HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-15-

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

in a _____ Vault/Liner Funeral, date, time ~~Thurs~~ Fri 2/17 2:30

Church, Chapel, Graveside Graveside ; Cypress View Mortuary.

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

Mike casket 28" flat Imperial Gate

Lot 713 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 3/8/89	199.00
Balance due	~~[illegible]~~

Paid in full 6/2/89

30 days note

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 [signature]

Address 1123 N Royal Oak 92114

State Zip Code

Telephone 267 7093

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7901

PY-593 (REV. 8-85)

W.O. # E-7901

NOTE

$ 199.00 San Diego, California 2-15 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-nine 99/100 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 Lopez Milo SIGNATURE [signature]

ADDRESS 23 N Poya Oak Dr SD CA 92114

CALIF. DRIVERS LIC. # U5178032

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

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

3/6

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

№ 37418

Date: 3-2, 1989

From: Lopeti Milo Address:

fifty no/100 Dollars ($ 50.00)

In Payment of Infant Tacanuu's interment

Lot 713 Grave Row Section 1 Division Block 9

Invoice No. 079607

Acct. No. 023307

W.O. E-7901

BALANCE DUE 149.00

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

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Cars	67007 77184	
80% Sales of Lots	100 77184	50.00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	50.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

4/7

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

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

№ 37609

Date: 4-4, 19 89

From: Lopez Milo Address:

Fifty dollars no/100 Dollars ($ 50.00)

In Payment of Infant Interment

Lot 713 Grave Row Section 1 Division 9 Block

Invoice No. 079607

Acct. No. 023387

W.O. E-7701

BALANCE DUE 99.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77164	
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 78360	
TOTAL PAID	$	50 00

OFFICIAL RECEIPT

5/8

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

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

№ 37726

Date: 5-2, 1989

From: Lopeti Milo Address: 123 Hazel Oak, SD

Fifty Dollars no/100 Dollars ($ 50.00)

In Payment of Infant Sausmuir's Interment

Lot 713 Grave Row Section 1 Division Block 1

Invoice No. 079607

Acct. No. 023307

W.O. E-7901

BALANCE DUE 49.00

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 [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

6/9

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

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

№ 37888

Date: 6-2, 1989

From: Lopeti Milo Address: 123 N Royal Lake, D

Forty-nine Dollars ($ 49.00)

In _____ Payment of Infant Lawrence's Interment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 079607

Acct. No. 023387

W.O. C1-701

BALANCE DUE —

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

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	49.00

CITY AUDITOR
JUN 13 1989

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7901

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
Baby	-	Tauanuu	Feb. 15, 1989	Feb. 15, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Milo Tauanuu - Grandfather 123 N. Royal Oak Drive San Diego, CA. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Cypress View/Bonham Brothers 3953 Imperial Ave San Diego, CA.	670

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
		▶ Charles L. Hughes	2/15/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	FEB 16 1989	▶ Donald L. Powers, M.D. MP

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
	San Diego County - Vital Records P.O. Box 85222, San Diego, CA. 92138	N/A

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 7/3-1-9 Mt. Hope Cemetery 3751 Market Street, San Diego, CA.	11B. DATE INTERRED 2/17/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Joseph Stetler	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 2-0-Flat Top Wooden-Land	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

NO	DATE	NO	CUSTOMER NAME FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
079607	02/21/89	023307	LOPETI MILO					04/04/89	CA		50.00	199.00	99.00
			100	072		77181	000072				16.08		PARTIAL PAYMEN
			100	072		77183	000072				8.79		
	E-7901		100	072		77184	000072				20.10		
			67007			77184					5.03		

079607	02/21/89	023307	LOPETI MILO					03/02/89	CA	37418	50.00	199.00	149.00
			100	072		77181	000072				16.08		PARTIAL PAYMENT
			100	072		77183	000072				8.79		
	E-7901		100	072		77184	000072				20.10		
			67007			77184					5.03		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Open back gate

Date 2-15-89

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

In a Vault (Vault/Liner) Funeral, date, time Fri 12pm 2/17

Church, Chapel, Graveside Chapel, H.S. ; 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 114 Grave ____ Row ____ Section MAS Division/~~Block~~ P

Grave space & Care Fund	prenead
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales tax	12.25
Total Due	712.25
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7902

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37554

Date: 3-27, 1989

From: Conrad McTuna Address: 7387 Broadway, Lemon Grove

Seven hundred twelve 25/100 Dollars ($ 712.25)

In _____ Payment of George D. Heffler's Interment

Lot 114 Grave _____ Row _____ Section MAS Division Block P

Invoice No. _____

Acct. No. _____

W.O. E-7902

BALANCE DUE 0

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

7151

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 30 1989

ISSUED BY Sandra L. Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	712	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7902

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
GEORGE	R.	HEFFLER	12-17-1898	2-13-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Billie P. Anderson – Nephew 426 W. Cottonwood/#47 Casa Grande, AZ 85222

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Conrad Logan Grove Mortuary 7387 Broadway – Lemon Grove, CA 92045	F941

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
		[signature]	2-15-1989

PERMIT / AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	FEB 16 1989	Donald E. Ramras, M.D. MPH

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego Co. Dept. of Health Services VITAL RECORDS/P.O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 114-MAS-P	11B. DATE INTERRED 2/17/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal Sealer "Last Supper" Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-89

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

in a Bell Jenney Vault/Liner Funeral, date, time Tues 2/21 11:00

Church, Chapel, Graveside Deluxe Only : Lakeside Mortuary.

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

Lot 149 Grave 3 Row ____ Section 4 Division/Block 6

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	325.00
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 ____	____
Balance due	____

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

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

____
Signature of recorded holder of deed

____
Signature

____
Address

____
State Zip Code

____
Telephone

Invoice # ____

Work Order # E 7903

Acct. # ____

PY-693 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 2/21 11:00

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

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

Lot 4909 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	
Balance due	

30 days Note Paid 2/14/89

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

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

Signature of recorded holder of deed

Mrs Serrian W Sykes
Signature
5587 Zircon St
Address
San Diego CA 92114
State Zip Code
(619) 263-3021
Telephone

Invoice # 009641

Work Order # E 7904

Acct. # 029158

PY-693 (REV. 8-86)

W.O. # E-7964

NOTE

$ 407.25 San Diego, California 2-16 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 Seven 25/100 DOLLARS with interest from 4-21-89 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 Serrian Sykes SIGNATURE mrs Serrian V Sykes

ADDRESS 5587 Zircon Street, San Diego, CA 92114

CALIF. DRIVERS LIC. #

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7904

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
Elijiah	Eugene	Sykes	5-28-17	2-11-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Serrian N. Sykes -Wife 5587 Zircon Street San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mortuary	F-1329

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
		Herbert D. Ragsdale	2/17/89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$8.00	FEB 16 1989	Donald L. Rains M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 4909-10 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 2/21/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Steel Beam - Last Supper Vault - Veteran	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

079641 02/22/89 029158	SERRIAN W. SYKES				03/14/89 CA		1,407.25	1,407.25	0.00
	100	072	77181	000072			320.00		PAID IN FULL
2-7904	100	072	77182	000072			175.00		
	100	072	77183	000072			35.00		
	100	072	77184	000072			556.00		
	100	072	77185	000072			170.00		
	60101		78390				12.25		
	67007		77184				139.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 2/21 1:00

Church, Chapel, Graveside Chapel & Grove ; 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 17 Grave 22 Row ____ Section MAS Division/Block M

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 37367	35.00
Balance due	677.25

Mortuary will mail check for balance

37379 677.25

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

Billie Sue Wilkie
Signature

1640 East 11th st
Address

National City CA 92050
State Zip Code

477-5342
Telephone

Invoice # ____

Work Order # E 7905

Acct. # ____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37379

Date: 2-21, 19 89

From: _____ Address: _____

Six Hundred Seventy-Seven 25 Dollars ($ 677.25)

In _____ Payment of Roland Wilkie's Interment

Lot 17 Grave 22 Row _____ Section MHS Division Block 117

Invoice No. _____

Acct. No. _____

W.O. E-1965

BALANCE DUE 0

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

12822

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 24 1989

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 0022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	677	25

OFFICIAL RECEIPT

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

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

№ 37367

Date: 2-16 1989

From: Bibbie Sue Wilkie Address: 1640 E 11 St, National City

thirty-five no/100 — Dollars ($ 35.00)

In _____ Payment of Recording Fee for Roland Wilkie

Lot 17 Grave 22 Row _____ Section MAS Division Block M

Invoice No. _____

Acct. No. _____

W.O. E-7405

BALANCE DUE _____

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

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77165	
Recording & Misc. Fees	100 77163	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	35 00

CITY AUDITOR
FEB 21 1989

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7905

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
ROLAND	DALE	WILKIE	4-26-02	2-14-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	GLORIA WARREN; DAUGHTER 501 ARNOLD WAY ALPINE, CA 92001

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE SAN DIEGO, CA	F-843

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 2-17-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		5.00	FEB 17 1989	Donald L. Romack, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY MARKET STREET SAN DIEGO, CA 17-22-MAS-M	11B. DATE INTERRED 2/21/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cloth Covered State Vault	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 2/21 11:00

Church, Chapel, Graveside Delivery Only; Lakeside Mortuary.

