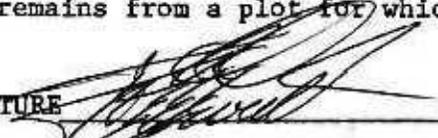
\$ 1307.25 San Diego, California

February 2 19 89

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 thirteen hundred seven 25/100 — DOLLARS with interest from 60 days after interest 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 JOSEPH E. EVERETT SIGNATURE 

ADDRESS 496 REINA DEL MAR PACIFICA CA 94044

CALIF. DRIVERS LIC. # A0619554

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7887

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>WILLIAM</b>	1B. MIDDLE <b>JOHN HENRY</b>	1C. LAST (FAMILY) <b>EVERETT</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>3-14-1923</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>2-5-1989</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Joseph E. Everett - Son 496 Reina Del Mar Pacifica, CA 94044</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Central Loma Grove Mortuary 7387 Broadway - Loma Grove, CA 92045</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F941</b>		
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 <i>[Signature]</i>		8B. DATE SIGNED <b>2-6-1989</b>	
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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 7 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>VITAL RECORDS DEPT. OF HEALTH SERVICES San Diego, CA 92138-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	
TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY	
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b>	11B. DATE INTERRED <b>2/8/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Boyfietown Selected Hardware &amp; Veneer - T. &amp; Kault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37341

Date: 2-8, 1989

From: Jessie Everett Address: 496 Reina Del Mar, Pacific, CA

Written funded seven 25/100 Dollars (\$ 1307.25)

In Payment of William Everett's Interment

Lot 4409 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7827  
 BALANCE DUE E

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

5205

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE

ISSUED BY Andie Ward

CREDIT	67007	
20% Sales Care	77184	<u>119.00</u>
80% Sales of Lots	100	<u>476.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	60101	
Sales Tax	78390	<u>12.25</u>
<b>TOTAL PAID</b>		<b>\$ <u>1307.25</u></b>

**CITY AUDITOR**  
 FEB 16 1989

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 38276  
 E 7887

Date: 7-11, 1989

From: Mrs. Quick Address: \_\_\_\_\_

Sept 5 1989 Dollars (\$) 15.95

In \_\_\_\_\_ Payment of Spouse care for William Sweet

Lot 4409 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7887

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>15.95</u>

CITY AUDITOR  
 JUL 14 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-6-89

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Paul M. Donald  
in a Bell Tower Vault/Liner Funeral, date, time Thurs, 2/9, 2:00

Church, Chapel, Graveside Graveside Temp Crematory

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

Lot 35 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 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 ..... 35.00

Recording and filing fee ..... 7.00

Sales taxes ..... 607.00

Total Due ..... 607.00

Paid receipt number 37248 607.00

Balance due 0

I hereby certify I am the Attorney in Fact of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Judith Stewart

Address P.O. Box 880107

City San Diego, Cal. 92108

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone 296-9134

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7888

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7888

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>OPAL</b>	1B. MIDDLE -----	1C. LAST (FAMILY) <b>MC DONALD</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>10-08-1902</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>02-04-1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Judith Stewart - Conservator</b> <b>P. O. Box 880107</b> <b>San Diego, CA 92108</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Lewis Colonial/Bambough San Diego, CA 92104</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-480</b>		

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 <i>Jerry D. Meadows</i>	8B. DATE SIGNED <b>2-8-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 8 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>VITAL RECORDS...P.O. BOX 85222</b> <b>San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>3751 Market St.</b> <b>Mount Hope Cemetery - San Diego, CA</b>	11B. DATE INTERRED <b>35/3/8</b> <b>2/9/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Pennington - Cloth-wooden</b> <b>hines</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37348

From: Helen Leaper Date: 2-9, 1989  
 Address: P.O. Box 880107, SD CA  
City of San Diego, CA 92107  
 Dollars (\$) 607.00  
 In Payment of Opal Mc Donald's interment

Lot 35 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division Block 8

Invoice No \_\_\_\_\_  
 Acct. No \_\_\_\_\_  
 W.O. E-7808  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 01526

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY Linda Ward

GREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>350.00</u>
Burial Containers	100	<u>100.00</u>
Handling Fee	77182	<u>145.00</u>
Recording & Misc. Fees	77183	<u>3.50</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>7.00</u>
	78380	
TOTAL PAID	\$	<u>607.00</u>

CITY AUDITOR  
 FEB 16 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rudoy & Ellie Vakkers

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 62 Grave 2 Row \_\_\_\_\_ Section 3 Division/Block 5

Grave space & Care Fund flat marker fee 595.00

Additional spaces and care fund exp. to prevent marker

Opening/Closing & Setup is set as addition

Burial Container \$100 is due

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee see 7890

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 595.00

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.