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

Lot 149 Grave 3 Row _____ Section 4 Division/~~Block~~ 6

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 37369	712.25
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

John C Bryan
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7906

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

№ 37369

Date: 2-16 , 19 89

From: Christine Seidler Address: P.O. Box 16 Jamul, CA

Seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of Grave Opening, Interment

Lot 149 Grave 3 Row Section 4 Division 6 Block

CITY AUDITOR
FEB 24 1989

Invoice No.

Acct. No.

W.O. 8-7706

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1052

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	712	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7906

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
FRANCES	A.	CRAWFORD	JUN.8,1895	FEB.15,1989	FEM.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	CHRISTINE SEIGLER (NIECE) 3574 POE ST. SAN DIEGO,CA. 92106

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LAKESIDE SANTEE F. C. 9840 MAINE AVE.LAKESIDE,CA	FD-997

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 ▶ Ron Vela

8B. DATE SIGNED 2/16/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	FEB 17 1989	Donald L. Powers, M.D.

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
P.O.BOX 85222 SAN DIEGO,CA.92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 149-3-4-6 MT. HOPE CEMETERY SAN DIEGO,CA.	11B. DATE INTERRED 2/21/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-89

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

in a Bell Lasley Vault/Liner Funeral, date, time Tues 2/21 1:00

Church, Chapel, Graveside Graveside ; Conrad Mortuary.

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

Lot 82 Grave 6 Row ____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 37375	607.00
Balance due	0

check

Mortuary will verify

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7907

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3161

№ 37375

Date: 2-21 19 89

From: Max Steinbock Address: 2670 Etiwanda Dr, Alpine

Six hundred seven 70/100 Dollars ($ 607.00

In Payment of Virginia Steinbock's interment

Lot 82 Grave 6 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-7707

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
774

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 24 1989

ISSUED BY Sandra Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78300	7	00
TOTAL PAID	$	607	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7907

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
VIRGINIA	RUTH	STEINBACH	10-17-1914	2-16-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Max O. Steinbach - Son 2670 Eltinge Drive Alpine, CA 92001

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045	F941

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
		[signature]	2-17-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	FEB 21 1989	[signature] Gerald L. Ramos, M.D.

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
	San Diego Co. Dept. of Health Services VITAL RECORDS/P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3851 Market Street San Diego, Ca 92102	11B. DATE INTERRED 2/21/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 2/22 1:00

Church, Chapel, Graveside Graveside ; Hems Brother El Centro Mortuary.

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

✓ Lot 81 Grave _____ Row _____ Section FOOF ~~Division~~/Block 23

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 check	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 37383	712.25
Balance due	0

Mortuary will bring

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7908

PY-503 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37383

Date: 2-22 19 89

From: Hens Brothers Mortuary Address: P.O. Box 356 El Centro, CA

Seven hundred Twelve 25/100 Dollars ($ 712.25)

In Payment of Pebble Freeman

Lot 81 Grave Row Section 100F Division Block 23

Invoice No.

Acct. No.

W.O. E1-7408

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 26990

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Wood

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	712	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7408

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
PEBBLE	FAIRY	FREEMAN	Oct 26, 1901	Feb 16, 1989	Fem

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Holtville	Imperial	Horace E. Freeman Son 1214 Bakeman Ct. Lakeside, California

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Hems Brothers Mortuary 1975 So. 4th St. El Centro, Ca. 92243	1025

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—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED Feb. 22, 198

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 4.00	FEB 21 1989	▶ Lee Bottrell MD

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
	935 Broadway, El Centro, Ca. 92243	1700 Pacific Highway, San Diego, Ca. 92101

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 81-100F-23 Mt. Hope Cemetery 3850 Imperial Ave. San Diegho, California	11B. DATE INTERRED Feb.22, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 18ga metal sealer T.S Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Verdell Rogers in a Bell Liner (Vault/Liner) Funeral, date, time Tues 2/21 2:00 Church, Chapel, Graveside Chapel & Grave, Rosedale Mortuary.

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

Lot 107 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	25.00
Sales taxes	7.00
Total Due	907.00
Paid receipt number 371377	907.00
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

Eleanor Thomas
Signature
364 Rexview Dr
Address
San Dieg CA 92114
State Zip Code
262-2631
Telephone

Invoice # ____

Work Order # E 7909

Acct. # ____

PY-693 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37371

Date: 2/17 1989

From: Elenore Thomas Address: 354 Refuerio Dr, San Diego

nine hundred seven 00/100 Dollars ($ 907.00)

In _____ Payment of Verdell Rogers Interment

Lot 107 Grave 1 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7909

BALANCE DUE —

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

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

CITY AUDITOR
FEB 24 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78380	7	00
TOTAL PAID	$	907	00

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7909

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
Verdell		Rogers	6-12-17	2-14-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Eleanor Patricia Thomas - Dtr. 354 Roxview Drive San Diego, California 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Bl.	F 1329

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
		[signature]	2-16-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	FEB 17 1989	[signature]

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
	P.O. Box 85222 San Diego, CA. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 10-1-2-11 Mt. Hope Cemetery 3751 Market Street San Diego, California	11B. DATE INTERRED 2/21/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 2/23 11:00

Church, Chapel, Graveside Angel of Glen Memorial Mortuary.

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

✓ Lot 2944 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ... Single depth Space	595.00
Additional spaces and care fund Sp 2943 reserved	
Opening/Closing & Setup	320.00
Burial Container ... T.S. Concrete Vault	175.00
Handling Fees ... Labor	170.00
Flower vases - Marker setting fee ... none	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number 4114189	1307.25
Balance due	0

30 Note day

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

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

_____
Signature of recorded holder of deed

Lucille Mendez
Signature
x833 E 4th St
Address
x Natl City 92050
City Zip Code
Telephone

Invoice # 080660

Work Order # E 7910

Acct. # 029305

PY-583 (REV. 8-85)

W.O. # E-7910

NOTE

$ 1307.25 San Diego, California 2/21 1989

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 and 25/100 DOLLARS with interest from March 22 - 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 Lucille Mendoza

ADDRESS _____

CALIF. DRIVERS LIC. # X E0571390

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7910

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
DAVID	BEN	JIMENEZ	Dec. 5, 1956	Feb. 18, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Lucille Mendoza - Grandmother 833 East 4th Street National City, CA 92050

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Heath Funeral Home, National City, CA 92050	807		Feb. 21, 1989

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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	FEB 21 1989	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
Box 85222, San Diego, CA 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 2944-10 San Diego, CA Vault —	11B. DATE INTERRED Feb. 23, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Bakersville Hardwood not Sig - mr Heath	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	DRG	ACCT	J/D	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
080660	03/10/89	029305	LUCILLE MENDOZA					04/14/89	CK	0901	1,307.25	1,307.25	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				476.00		
			100	072		77185	000072				170.00		
			L0101			76390					12.25		
			L7007			77184					119.00		

E-7910

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/21/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude G. Richardson & Terrance Romey

in a T.S. Concrete Vault (Vault/Lane) Funeral, date, time 11 AM Wed - 2/22

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

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

Lot 5076 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Single Burial - 695.00

Additional spaces and care fund Sp 5074 to 5070 - are open

Opening/Closing & Setup 320.00

Burial Container T.S. Concrete Vault 175.00

Handling Fees Labor 170.00

Flower vases - Marker setting fee No Deposit

Recording and filing fee 2 People - 70.00

Sales taxes 12.25

30 day note

Total Due 1442.25

Paid receipt number 4/7/89 1442.25

Balance due 0

I hereby certify I am the Mother & 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