Rudoy & Ellie Vakkers  
Signature

Signature of recorded holder of deed \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 7889

FD-283 (REV. 8-88)



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Buried in (B) Date 2-7-89  
Foot of grave

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth C. Pearson

in a Ash Vault Funeral date, time Mon 2:27 PM

Church, Chapel, Graveside delivery only; Erickson - Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Asks in Office

Lot 38 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section F00F Division/Block 16

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105.00

Burial Container ..... 46.00

Handling Fees ..... 60.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 2.80

Total Due ..... 242.80

paid receipt number 37329 242.80

Balance due 0

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed \_\_\_\_\_

John P Pearson Jr  
Address 9423 Shamples Dr  
LAMBEA, CA 92041  
City LAMBEA, CA 92041 Zip Code  
State 463 2808  
Telephone \_\_\_\_\_

Work Order # **E 7890**  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

*Notify when is complete*  
*All: [unclear] [unclear]*

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7890

#57667

Erickson Anderson

Found

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>RUTH</b>	1B. MIDDLE <b>C.</b>	1C. LAST (FAMILY) <b>PEARSON</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Oct. 16, 1910</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 6, 1989</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>La Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>John P. Pearson Jr. Brother 9423 Showplace Drive La Mesa, California 92041</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Erickson-Anderson 8390 Allison Av. La Mesa, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F296</b>		

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 <b>Feb. 8, 1989</b>
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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 8 1989</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records P.O. Box 85222 San Diego, CA 92138-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  
*Donall E. Ramon, M.D.*

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                             | <input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)                  | <input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)                                       |
| <input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY         |   |
| <input type="checkbox"/> D. SCIENTIFIC USE                                       | <input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |   |

**FOR CORONER'S USE ONLY**

- K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 38-100F-16 3751 Market Street San Diego, CA</b>	11B. DATE INTERRED <b>2/27/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Cypress View Crematory 3953 Imperial Av. San Diego, CA.</b>	12B. DATE CREMATED <b>2-10-89</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>Comitruen - at Ritefoot of Space</b>	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	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	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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37329  
 E 7890

From: Juan P. Ramirez Address: 9422 Shoreline Dr, #111  
1000 Mendocino City - W.C. 92110 Date: 2-7, 19 89  
 Dollars (\$) 242.80  
 In Payment of Ruth C. Ramirez's Burialment

Lot 36 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section JCDF Division Block 16

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7890  
 BALANCE DUE 6

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR  
 FEB 10 1989

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	77182	40	00
Handling Fee	77185	60	00
Recording & Misc. Fees	77183	33	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	2	00
	78380		
TOTAL PAID	\$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eucina Nowden

in a T.S. Vault Funeral, date, time Mon 2/13 2:00

Church, Chapel, Graveside Church & 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 5700 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 ..... 170.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 12.25

Total Due ..... 1407.25

Paid receipt number O.T. 100.00

balance due 1507.25

*30 days note*

Mother 4/12/89

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.

Menthe L. Armstrong

Signature 4976 Elm St

Address San Diego Ca 92102

State 264-4534 Zip Code

Telephone

Signature of recorded holder of deed

Invoice # 079404

Acct. # 028065

Work Order # E 7891  
PY-503 (REV. 8-86)

REPORT NO. 001  
 DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/D	PAYM DATE DPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
079474	02/15/89	029065	MINTHA L. ARMSTRONG	77181	000072	03/17/89	CK	2151	500.00	1,507.25	507.25 PARTIAL PAYMENT
			100 072	77182	000072				106.15		
			100 072	77183	000072				58.05		
			100 072	77184	000072				44.78		
			100 072	77185	000072				46.11		
			100 072	78390	000072				56.39		
			60101	77184					4.06		
			67007						184.46		