Doris Todd Morris
Signature

4967 Date St
Address

San Diego Ca 92102
State Zip Code

2648695
Telephone

Invoice # 080404

Acct. # 029304

Work Order # E 7911

PY-583 (REV. 8-85)

W.O. # E-7911

NOTE

$ 1442.25 San Diego, California 2/21/89 19

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Fourteen Hundred Forty two and 25/100 DOLLARS with interest from 3/20/89 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 4967 Date St SIGNATURE Doris Todd Morris

ADDRESS Doris Todd Morris

CALIF. DRIVERS LIC. # M0889028

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7911

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
Terrence	Christopher	Romby	12-2-88	2-17-89	male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SanDiego	San Diego	Grand Doris Todd-Morris -Mother 4967 Date St. San Diego, Ca. 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Regsdale Mortuary 5050 Federal Blvd.	F-1329

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
		Herbert W. Regsdale	4869

9 PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	FEB 22 1989	Donald B. Ramos, M.D.

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
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 5076-10 Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 2/22/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metairie Lawn - Baby in Casket Vault -	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.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7911

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
Gertrude	Gisele	Richardson	1-26-58	2-17-89	female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	SanDiego	Doris Todd Norris - Mother 4967 Date St. SanDiego, Ca.

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd.	F-1329

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
		Harold W. Ragsdale II	2/22/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	FEB 22 1989	Donald A. Powers, M.D. MM

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
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED (CHECK ONLY ONE)

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 2/22/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Baby Romby in Casket " Mother & [illegible] "	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Counts Vault - Sealer	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.

	FUND	DEPT	ORG	ACCT	JOB	OPER	BN/EQ	FACILI	AMOUNT APPLIED		BALANCE
080404 03/06/89 029304 DORIS TODD MORRIS						04/07/89	CK	625	1,442.25	1,442.25	0.00
	100	072		77181	000072				320.00		PAID IN FULL
	100	072		77182	000072				175.00		
	100	072		77183	000072				70.00		
	100	072		77184	000072				556.00		
	100	072		77185	000072				170.00		
	60101			78390					12.25		
	67007			77184					139.00		

E-911

OK

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,442.25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-89

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

in a T.S. Comite Vault (Vault/Liner) Funeral, date, time Thurs 2/23 10:00

Church, Chapel, Graveside Church & Grave; Lewis Cal. Jerry Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Navy - Military Detail 11:30

Lot 99 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Single Burial	495.00
Additional spaces and care fund	none -	
Opening/Closing & Setup		320.00
Burial Container	T.S. Vault	175.00
Handling Fees	Labor	170.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		12.25
Total Due		1207.25
Paid receipt number	37378 #	1350.00
Balance due		1342.25

Marker Inst. fee

PAID
FEB 21 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

LaVerne A Laughlin
Signature

1036 Madison Ave
Address

San Diego Ca 92116
State Zip Code

619 295 5747
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7912

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37378

Date: 2/21, 1989

From: LaVerne A. Laughlin Address: 1036 - Madison S/SD 92116

Thirteen hundred forty two and 25/100 Dollars ($ 1342 25/xx)

In full Payment of Interment of and for Alvin Laughlin - Deceased

Lot 99 Grave 8 Row — Section -/- Division 11

Invoice No. —

Acct. No. —

W.O. E-7912

BALANCE DUE —0

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

6178

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 24 1989

ISSUED BY [signature]

CREDIT	67007	99	00
20% Sales Care	77164		
80% Sales of Lots	100 77164	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	[illegible]	00 SW
Recording & Misc. Fees	100 77183	130	00 SW
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1342	25

OFFICIAL RECEIPT

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

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

№ 37942

Date: 9-14 19 89

From: LA VERNE LAUGHLIN Address: 1036 MADISON AVE SAN DIEGO 92116

Fifteen Dollars & 95/ Dollars ($ 15.95)

In Full Payment of Flowers UASC (1)

CITY AUDITOR

Lot 99 Grave 8 Row — Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E7912

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3540

AC-212 (Rev. 10-87)

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

ISSUED BY Sally Smart

CREDIT	87007	SFD 1	1989
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
	100	10	60
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7912

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
ALVIN	THOMAS	LAUGHLIN	05-25-1925	02-17-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	LaVerne A. Laughlin - wife 1036 Madison Avenue San Diego, Ca. 92116

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480	▶ Melinda N. Stewart for LCB	2-22-89

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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	FEB 22 1989	[signature] M.D.

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
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St. 99-8-1-11	11B. DATE INTERRED 2/23/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Military - good - Funeral Home Tried to go Wrong Way n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Metal Sealed at Monument	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a This is grave broke Hose -	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. Disp on 2/22 to 7PM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-89

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

in a _____ Vault/Liner Funeral, date, time Thurs 2-23 11:00

Church, Chapel, Graveside Chapel & Graveside ; Rogdale Fri 2/24 Mortuary.

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

Lot 401 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	215.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	$355.00
Paid receipt number 37389	355.00
Balance due	0

30 day note

Mother

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

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

_____
Signature of recorded holder of deed

Naomi A. Phillips-Lerry
Signature

6732 Tiffin Ave.
Address

San Diego, Calif.
State Zip Code

619-573-0743 2
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7913

PY-593 (REV. 6-86)

W.O. # E-7913

NOTE

$ 355.00 San Diego, California 2-21 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 Three Hundred Fifty-five 00 DOLLARS with interest from 4/24/89 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 Naomi Phillips-Terry SIGNATURE Naomi A. Phillips-Terry

ADDRESS 6732 Tiffin Ave / San Diego / CA / 92114

CALIF. DRIVERS LIC. # A4454505705 89

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

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

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

№ 37389

Date: 2-24, 19 89

From: Naomi Phillips Serrano Address: 6732 Suffin Ave, SD

Three hundred fifty-five Dollars ($ 355.00)

In _____ Payment of James Phillips Government

Lot 401 Grave _____ Row _____ Section 4 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. 8-7913

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 06 1989

ISSUED BY Linda Dold

CREDIT 20% Sales Care	67007 77184	43.00
80% Sales of Lots	100 77184	172.00
Opening/ Closing	100 77181	105.00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	355.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

№ 37692

Date: 4-19, 1989

From: N.A. Phillips - Tessy Address: 6732 Tiffin Avenue
One hundred forty 95/100 Dollars ($ 140.95)

In _____ Payment of Marker Installation and Flower Cup

Lot 401 Grave _____ Row _____ Section 4 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7913

BALANCE DUE _____

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

25-96

AC-212 (Rev. 10-87)

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

CITY AUDITOR
APR 21 1989

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		35
TOTAL PAID	$	140	95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7913

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
James	Trimier	Phillips	4-30-57	2-18-89	male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Naomi A. Phillips-Terry Mother 6732 Tiffin Ave. San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd.	F-1329

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
		[signature]	2-21-89

* PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	FEB 21 1989	Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 40-4-8 3741 Market Street San Diego, Ca.	11B. DATE INTERRED 2/24/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Lobeda Inc. 14065 Olde Highway 80 El Cajon, Ca. 92021	12B. DATE CREMATED 2/22/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Bronze Urn — No Cement — no Vault	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 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 2-21-89

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

in a Bell Lane Vault/Liner Funeral, date, time Fri 2/24 10:00

Church, Chapel, Graveside Chapel & Grave ; Beardsley - Mit Mortuary.

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

Lot 1292 Grave _____ Row _____ Section 3 Division/~~Block~~ ~~10~~ 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	7.00
Total Due	607.00
Paid receipt number	
Balance due	

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 7914

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37580

Date: 4-3, 1989

From: Beardsley - Mitchell Address: 1818 Sunset Cliffs Blvd
Six hundred seven no/100 Dollars ($ 607.00)

In _____ Payment of Nettie Carmodey's Interment

Lot 1292 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-7914

BALANCE DUE 607.00

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

AC-212 (Rev. 10-87) 8682

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

CITY AUDITOR
APR 05 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	7	00
TOTAL PAID	$	607	00

E79 14

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date 2/21/1989

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.