*E-789/*

079474	02/15/89	029065	MINTHA L. ARMSTRONG	77183	000072	03/07/89	CK	2150	500.00	1,507.25	0.00 PAID IN FULL
			100 072	77181	000072				106.15		1,007.25 PARTIAL PAYMENT
			100 072	77182	000072				58.05		
			100 072	77183	000072				44.78		
			100 072	77184	000072				46.11		
			100 072	77185	000072				56.39		
			100 072	78390	000072				4.06		
			60101	77184					184.46		
			67007						410.00		

*E-789/*

NUMBER OF INVOICES PAID 2  
 TOTAL AMOUNT PAID 910.00

*OK*

W.O. # 8-7891

NOTE

\$ 1407.25 San Diego, California

2-7 19 89

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 fourteen hundred seven 25/100 DOLLARS with interest from 4-30-89 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 MINTHA L. ARMSTRONG SIGNATURE Minttha L Armstrong

ADDRESS 4976 Elm St San Diego Ca 92102

CALIF. DRIVERS LIC. # B1848380

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7891

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Rogina</b>	1B. MIDDLE	1C. LAST (FAMILY) <b>Nowden</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>8-23-50</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>2-5-89</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Nintha L. N. Armstrong-mother 4976 Elm St. San Diego, Ca. 92102</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca. 92102</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>2/8/89</b>
---	--	----------------------------------

<b>'PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b> THIS PERMIT 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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 9 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P. O. Box 85222 San Diego, Ca. 92138-85222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102</b>	11B. DATE INTERRED <b>2/13/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Street San Diego T.S. Vault late funeral - Budget - just 4PM - out 4:15 -</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

3/27

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37535

Date: 3-17, 1989

From: Stephen Cantor Address: 4976 Elm Street SD

Five hundred & no/100 Dollars (\$ 500.00)

In \_\_\_\_\_ Payment of Regina Howard's Interest

Lot 5700 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. 079474

Acct. No. 024065

W.O. E-7891

BALANCE DUE 507.25

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78300	
TOTAL PAID	\$	<u>500.00</u>

CITY AUDITOR

MAR 28 1989

OFFICIAL RECEIPT

4/17

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 37665



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 4/12, 1989

From: Sheldon Armstrong Address: 4976 - Elm St - S.S.

In Five hundred Seventy and 25/100 Dollars (\$ 507.25)  
Payment of Final Interment of and for Regina Nowden's Int.

Lot 5100 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. 079474  
Acct. No. 029065  
W.O. E-7891  
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
2% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83033	
	9022	
	80101	
	75380	
TOTAL PAID	\$	<u>507.25</u>

CITY AUDITOR  
APR 18 1989

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
7.25 500.00  
H2158

MT. HOPE CEMÉTERY  
INTERMENT ORDER

City of San Diego

Date 2-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearl S. Woodruff in a Bell Line Vault/Liner Funeral date, time Fri 2/10 2:00 Church, Chapel, Graveside Church Home, Paysondale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 123 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Preneed D-4050

Burial Container Preneed P-4174

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 27382 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 7892

PY-593 (REV. 8-85)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7892

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Pearl</b>	1B. MIDDLE <b>Gladys</b>	1C. LAST (FAMILY) <b>Woodruff</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>8-2-1900</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>2-5-1989</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ozella Roberts - Niece 3845 1/2 Oceanview Blvd. San Diego, California 92113</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd.</b>			7B. CALIFORNIA LICENSE NUMBER IS APPLICABLE <b>F 1329</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>2-9-89</b>
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* 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.	8A. AMOUNT OF FEE PAID <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 10 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, CA. 92138</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 123-10 3751 Market Street San Diego, CA.</b>	11B. DATE INTERRED <b>2/10/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Silver Alton - wooden Liner</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

008953

No 37382



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 2 22 19 89

From: Candace - Pasadena Address: 5050 Federal Blvd, SD

Thirty-five 20/100 Dollars (\$ 35 00)

In Payment of Accounting for your Account & Warrant

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-7842

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87) 2430

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77194	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	90101	
	78390	
TOTAL PAID	\$	<u>35 00</u>

CITY AUDITOR  
MAR 06 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2/9

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of David Daniel Coffman

in a \_\_\_\_\_ Funeral, date, time Feb 2/10 10:11

Church, Chapel, Graveside Deliver Only; 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 114 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 55.00