The 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 Nettie Lucille Carmody Age 92 Sex F

in the following described interment space:

Grave _____ Lot 1292 Block ~~XXXXX~~ Division 8 Double Depth Yes ☐ No ☐ Section 3

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 Grace O'Neill (Authorized Representative) / Grace O'Neill (Print Name) / Daughter (Relationship to Deceased)

Address 8569 Jackie Dr. (Street) San Diego (City) CA (State) 92119 (Zip) Tel. No. _____

Signature _____ (Authorized Representative) / _____ (Print Name) / _____ (Relationship to Deceased)

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) Tel. No. _____

OFFICE USE ONLY

Interment Fee $ _____

Funeral Director _____ Tel. _____

Address _____

Time 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 _____

FORM: 23 REV. 8/85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7914

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
NETTIE	LUCILLE	CARMODY	3/4/1896	2/20/89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AUDREY G. O'NEILL (DAUGHTER) 8889 JACKIE DRIVE SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
BEARDSLEY-MITCHELL FUNERAL HOME, 1010 SUNSET CLIFFS BLVD, SAN DIEGO, CA.	F-918

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
		▶	2-22-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	FEB 23 1989	Donald G. Powers, M.D.

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
	P.O.BOX 85222, SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 1292-3-8 MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE INTERRED 2/24/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Steel Sealer - Bell Lines - (Burial Marked in 1292-10	12B. DATE CREMATED same	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY Cemetal atom -
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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs. 2/23 11:00

Church, Chapel, Graveside Church & Grave; Erickson - Anderson Mortuary.

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

Lot 8 Grave 5 Row _____ Section MAS Division/Block R

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	
Balance due	

Paid 3/31/89

30 day note

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

Clarence L. Osburn
Signature

4979 Porter Hill Rd.
Address

La Mesa, Ca. 92041
State Zip Code

619-469-7572
Telephone

Invoice # 080406

Acct. # 029306

Work Order # E 7915

PY-593 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7915

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
Dorothy	Marie	Osburn	Aug 13,1910	Feb 19,1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Clarence Dretzke (brother) 2011 3rd St. So. So.St. Paul, MN 55075

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Blackwood-Anderson Mortuary 8390 Allison Ave.,La Mesa, CA 92041	F296	▶ [signature]	Feb22,1989

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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 4.00	FEB 22 1989	▶ Donald L. Remus, M.D.

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
Vital Records PO Box 85222 San Diego,CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 8-5-MAS-R T.S. Vault	11B. DATE INTERRED 2/23/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Sealer	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.

W.O. # E-7915

NOTE

$ 712.25 San Diego, California 2-21 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 _____ 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 Clarence L. Dretzke SIGNATURE Clarence L. Dretzke

ADDRESS 4979 Porter Hill Rd., La Mesa, Ca. 92041

CALIF. DRIVERS LIC. # D-632-119-533-655

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

080406 03/06/89 029306	CLARENCE L DRETZKE			03/13/89 CK	2594	712.25	712.25	0.00
	100	072	77181	000072		320.00		PAID IN FULL
2-7915	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 2
TOTAL AMOUNT PAID 2,119.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-89

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

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs 3/16 AM

Church, Chapel, Graveside Delaney Gilly ; Hemitt Mortuary.

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

Paul H - Place

Lot 53 Grave 15 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37514	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 7916

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 37514

Date: 3-15, 1989

From: Harford Funeral Home Address: 120 N. Buena Vista, Hemet, CA 92343

Two hundred forty-two 80/100 Dollars ($ 242.80)

In _____ Payment of Hazel A. Long's Government

Lot 53 Grave 15 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7916

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 27287

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

CITY AUDITOR
MAR 20 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	2	80
TOTAL PAID	$	242	80

E 7916

864296

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Hazel	Agnes	Long	3-2-1897	2-8-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hemet	Riverside	Lola Z. Reid - Daughter 235 S. State Street San Jacinto, CA. 92383

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Harford Funeral Home, Hemet, Ca.	282

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 2-9-89

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 $4.00	9B. DATE PERMIT ISSUED 2-9-89	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT E.J. Gallagher, Jr., M.D. ▶By:

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
P.O. Box 1370 Riverside, CA. 92502	P.O. Box 85222, San Diego, CA. 92138

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 53-15-2-7 San Diego, CA.	11B. DATE INTERRED 3/16/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Mt. View Crematory, San Bernardino, CA.	12B. DATE CREMATED 2/13/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS FiberBoard Urn (Extra Long) N/A Encased in Portland Cement - 20" deep Center Stop Grave	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 88-2204

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

Church, Chapel, Graveside _____; Greenwood Mortuary.

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

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

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	

B.A. 068504

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7917

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-89

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

in a T.S. - Vault (Vault/Liner) Funeral, date, time Thurs. 2/23 9:00

Church, Chapel, Graveside Church & Grave Berge-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 29 Grave 2 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	20.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 37381	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 Rosario Mera

Address 923 B AVE

State NATIONAL City, CA. Zip Code 92050

Telephone 474 5929

Work Order # E 7918

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37381

Date: 2-22 19 89

From: Loraine Mora Address: 923 B Ave, National City, CA

Twelve hundred seven 25/100 – Dollars ($ 1207.25)

In Payment of Paula Daniels Interment

Lot 124 Grave 2 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-7918

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 24 1989

ISSUED BY Linda Ward

CREDIT	67007	77	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	376	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1207	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7918

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
PAULA	MALTA	RAMIREZ	6/29/1911	2/20/1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Rosario R. Mora - Daug. 923 'B' Avenue National City, CA 92050

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

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
		▶ Ernest L. Mellor	2/22/1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	FEB 23 1989	▶ Donald L. Powers, M.D. MPH

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
	P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 124-2-1-12 Mount Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE INTERRED 2/23/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-89

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

in a — Vault/Liner Funeral, date, time Fri 2/24 11:00

Church, Chapel, Graveside Graveside ; Claremont Mortuary.

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

2 ft

Lot 3021 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 37385	199.00
Balance due	0

30 days note

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

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

_____
Signature of recorded holder of deed

Paul L Byers
Signature

3453 CASTLE GLEN DR
Address

CA 92123
State Zip Code

2784074
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7919

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 37385

Date: 2-23, 1989

From: Paul Beyers Address: 343 Castle Glen Dr. SD

One hundred ninety-nine no/100 Dollars ($ 199.00)

In _____ Payment of Anthony Beyers' Interment

Lot 3021 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-7919

BALANCE DUE ←

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

35897

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 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/Closing	100 77181	64	00
Bonds Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76380		
TOTAL PAID	$	199	00

W.O. # E-7919

NOTE

$ 199.00 San Diego, California 2-21 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 Ninety-Nine DOLLARS with interest from 4/24/89 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 PAUL L BYERS · SIGNATURE Paul L Byers

ADDRESS 3453 CASTLE GLEN DR APT 2N SD CA 92123

CALIF. DRIVERS LIC. # B252-1738-66243743

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7919

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
Anthony	Paul	Byers	1-4-89	2-18-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Paul L. Byers-Father 3453 Castle Glen Drive San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Clairemont Mortuary, 4266 Mt. Abernathy Ave. San Diego, CA 92117	F-1126

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
		▶ [signature]	2-23-89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	FEB 23 1989	▶ Donald L. Rowat, M.D. /lp

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
PO BOX 85222, San Diego	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 3021-1-9 Mt. Hope Cemetery, 3751 Market St. San Diego, CA		11B. DATE INTERRED 2-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2-0 - Johnnie Wooden		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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lam P Long Nguyen

in a F.S. Vault (Vault/Liner) Funeral, date, time Fri 2/24 9:00

Church, Chapel, Graveside Chapel & Grave Lewis (Glorietta) Mortuary.

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

Lot 54 Grave 4 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	125.00
Handling Fees	120.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 37386	1207.25
Balance due	0

Will have flowers before service

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 [signature]

Address 2380 GATLING ct.

State SAN DIEGO, CA Zip Code 92111

Telephone (619) 279-7021

Work Order # E 7920

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 37386

Date: 2-24, 1989

From: National Dissent Institute Address: 3219 Adams Ave. S
Twelve hundred seven 25/100 Dollars ($ 1207.25)

In _____ Payment of Sam P Long Nguyen's Interment

Lot 54 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7920

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 06 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	175	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	1207	25

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7920

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
LAN	PHONG	NGUYEN	01-01-1974	02-21-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Phong Van Nguyen - father 2380 Gatling Court San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Lewis Colonial/Benbough 3051 El Cajon Blvd, San Diego, CA 92104	F-480

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
		▶ Melinda M. Stewart for LCB	2-23-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	FEB 23 1989	▶ Donald L. Powell, M.D.

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
	VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 34-4-2-12 Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 2/24/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Started at 8Am casket placed 9Am n/a Completed at 10:10Am	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Large Different Ground, n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT [redacted]

City of San Diego

Date 2-23-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 2/28 2:00

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

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

✓ Lot 150 Grave 12 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1102.00
Paid receipt number	
Balance due	

30 day note

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

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

_____
Signature of recorded holder of deed

Collections 533-3800

Genera J Stewart
Signature

2787 Gsi #3
Address

SAN Dieg Calif 92102
State Zip Code

2339451
Telephone

Invoice # 080402

Acct.# 029303

Work Order # E 7921

FY-593 (REV. 8-85)

W.O. # E-7921

NOTE

$ 1102.00 San Diego, California 2-23 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 eleven hundred two 00/100 DOLLARS with interest from 60 days after date 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 Geneva Jo Stewart SIGNATURE Geneva J Stewart

ADDRESS 2787 G St #3

CALIF. DRIVERS LIC. # N4792576

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7921

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
Gwendolyn	Jo	Adams	Oct. 15, 1953	Feb. 18, 1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Geneve Jo Stewart-Mother 2787 "G" Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102	F-1329

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
		▶ Russell W. Ragsdale	2/27/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, CA 92138	$4.00	FEB 27 1989	Donald L. Ramos, M.D.

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 150-12-2-12 3751 Market Street Mt Hope Cemetery; San Diego, CA 92102	11B. DATE INTERRED 2/28/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Joyce Keller	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Steel Lawn - Rank Bell Lemon	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-89

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

in a Bell Lines (Vault/Liner) Funeral, date, time 11AM - Monday - 2/27

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

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

Lot 125 Grave 12 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	7.00
Total Due	907.00
Paid receipt number ~~[illegible]~~ 6/23/89	907.00
Balance due	~~[illegible]~~

30 Days note

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: Lest P Kelly

Address: 1839 39

State: Calif Zip Code: 92102

Telephone: 619 262 5300

Invoice # 080481

Acct. # 029307

Work Order # E 7922

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37464

Date: 3-7, 19 89

From: Lola Kelley Address: 1239 39th Street, SD

Seven Hundred 00/100 — Dollars ($ 700.00)

In Payment of Katrina Hawkins Interment

Lot 125 Grave 12 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. 2-7922

BALANCE DUE 807.00

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

302

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 10 1989

ISSUED BY Anita Ward

CREDIT	87007		
20% Sales Cars	100 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	80	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	700	00

OFFICIAL RECEIPT

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

9/17

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

№ 37666

Date: 4-12 1989

From: Lester Kelly Address: 839 39th Street S

Seventy Dollars Dollars ($ 70.00)

In _____ Payment of Barbara Hawkins Interment

Lot 128 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. 080481

Acct. No. 029307

W.O. E-7922

BALANCE DUE 37.00

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

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

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78890	
TOTAL PAID	$	70 00

CITY AUDITOR
APR 18 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

6/30

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

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

No 38184

Date: 6-23- , 1989

From: Doris Cook Address: 4343 C St. Apt #1 S.D. 92102

Thirty-seven dollars and no/100 Dollars ($ 37.00)

In Full Payment of Interment of Barbara Hawkins

Lot 125 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7922

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

JUL 05 1989

ISSUED BY U. G. Teague

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	37	00

W.O. # E-7922

NOTE

$ 907.80 San Diego, California 2-23 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 nine hundred seven no DOLLARS with interest from 60 days after burial 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 Lester L. Kelly SIGNATURE Lester L. Kelly

ADDRESS 839 39TH SAN Diego, Ca.

CALIF. DRIVERS LIC. # C4847518

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7922

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
Barbara	Joan	Hawkins	12-20-46	2-22-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lester L. Kelly-Brother 839 N. 39th Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102	F-1329

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 2/27/89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	FEB 27 1989	[signature]

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
P.O. Box 85222 San Diego, CA 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 12-12-2-11 3751 Market Street Mt Hope Cemetery; San Diego, CA 92102	11B. DATE INTERRED 2/27/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Blue Arlington Woodlawn N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

080481	03/08/89	029307	LESTER L KELLY				03/20/89	CA		100.00	207.00	107.00
			100	072	77181	000072				9.66		PARTIAL PAYMENT
	E-7922		100	072	77183	000072				10.91		
			100		77185	000072				70.05		
			60101		78395					3.38		

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,942.25

080481	03/08/89	029307	LESTER L KELLY				04/18/89	JV	JV28805	70.00	207.00	37.00
			100	072	77181	000072				6.76		PARTIAL PAYMENT
	E-7922		100	072	77183	000072				11.84		
			100		77185	000072				49.03		
			60101		78390					2.37		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 70.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Vermont, 2.00/2.80

in a ___ Vault/Liner Funeral, date, time ~~Fri 2/24 2:00~~

Church, Chapel, Graveside Delivery Only ; Mayer 2/27 Mortuary.

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

✓ Lot 107 Grave 2 Top - Row ___ Section 1 Division/~~Block~~ 12

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

P.A. 1068830

I hereby certify I am the ___ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 080471

Acct. # 000952

Work Order # E 7923

PY-593 (REV. 8-85)

E7923

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: HONORABLE

DEPARTMENT: AIR FORCE

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OF CLASS
VERMONT RAYMOND KENNETH	AO 820 613	1st LT 1 Apr 45	AFRes

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
1635	NOT APPLICABLE	4	Sep	53	Release fr AD

8. REASON AND AUTHORITY FOR SEPARATION: See 515 PL 381-80th Cong & Msg USAF AFPMP-4 AIMAJCOM 591.53, Jun 53

9. PLACE OF SEPARATION: 766th ACW Sq Limestone, Maine

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
24	Mar	25	Brooklyn, New York	Male	Caus	Brown	Blue	69"	185

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X	NOT APPLICABLE	NOT APPLICABLE	NOT	APPLICABLE	

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT

YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
X		Air Force Reserve	Hq, 1st AF (VRS) Mitchell AFB, New York

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [ ] UNLISTED [ ] REENLISTED [ ] COMMISSIONED [X] CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: 1st LT

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
1	May	51	Harve De Grace, Maryland	716 Ontario St., Harve De Grace, Maryland

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
22. NET (SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD)			
23. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	2	4	4
24. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	8	1	5
25. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	10	5	9

21. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY / MONTH / YEAR / AMOUNT: NOT APPLICABLE

26. FOREIGN AND/OR SEA SERVICE: YEARS / MONTHS / DAYS: NOT APPLICABLE

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Air Med (4 OLC).(GO 170, Hq 10th AF, 17Apr45), WW II Vic Med (AFR 35-50), AsPacMed Amer Camp Med (AFR 35-50),Dist Flying Cross (3 OLC)(GO 138, Hq 10th AF,Apr45) AFR35-

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Aircraft Controller

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and Date, if known): None

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
Aircraft Controller Crse	3 Dec 52 thru 25 Feb 53	Aircraft Controller	None

INSURANCE AND PAY DATA

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

32. KIND OF INSURANCE (amount and premium due each month): N.S.L.I.	U.S.G.L.I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
NA	NA	NA	NA

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$831.36	$50.58	R. A. MOORE, 1st Lt, USAF, S/N 225-624

AUTHENTICATION

38. REMARKS (Continue on reverse): Certificate of Service(DD Form 217AF) issued
Blood Type "A", No days lost under AW 86, UCMJ
MOP $200.00 PL 550, 82d Congress

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: William H. Gross

NAME, GRADE AND TITLE (Typed): WILLIAM H GROSS Captain USAF Personnel Officer

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: 6 months schooling — CLAIM NUMBER: Unknown

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
1949	1951	Station Agent	Baltimore & Ohio Railroad, Baltimore, Md.

44. UNITED STATES CITIZEN: YES	NO	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAM-MAR	HIGH SCHOOL	COL-LEGE	DEGREE(S)	MAJOR COURSE OR FIELD
X		Married	8	3	0	None	Vocational

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): 716 Ontario St, Harve De Grace, Maryland

48. SIGNATURE OF PERSON BEING SEPARATED: Raymond K. Vermont

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

HEADQUARTERS COPY (ARMY & AIR FORCE) ATTACH TO SERVICE RECORD

DD FORM 214

E 7923

msn Hotmail

whirledpeas41@msn.com Printed: Monday, March 8, 2004 1:12 PM

From : Evans, Judy <Judy.Evans@sdcounty.ca.gov>
Sent : Monday, January 12, 2004 9:07 AM
To : <whirledpeas41@msn.com>
CC : "Frosio, Patricia" <Patricia.Frosio@sdcounty.ca.gov>
Subject : Headstone

Attachment : ClearDayBkgrd.JPG (8 KB)

Dear Ms. Becher:

You certainly have our permission to place a headstone on your father's grave. I am sorry we were unable to contact you at the time of his death so you could participate with the funeral arrangements and let us know his service information. Unfortunately, San Diego County is a haven for people, mostly men, who live the remainder of their lives separated from their families and they pass away with no information available for us to locate them.