Additional spaces and care fund ..... 90.00

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

P.A. 1068059

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 7893  
PY-593 (REV. 8-95)

Invoice # 07900

Acct. # 00000

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7893

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>David</b>		1B. MIDDLE <b>Daniel</b>		1C. LAST (FAMILY) <b>Coffman</b>		2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Sept. 25, 1939</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 4, 1989</b>		4. SEX <b>Male</b>			
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>				6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jenene Savders - Daughter 9913 Mission Gorge Rd. #4 Santee, CA 92071</b>					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Av. San Diego, CA</b>						7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>1424</b>							
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 <i>John Mayer</i>		8B. DATE SIGNED <b>2-9-89</b>			
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 <b>4.00</b>		9B. DATE PERMIT ISSUED <b>FEB 9 1989</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D. mm</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>3851 Rosecrans Av. San Diego, CA 92101</b>						9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)			FOR CORONER'S USE ONLY				
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)							
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY			<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			<input type="checkbox"/> K. DISPOSITION PENDING							
<input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY										
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery San Diego, CA</b>				11B. DATE INTERRED <b>114-2 Top - 1-12 - 2/10/89</b>		11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Joseph [Signature]</i>				
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY <b>N/A Fletcher - Fleck Board - 4 Paster Handle - Covered White Burl Sheet</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY				
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Whiner - Steel Drum on So. Center</b>				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 <b>N/A</b>				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 <b>N/A</b>				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.**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2/11/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of David Todd Matthews (aka Singleton)

in a Bell Liner Vault/Liner Funeral date, time 11:00-Tues 2/14

Church, Chapel, Graveside Chapel #125; 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 3033 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/~~Block~~ 9

Grave space & Care Fund ..... 00.00

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 69.00

Burial Container Bell Liner OOA ..... 49.00

Handling Fees ..... 50.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 3.00

Casket 2-0 oval top  
Red

Total Due ..... 299.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Telephone

Work Order # E 7894  
FY-593 (REV. 9-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38713

Date: 12-28, 1989

From: Trust of San Diego Address: 1600 Pacific Highway

Two Hundred Dollars (\$ 200.00)

In Payment of David Matthews Interment

Lot 3033 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-7894

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

607647

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	<u>20.00</u>
20% Sales Tax	77184	
80% Sales Tax	100	<u>80.00</u>
of Lots	77184	
Opening/Closing	100	<u>64.00</u>
Burial Containers	77181	
Handling Fee	100	<u>44.00</u>
Recording & Misc. Fees	77182	
Pre-Need Trust	100	<u>50.00</u>
Sales Tax	77185	
	100	<u>25.00</u>
	63033	
	8022	
	80101	<u>2.00</u>
	78390	
TOTAL PAID	\$	<u>299.00</u>

JAN 02 1990

AUDITOR

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7894

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>David</b>	1B. MIDDLE <b>Todd</b>	1C. LAST (FAMILY) <b>Matthews</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Sept. 4, 1909</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 7, 1989</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Alberta S. Singleton - Grandmother 3845 - 47th St. Apt. 7 San Diego, California 92105</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F 1329</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>2-11-89</b>
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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 <b>4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 13 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. Box 85222 San Diego, CA. 92138</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>3033-1-9 Mt. Hope Cemetery 3751 Market Street San Diego, California</b>	11B. DATE INTERRED <b>2-14-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Blue H.P. - 2-0 - N.L.</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Earth Backfill -</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2/13/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rosa L. Sharp  
in a T.S. Vault Vault/Line Funeral date/time Tues 2/14 1:00

Church, Chapel, Graveside Delaney Crk; 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 100 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

*Needed  
Just  
E-6932*

Total Due 8

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 7895**  
PY-583 (REV. 8-85)



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7895

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ROSA</b>	1B. MIDDLE <b>LEALI</b>	1C. LAST (FAMILY) <b>SHARP</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Feb. 14, 1894</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 10, 1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mary Lou Swick (Daughter) 3428 Curlew Street San Diego, CA 92103</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Magrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 92011</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-964</b>		

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 <i>Judith E. King</i>	8B. DATE SIGNED <b>2-13-89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 14 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Cannon, M.D.</i>
8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records P.O. Box 85222 San Diego, CA 92138-5222</b>		8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>	11B. DATE INTERRED <b>2/14/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A T.S. Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Wilhelmina Krechler

in a Double Crypt Funeral, date, time June 2/14 1:00

Church, Chapel, Graveside Graveside; Carroll Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 62 Grave 2-Bottom Row \_\_\_\_\_ Section 3 Division/Block 5

Grave space & Care Fund .....	<u>575.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container <u>Double Crypt</u> .....	<u>330.00</u>
Handling Fees .....	<u>320.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>23.10</u>
Total Due .....	<u>1623.10</u>
Paid receipt number <u>37357</u> .....	<u>1000.00</u>
Balance due .....	<u>623.10</u>

I hereby certify I am the SON & 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.

ELLIE WARRERS  
Julia Krechler  
Signature  
10348 E/MDALE DR.  
Address  
SPRING VALLEY  
State CA Zip Code 92077  
Telephone 670-4841  
670-5048 079496  
Invoice # \_\_\_\_\_  
Acct. # 023064

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 7896  
PY-593 (REV. 8-85)

W.O. # 2-7896

NOTE

\$ 623.10 San Diego, California

2-13 19 89

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 twenty-three 10/100 DOLLARS with interest from 4-17-89 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 JULIUS KRECKLER SIGNATURE Julius Kreckler  
ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. # \_\_\_\_\_

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

**- APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

**E 7896**

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>WILHELMINA</b>	1B. MIDDLE <b>ALBERTINA</b>	1C. LAST (FAMILY) <b>KRECKLER</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>8-13-1893</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>2-11-1989</b>	4. SEX <b>F</b>
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5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ellie Vakkers - Daughter 10360 Kildale Drive Spring Valley, CA 92077</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>General Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045</b>	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>7941</b>	8. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 
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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.	9A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 	9B. DATE SIGNED <b>2-12-1989</b>
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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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 14 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>VITAL RECORDS DEPT. OF HEALTH SERVICES San Diego, CA 92138-3222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 3751 Market Street San Diego, CA 92102</b>	11B. DATE INTERRED <b>62-2-3-5 2/14/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Double Crypt - on Bottom Wooden Cloth Covered Casket</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**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.**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

112 38592

Date: 11-22, 1989

From: J. C. E. Address: \_\_\_\_\_

Twelve 95/100 Dollars, (\$ 15.95)

In \_\_\_\_\_ Payment of grave deep for [unclear]

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 827896

BALANCE DUE 15.95

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>15.95</u>

CITY AUDITOR  
 DEC 04 1989

OFFICIAL RECEIPT

No 37357



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

From: Julius Kreckler Address: 10348 Elmdale Dr, S Date: 2-13 1989  
One thousand no/100 Dollars (\$ 1000.00)  
In \_\_\_\_\_ Payment of Wilhelmina Kreckler  
Interment  
Lot 62 Grave 2 Row \_\_\_\_\_ Section 3 Division 5  
Block \_\_\_\_\_

Invoice No \_\_\_\_\_  
Acct. No \_\_\_\_\_  
W.O. E-17896  
BALANCE DUE 623.10

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 Andra Wold

CREDIT	67007	119.00
20% Sales Care	77184	
80% Sales of Lots	100	476.00
Opening/Closing	77184	
Burial Containers	100	320.00
Handling Fee	77181	
Recording & Misc. Fees	100	85.00
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	1000.00

CITY AUDITOR

FEB 21 1989

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
079476	02/15/89	029064	JULIUS KRECKLER				03/06/89	CK	838	623.10	623.10	0.00
			100 072		77182	000072				245.00		
			100 072		77183	000072				35.00		
			100 072		77185	000072				320.00		
			60101		7839D					23.10		
NUMBER OF INVOICES PAID TOTAL AMOUNT PAID			1 623.10									

*2-7896*

*[Signature]*

PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert E. Kay Jr.

in a T.S. Vault Funeral, date, time Thurs 2/16 11:00

Church, Chapel, Graveside Chapel of the Good Shepherd Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes

Lot 138 Grave 12 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 300.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee - Setty fee 135.00 .....

Recording and filing fee ..... 35.00

Sales taxes ..... 12.25

Set up at monument

Total Due ..... 1207.25

Paid receipt number 3/21/89 135.00

Balance due 1072.25

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.