Please give my name to the Mt. Hope staff and ask them to contact me if they have any questions.

JUDITH A. EVANS
Supervising Deputy Pub Admin
Telephone (858) 694-3501
Fax (858) 694-3987

3/9/04 spoke to Judy Evans and it is O.K. for Geraldine to place marker on grave of Raymond Vermont even though he is buried w/ Jose Jones. - Pam Hetzel

E7923

Conference Media Contractors

309 S. Summit View Drive
Unit #8
Fort Collins, CO 80524
Phone (970) 207-1618
Fax (970) 207-1322
e-mail: info@ConferenceMedia.net

CAPTURING A WORLD OF INFORMATION FOR THE CONVENTION AND MEETING INDUSTRY

FAX COVER SHEET

DATE: 3-8-04

TO: Pam

FAX: 619-527-3403

PHONE:

FROM: Gerri Becher

RE: Headstone for Indigent Burial

Number of pages including cover sheet: 2

Message

Pam,
Let me know if you need anything else

Gerri

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7923

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
Raymond	Kenneth	Vermont	Mar. 24, 1925	Feb. 16, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Mayer Mortuary 2859 Adams Av. San Diego, CA	1424

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
		▶ John Mayer	2/23/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	FEB 27 1989	▶ Donald L. Remus, M.D.

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
	3851 Rosecrans San Diego, CA 92101	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☒ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 07-2T-1-12 3751 Market San Diego, CA	11B. DATE INTERRED 2/27/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Cardboard Shipper — Given To On Top of Partial Board Box	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A no Longer	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed

Daniel Marshall Date 2-23-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 3/8 2:00

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

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

Lot 45 Grave 8 Row _____ Section 1 Division/~~Block~~ 12

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	12.25
Total Due	1207.25
Paid receipt number 37452	~~495.00~~
Balance due	1207.25

PAID
MAR 07 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

Katherine DeKes
Signature

7555 SAN VICENTE St
Address

SAN DIEGO CA 92114
State Zip Code

262-2649
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7924

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37452

Date: 3-7, 1989

From: Catherine Dykes Address: 7555 [illegible] St, S
Twelve hundred seven 25/100 Dollars ($ 1207.25)

In _____ Payment of Daniel Marshall Dep Interment

Lot 45 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7924

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 1716

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	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77165	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	12	25
TOTAL PAID	$	1207	25

E 7924

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Daniel	Marshall	Dykes	4-6-34	3-4-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Katherine K. Dykes - Daughter 7555 San Vicente St. San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Hartwell W. Ragsdale II	3/8/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 8 1989	Donald L. Ramos, M.D.

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
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 45-8-1-12 Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92138	11B. DATE INTERRED 3/8/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal - non sealer N/A Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A (Jones Clifton	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

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 Arvids Kalnins

in a T.S. Vault (Vault/Liner) Funeral, date, time Monday 2/27 2:00

Church, Chapel, Graveside Delivery Only; 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 Yes.

Lot 4644 Grave _____ Row _____ Section _____ Division ~~/Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 37396	712.25
Balance due	0

Greenwood - will bring check

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

Lina Celms
Signature

2019 28th St.
Address

SAN DIEGO, CA. 92104
State Zip Code

235-0606
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7925

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 37396

Date: 2-27, 1989

From: Greenwood Mortuary Address: P.O. Box 88 San Diego, Ca 92112

Seven hundred & twelve dollars & 00/100 Dollars ($ 712.25)

In full Payment of Arvis Kalmins burial

Lot 4644 Grave 45 Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. 8-7925

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 12927

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Lora Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	53033 9022		
Sales Tax	60101 78380	12	25
TOTAL PAID	$	712	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7925

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
ARVIDS	U.	KALNINS, JR.	10-09-30	2-22-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AINA CELNS; SISTER 2019 28th STREET SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
GREENWOOD MORTUARY I-805 IMPERIAL AVENUE SAN DIEGO, CA	FD 943

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 1-24-89

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 4.00	9B. DATE PERMIT ISSUED FEB 24 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. MP
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 85222 SAN DIEGO, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY FOUNT PARK CEMETERY 3751 MARKET STREET SAN DIEGO, CA 4644-10	11B. DATE INTERRED 2/27/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Steelsealed-Vault	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-24

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

in a _____ Vault/Liner Funeral, date, time Mon 2/27 2:00

Church, Chapel, Graveside Delicia Gdy ; Featherwright Mortuary.

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

Lot 107 Grave 2 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. - 1068784

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 080482

Acct. # 000952

Work Order # E 7926

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7926

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
JOSE	GONZALEZ	TORRES	Aug. 27, 1960	Nov. 23, 1988	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	San Diego County Coroner 5555 Overland Ave. San Diego, California 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, Ca.	1082		

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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	FEB 27 1989	Donald L. Powers, M.D.

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
P. O. Box 85222, San Diego CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 10-2-1-12 Mt. Hope Cemetery, 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 2/27/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Portcel Board by Box n/a No Line - On Bottom	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

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 Eugenia Louise Myles in a Bell Liner (Vault/Liner) Funeral, date, time Monday 2/27 9:30 Church, Chapel, Graveside Chapel & Gone ; Rosedale Mortuary.

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

Lot 91 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1102.00
Paid receipt number 37400	1102.00
Balance due	-0-

check

Rosedale used vaults

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7927

Acct. # _____

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 37400

Date: 2-27, 1989

From: Altamont Myles Address: 7941 S. Clyde, Chicago, Ill

Eleven hundred two no/100 — Dollars ($ 1102.00)

In _____ Payment of Eugenie L. Myles' Interment

Lot 91 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. C-7927

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 164

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra L. Wood

CREDIT 20% Sales Care	67007 77164	99.00
80% Sales of Lots	100 77164	396.00
Dr. Mng/ Closing	100 77181	320.00
Burial Containers	100 77182	100.00
Handling Fee	100 77185	145.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	7.00
TOTAL PAID	$	1102.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7927

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
Eugenie	Louise	Myles -	7-06-01	2-22-89	female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Elma Beatrice Else-Daughter 4834 Logan Ave. Apt. 103 San Diego, Ca. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 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
		Harold W Ragsdale	2/27/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	FEB 27 1989	Harold L. Ramos, M.D. MM

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 91-7-1-12 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 2/27/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

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 Ruby Hennery

In a T.S. Vault (Vault/Liner) Funeral, date, time Tues 2/28 2:00

Church, Chapel, Graveside Chapel of the Valleys Glenn Abbey Mortuary.

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

Lot 392 Grave ____ Row ____ Section 1 Division/~~Block~~ D

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 37390	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

Signature Donald Lee Henning

Address 1119 Ocala Ave

State C.V. Ca. Zip Code 92011

Telephone 421-5426

Invoice # ____

Work Order # E 7928

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37390

Date: 2-24, 1989

From: Sherrie Henning Address: 1119 Ocala, Chula Vista CA

Seven hundred twelve 25/100 Dollars ($ 712.25)

In _____ Payment of Ruby Henning's Interment

Lot 392 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-7926

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 3076

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Andrea L. Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181	220	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	53033 9022		
Sales Tax	80101 78380	12	25
TOTAL PAID	$	712	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7928

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
RUBY	ETHEL	HENNING	6-9-15	2-23-89	Fem.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Ronald Henning - Son 1119 Ocala Avenue Chula Vista, CA 92011

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Glen Abbey Mortuary 3838 Bonita Rd. Bonita, CA	F-1371

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10075 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
		▶ [signature]	2-28-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	FEB 28 1989	▶ Donald L. Russell, M.D.

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
	P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 392-1-8 Mount Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE INTERRED 2/28/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Steve Lester N/A T.L. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

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 Willie L. Davis Jr.