Melodie Krussel  
Signature  
621 Clamath St.  
Address  
Spring Valley, CA 92077  
City  
589-7263  
Telephone  
Zip Code

Signature of recorded holder of deed

Work Order # E 7897

Invoice # 02772  
Acct # 02772

W.O. # E 7897

NOTE

\$ 1342<sup>25</sup>

San Diego, California

2/13 19 89

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 Thirteen hundred forty two and 25/100 DOLLARS with interest from March 15, 1989 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 \_\_\_\_\_

SIGNATURE X Melodie Knudsen

ADDRESS \_\_\_\_\_

CALIF. DRIVERS LIC. # @0038428

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7897

USE BLACK INK—MAKE NO ERASURES; WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ROBERT</b>	1B. MIDDLE <b>EDWARD</b>	1C. LAST (FAMILY) <b>KAY Jr.</b>	2. DATE OF BIRTH (MONTH DAY YEAR) <b>2/18/33</b>	3. DATE OF DEATH (MONTH DAY YEAR) <b>2/11/89</b>	4. SEX <b>M</b>
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5A. CITY OF DEATH <b>Tucson</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>Pima Arizona</b>	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Melodie Knudsen Daughter 621 Cleopatra St. Spring Valley, CA</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FEATHERHILL MORTUARY 6322 El Cajon Blvd. San Diego</b>	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>1083</b>
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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 <i>Edward Feell</i>	8B. DATE SIGNED <b>2-14-89</b>
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* <b>PERMIT</b> 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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 15 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Barnes M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>Vital Records P.O. Box 3887 Phoenix, Ar. 85030</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT <b>P.O. Box 85222, San Diego, CA 92138-8222</b>
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Nt. Hope Cemetery 3751 Market St San Diego</b>	11B. DATE INTERRED <b>2/14/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Georgina...</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>n/a Cloisterwood State Con. T.S. Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

079576 02/17/89 029112

E-7897

MELODIE KNUDSEN

100 072  
100 072  
100 072  
100 072  
100 072  
100 072  
60101  
67007

03/21/89 CK 91508

77181 000072  
77182 000072  
77183 000072  
77184 000072  
77185 000072  
78390  
77184

1,342.25  
320.00  
175.00  
170.00  
396.00  
170.00  
12.25  
99.00

1,342.25

PAID IN FULL 0.00

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Beatrice B. Skron

in a Ball Room Vault/Liner Funeral date, time Fri 2/17 1:00

Church, Chapel, Graveside Chapel of St. Mary, Rincon - Mt Mortuary. Karin

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 821 top Grave SEP Row Section 3 Division/Block 8

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup Special D-962 }

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes check .....

Total Due ..... 35.00

Paid receipt number 37374 35.00

Balance due 0

*Mortuary will bury*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7898**

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7899

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>GERTRUDE</b>	1B. MIDDLE <b>AGNES</b>	1C. LAST (FAMILY) <b>EKMAN</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>9-11-98</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>2-13-89</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SAN DIEGO</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SELF PRE-NEED RECORDS @ PINKHAM-WITCHELL MORTUARY, 808 13th ST. IMPERIAL BEACH, CA 92032</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>PINKHAM-WITCHELL MORTUARY, 808 13th ST., IMPERIAL BEACH, CA</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-1178</b>		
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 7190 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED <b>2-15-89</b>	
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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 15 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>P.O. BOX 85222, SAN DIEGO, CA 9213885222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT			
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY	
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY			
COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY <b>821-3-8 MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA</b>		11B. DATE INTERRED <b>2-17-89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CREMATORY <i>Knotty Pine - Wooden Bell Lewis</i>		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION		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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 7898 No 37374

From: Franklin Mitchell Address: 808 13th Street, San Diego  
 Date: 2-17, 1989  
 In Thirty - Five Dollars (\$ 35.00)  
 Payment of Leisure A. Ekman's Interment

Lot 821 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division 8  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-1787  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 10-57)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
**FEB 24 1989**  
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	<u>35.00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>35.00</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Blanche Darlene in a T.S. Vault Funeral, date, time Tues 2/21 1:00 Church, Chapel, Graveside Seaside : Pop. Beach Mortuary. Phil  
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 970 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund .....	_____
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>175.00</u>
Handling Fees .....	<u>170.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>12.25</u>
<b>Total Due</b> .....	<u>712.25</u>
<b>Paid receipt number</b> <u>37380</u>	<u>712.25</u>
<b>Balance due</b> .....	<u>0</u>