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 3/2 2:00

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

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

Lot ~~29~~ 102 Grave ~~12~~ 3 Row _____ Section ~~1~~ 2 Division/~~Block~~ ~~12~~ 11

Grave space & Care Fund	300.00 ~~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	~~1209.25~~ 1002.25
Paid receipt number 27391	1012.25
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

W. L. Davis
Signature

3114-38th St
Address

San Diego Cal 92105
State Zip Code

282-0127
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7929

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 37391

Date: 2-24 19 89

From: W. L. Davis Address: 3114 38th Street, San Diego

One thousand twelve 25/100 — Dollars ($ 1012.25)

In Payment of Willie Davis, Jr's Interment

Lot Grave Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7929

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 00912726

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63003 9022		
Sales Tax	50101 78380	12	25
TOTAL PAID	$	1012	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7929

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
Willie	Lucious	Davis	10-25-48	2-22-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lynette Davis Mitchell - Daughter 4144 Alabama St. #8 San Diego, Ca. 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary	F-1329

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
		Harold W. Ragsdale	2/28/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 1 1989	Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 102-3-2-11 Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/2/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Steelman Sealer Vault Co. N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

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 Joan Halvorsen

in a Double Crypt (Vault/Liner) Funeral, date, time Tuesday - 10:00 2/28

Church, Chapel, Graveside Mass @ 9:45 ; Featherhill (Valley) Mortuary.

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

Lot 41 Grave 9B Row _____ Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	~~Courtyard Dbl Crypt 330.00 475.00~~
Handling Fees	Labor Labor 320.00 ~~470.00~~
Flower vases - Marker setting fee	
Recording and filing fee	~~3.00~~
Sales taxes	23.10 ~~42.00~~
	1523.10 Total Due ~~1207.25~~
Payable 2/28/89 By	Paid receipt number 37394 1523.10
	37395 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

J. Halvorsen
Signature
5935 Samuel St
Address
La Mesa 92041
State Zip Code
466-5718
Telephone

Work Order # E 7930

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37395

Date: 2/27, 1989

From: Kimberlee Gregory Address: 5757 Lake Murray Dr. La Mesa

Three Hundred fifteen and 75/100 Dollars ($ 315 75)

In full Payment of Step up to Double Crypt in Space - for Husband of Joan -

Lot 41 Grave — 9 — Row — Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-7930

BALANCE DUE —

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

AC-212 (Rev. 10-87) 509

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		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	155	00
Handling Fee	100 77185	150	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	10	75
TOTAL PAID	$	315	75

OFFICIAL RECEIPT

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

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

№ 37394

Date: 2/27/89 19

From: LeRoy Halvorsen Address: 5935 Samuel - La Mesa - Ca 92041

Twelve Hundred Seven and 25/100 Dollars ($ 1207.25)

In _____ Payment of Interment of and for Joan Halvorsen - decd.

Lot 41 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-7930

BALANCE DUE Ø

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

AC-212 (Rev. 10-87) 3227

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

CITY AUDITOR
MAR 06 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77194	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77186	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1207	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7930

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
JOANN	MAXINE	HALVORSEN	5/29/33	2/24/89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	LeRoy Halvorsen, husband 5935 Samuel St. La Mesa, Ca. 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, Ca.	1083

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
		Elmer Ford	2-27-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	FEB 27 1989	Donald L. Remus, M.D. D.D.

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
P. O. Box 85222, San Diego	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 11-98-2-12 Mt. Hope Cemetery 3751 Market St., San Diego, Ca.	11B. DATE INTERRED 2/28/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a Cloth Covered Wooden Double Crypt - Bottom	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 3/2 10:00

Church, Chapel, Graveside Cherokee Grove, Conrad Mortuary.

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

Lot 945 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	417
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	George V.A. Marker 135.00
Recording and filing fee	35.00
Sales taxes	
Total Due	170.00
Paid receipt number 37508	170.00
Balance due	0

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7931

Acct. # ____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37508

Date: 3-14, 1989

From: Conrad Mortuary Address: 3953 Imperial Ave. SD

one hundred seven I — Dollars ($ 170.00)

In _____ Payment of Charles Toth's recording and marker setting fee

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7931

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

7076

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

CITY AUDITOR
MAR 20 1989

ISSUED BY Sandra Ward

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7931

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
CHARLES	-	TOTH	9-15-1895	2-23-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Pre-need

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Central Lemon Grove Mortuary 7587 Broadway - Lemon Grove, CA 92045	F941

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
		[signature]	2-27-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	FEB 27 1989	Donald L. Ramos, M.D. MM

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Dept. of Health Services VITAL RECORDS/P.O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE — Veteran

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 945-10 Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE INTERRED 3/2/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Wooden State Bell Jar N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

will be here
arrived 10:00

Date 2/27/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Constantine 9:00

in a Liner (Vault/Liner) Funeral, date, time FRI 3-3 ~~10:00~~ AM

Church, Chapel, Graveside Church & Grave El Camino (in St Group) Terry Mortuary.

All Funeral cars must 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 need help

Lot 4 Grave 3 Row Top DIP Section 5 Division/~~Block~~ 3

Grave space & Care Fund	Pre need B-7447	—
Additional spaces and care fund		—
Opening/Closing & Setup	Pre Paid 1970	—
Burial Container	C-8487	—
Handling Fees		—
Flower vases - Marker setting fee		—
Recording and filing fee	Due	35.00
Sales taxes		
Total Due		35.00
Paid receipt number	37428	35.00
Balance due		—

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

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

Signature of recorded holder of deed

Via Phone

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 7932

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37428

Date: 3-3, 1989

From: El Camino Memorial Address: 5600 Carroll Canyon Rd, SD

Thirty-five No/100 Dollars ($ 35.00)

In _____ Payment of Julia Constantine's recording fee

Lot 4 Grave 3 Row _____ Section 5 Division ~~Block~~ 3

Invoice No. _____

Acct. No. _____

W.O. E-7932

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 12243

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

CITY AUDITOR
MAR 10 1989

ISSUED BY Linda Vera

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	35.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7932

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
JULIA	—	CONSTANTINE	08-18-1892	02-26-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Self, Pre-Need Records

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
El Camino Mortuary 3600 Carroll Canyon Road San Diego, CA. 92121	F1260

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
		[signature] FD	2-28-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	FEB 28 1989	Donald L. Powers, M.D. FS

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
	P.O. Box 85222 San Diego, CA. 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY: Mt. Hope Cemetery 3751 Market Street San Diego, CA. 4-3-5-3	11B. DATE INTERRED: 3/3/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: N/A Top DIP Cloth Covered Bell Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION: N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-89

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

in a Bell Lines (Vault/Liner) Funeral, date, time Wed 3/1 10:30

Church, Chapel, Graveside Delivery Only; Humphrey Bay Mortuary.

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

✓ Lot 64 Grave 4 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 37409	35.00
Balance due	0

Pre need D-5165

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 7933

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37409

Date: 3-1, 1989

From: Mary Graham Address: P.O. Box 169

thirty-five no/100 Dollars ($ 35.00)

In _____ Payment of Recording Fee for Mary Thomas

Lot 64 Grave 4 Row _____ Section 16 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7933

BALANCE DUE 6

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

2/10

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	35	00
Sales Tax	80101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7933

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
MARY	------	THOMAS	Oct. 25, 1891	Feb. 25, 1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mary T. Gorham (Daughter) 4175 Bachman Place #67 San Diego, CA 92103

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Humphrey Chula Vista Mortuary 655 Broadway Chula Vista, CA 92011	F-964

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
		Judith E. Kane	2-28-89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	FEB 28 1989	Donald L. Powers, M.D.

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
Vital Records P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alvaro Buenrostro in a Double Crypt (Vault Liner) Funeral, date, time Wed 3-1-89 11:30 Church, Chapel, Graveside Church, St. L. ; Mayer Mortuary.