*Sample with 2/21/89  
be to pay - out*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Blanche Darlene

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City (901) 382-5281 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 7899**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7899

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>BLANCHE</b>	1B. MIDDLE <b>NELLIE</b>	1C. LAST (FAMILY) <b>DARLING</b>	2. DATE OF BIRTH (MONTH DAY YEAR) <b>1/10/1895</b>	3. DATE OF DEATH (MONTH DAY YEAR) <b>2/13/1989</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>MEMPHIS</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>SHELBY CO., TN</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MAXINE GORDON—DAUGHTER 4008 MACAULAY COVE MEMPHIS, TN 38127</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>PACIFIC BEACH MORTUARY—SAN DIEGO, CA 92109 4710 CASS ST.</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>815</b>		
ACKNOWLEDGMENT OF APPLICANT <small>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.</small>		8A. SIGNATURE OF APPLICANT—General Director or Person Acting as Such <i>Mary Friedl</i>		8B. DATE SIGNED <b>2/15/89</b>	

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 15 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D. of</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>MEMPHIS, TN</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT <b>VITAL RECORDS P. O. BOX 85222—SAN DIEGO, CA 92138-5222</b>		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>MT. HOPE CEMETERY—3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO COUNTY</b>	11B. DATE INTERRED <b>2/21/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Joseph Stetta</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>199a Steel Sealers</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Vault</i>	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	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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT

No 37380

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

Date: 2-21 1989

From: Mavis Jordan Address: 3977 Otter Lane Memphis

Seven hundred twelve and 25/100 Dollars (\$ 712.25)

In Payment of Storage Chilling's Interment

Lot 970 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8 Block \_\_\_\_\_

Invoice No \_\_\_\_\_  
Acct. No \_\_\_\_\_  
W.O. E-7899  
BALANCE DUE 4

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

630

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR  
FEB 24 1989

ISSUED BY Andrea Wood

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Planning/Closing	100	320	00
77181			
Burial Containers	100	175	00
77182			
Standing Fee	100	170	00
77185			
Recording & Misc. Fees	100	35	00
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	80101	12	25
78380			
TOTAL PAID	\$	712	25

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eva Barbara Kiser

in a T.S. Vault Funeral, date, time Tue 2/27 1:00

Church, Chapel, Graveside Chapel & Home 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 Open Inf.

Lot 604 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 10 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 ..... 12.25

Total Due ..... 712.25

Paid receipt number 37364 712.25

Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of essential holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address 3222 VISTA Av.

City Canon Gardens 92045

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone 698-8012

Work Order # E 7900

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E7900

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Eva</b>	1B. MIDDLE <b>Barbara</b>	1C. LAST (FAMILY) <b>Kyser</b>	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 22, 1894</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 14, 1989</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>Ramon Grove</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Fred J. Kyser - Son 3222 Vista Avenue Lemon Grove, CA. 92045</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Cypress View/Bonham Brothers San Diego, CA.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>670</b>		

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 <i>Charles E. Hughes</i>	8B. DATE SIGNED <b>2/15/89</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 15 1989</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Powell, M.D.</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH <b>San Diego County - Vital Records P.O. Box 85222, San Diego, CA. 92138</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT <b>N/A</b>
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TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market Street, San Diego, CA.</b>	11B. DATE INTERRED <b>604-10-7 2/17/89</b>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Raymond Stetter</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Cloistered State Vault</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37364

Date: 2-14 19 89  
 From: Kathleen Kesan Address: 3922 Vista Ave, San Diego, CA  
Seven hundred twelve 25/100 Dollars (\$ 712.25)  
 In Payment of Eva Kesan's interment

Lot 604 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 10 Division Block 7 **CITY AUDITOR**

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-7900  
 BALANCE DUE 0

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	
Opening/ Closing	77181	<u>320 00</u>
Burial Containers	100	<u>175 00</u>
Handling Fee	77182	<u>170 00</u>
Recording & Misc. Fees	100	<u>35 00</u>
Pre-Need Trust	63033	
Sales Tax	80101	<u>12 25</u>
	78390	
TOTAL PAID	\$	<u>712 25</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
1013

**FEB 21 1989**