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

Lot 5256 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	685.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Double Crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1723.10
Paid receipt number 31397	1407.25
Balance due 37427	315.85 315.85

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

2220 PALERMO DR #19
Address

SAN DIEGO CA. 92106
State Zip Code

222-0869
Telephone

Invoice # _____

Work Order # E 7934

Acct. # _____

PY-693 (REV. 6-86)

OFFICIAL RECEIPT

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

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

№ 37427

Date: 3-2, 1989

From: Juan Buenrostro Address: 2220 Palermo Dr #19, SD

Three hundred fifteen 85/100 Dollars ($ 315.85)

In _____ Payment of Alvaro Buenrostro's interment

Lot 5256 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7934

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 1989

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181		
Burial Containers	100 77182	257	75
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	23	10
TOTAL PAID	$	315	85

315.85

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

№ 37397

Date: 2-27-, 1989

From: Alvaro Buenrostro Address: 3530 VAN DYKE AVE

Dollars ($ 1407.25)

In Part Payment of interment of Alvaro Buenrostro
One thousand four hundred seven dollars and 25/100

Lot 5256 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 7934

BALANCE DUE 315.85

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 W.J. League

CREDIT	67007		
20% Sales Care	77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	62	25
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1407	25

W.O. # E 7934

NOTE

$ 315.85 San Diego, California 2-27- 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 Three hundred fifteen dollars and 85/100 DOLLARS with interest from 30 days after service 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 JUAN A. BUENROSTRO SIGNATURE

ADDRESS 2220 PALERMO DR #19

CALIF. DRIVERS LIC. # N4817909 CA.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7934

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
Alvaro	-	Buenrostro	Mar. 8, 1926	Feb. 25, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Juan A. Buenrostro - Son 2220 Palermo Dr. #19 San Diego, CA. 92106

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Mayer Mortuary 2859 Adams Av. San Diego, CA	1424

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 2/27/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	FEB 27 1989	▶ Donald L. Ramos, M.D.

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
3851 Rosecrans San Diego, CA 92101	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 5256B-10 Mt. Hope Cemetery 3751 Market San Diego, CA		11B. DATE INTERRED 3/1/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Michael - Son Dealer Bottom Double Cuff		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Depend Casket		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/27/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Org T. Graves

in a T.S. Vault (Your Choice) Funeral, date, time Wed 3/1 11:00

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

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

Lot 57 Grave 10 Row _____ Section 3 Division ~~Block~~ 12

Grave space & Care Fund ..... Single Dp + Care	495 00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320 00
Burial Container ..... Concrete Vault	175 00
Handling Fees ..... Labor	170 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	12 25
Total Due	1207.25
Paid receipt number 37406	1207.25
Balance due	0

By funeral home

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

James Daniel
Signature

1265 ANGELO AVE
Address

CA 92114
State Zip Code

466-5163
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 7935

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37406

Date: 2-28, 1989

From: Ames Smith Address: 1265 Angelus Ave, D

Twelve hundred seven 25/100 Dollars ($ 1207-25)

In _____ Payment of Ora Graus' interment

Lot 57 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. C-7935

BALANCE DUE 0

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

5830

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77164	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1207	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7935

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
Ora	Theresa	Graus	Oct. 4, 1923	2-23-89	female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	James Smith -Son 1265 Angelus Ave. San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca. 92102	F-1329

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
		▶ James Stamp [illegible]	3/1/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 1 1989	Donald G. Powers, M.D. MM

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca.	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-89

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

in a Bell Jar (Vault/Liner) Funeral, date, time Fri 3/3 11:00

Church, Chapel, Graveside Graveside; Marpan Mortuary.

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

Lot 1787 Grave ____ Row ____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 37403	607.00
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.

James L. Dorell
Signature

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

Signature of recorded holder of deed

20431 Meadow Pl
Address
Chatsworth Calif 91311
State Zip Code
(213) 282-0407 (818) 998-9346
Telephone

Work Order # E 7936

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

008954 008954 № 37403

Date: 2-27, 1989

From: James Donell Address: 20431 Mendon St, Chatsworth

Six hundred seven no/100 Dollars ($ 607.00)

In _____ Payment of Marie Donell's Interment

Lot 1787 Grave _____ Row _____ Section 3 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7936

BALANCE DUE _____

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

5955

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7936

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
Clarice	M.	Donell	Oct. 18, 1911	Feb. 26, 1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	James H. Donell - Son 20431 Mendon Place Chatsworth, CA 91311

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Mayer Mortuary 2859 Adams av. San Diego, CA	1424

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 ▶ John Mayer

8B. DATE SIGNED 3/2/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	MAR 02 1989	▶ Ronald L. Parrish, M.D. EB

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
3851 Rosecrans San Diego, CA 92101	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 1787-3-8 Mt. Hope Cemetery 3751 Market San Diego, CA	11B. DATE INTERRED 3/3/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A "Service Held at Pod."	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-28-89

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

in a Cash Vault (Vault/Liner) Funeral, date, time 3/14/89 - AXP

Church, Chapel, Graveside Delivery Only/Calif Burial Jackie Mortuary.

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

Lot 11 Grave 8 Row _____ Section MAS ~~Division~~/Block 0

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 fees	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37482	242.80
Balance due	0

PAID
MAR 09 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary will bring

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Cremains - Del 3/9/89 - Copper Run

Work Order # E 7937

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37482

Date: 3/9/89, 19__

From: Calif Burial Chapel Address: 5602 EL Cajon Blvd SD 92115

Two Hundred Forty two & 80/100 Dollars ($ 242.80)

In full Payment of Inurnment Fees for Elizabeth Tu Costa de Cremains in Bronze Copper Urn -

Lot 11 Grave 8 Row — Section MAS Division Block 0

CITY AUDITOR
MAR 16 1989

Invoice No. —

Acct. No. —

W.O. E7937

BALANCE DUE 0

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

913

AC-212 (Rev. 10-87)

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—	
80% Sales of Lots	100 77184	—	
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	
Sales Tax	80101 78390	2	80
TOTAL PAID	$	242	80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7937

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
ELIZABETH	TUI	COSTA	June6,1917	Feb.23,1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO CA	James A. Costa- Son 3738 52nd St. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon Blvd. San Diego. CA	F-1357

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	8B. DATE SIGNED
		▶ Melissa Williams	2-28-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 1 1989	▶ [signature]

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
	P.O. BOX 85222 SAN DIEGO, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
INTERMENT	11-8-MAS-O MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA	3/14/89	▶ [signature]
	12A. NAME AND ADDRESS OF CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY**
CREMATION	LENEDA INC. 14065 OLD HWY. 80 EL CAJON CA	3/15/89	▶ [signature]
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A Copper Lawn Cemetery Vault		▶
	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	N/A		▶

	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
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	N/A		▶	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-28-89

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

in a R.S. Vault (Vault/Liner) Funeral date, time Fri 3/3 2:00

Church, Chapel, Graveside Church & Glen 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 695 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number	
Balance due	

Rec 10/26/89

30 days note

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

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

Signature of recorded holder of deed

Signature

3674 Nile St #5

Address

SAN DIEGO CA 92104

State Zip Code

283-4145

Telephone

Invoice # 080401

Work Order # E 7938

Acct. # 029902

PY-593 (REV. 8-88)

W.O. # E-7938

NOTE

$ 1307.25 San Diego, California 2-28 19 89

[redacted] 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 May 3, 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.

[redacted] 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 BETH HACKETT SIGNATURE [signature]

ADDRESS 3674 Nile St #5 SD Ca 92104

CALIF. DRIVERS LIC. # C0532611

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

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

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

№ 38149

Date: 6-12, 1989

From: Beth Hackett Address: 3674 Pole #115, SD

One hundred twenty-five Dollars ($ 125.00)

In _____ Payment of Marker Installation fee for Melvin Hackett

Lot 695 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7938

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 1043

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

ISSUED BY Sandra Ward

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

CITY AUDITOR
JUN 15 1989

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7938

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
Melvin	Melord	Hackett	4-18-30	2-25-89	Males

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Beth Hackett - Daughter 3674 Nile St. Apt. 5 San Diego, Ca. 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mortuary	F-1329

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
		Hartwell W. Ragsdale Jr	2/28/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 1 1989	Donald G. Romak, M.D. MM

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
	P. O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 695-10 Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/3/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Lorin Stella	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Hardwood Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Saturday 3/4 10:00

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

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

Lot 2855 Grave — Row — Section — ~~Division/Block~~ Div 10

Grave space & Care Fund	Single Grave	595.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Vault	175.00
Handling Fees	Labor	170.00
Flower vases & Marker setting fee		—
Recording and filing fee		35.00
Sales Tax		12.25
	Total Due	1307.25
	Paid receipt number 37426	380.00
	Balance due	1687.25

PAID
MAR 02 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

George D. McKinney
Signature

5848 Arbolito St
Address

San Diego Calif
State Zip Code

287-2284
Telephone

Invoice #

Acct. #

Work Order # E 7939

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37426

P.O.A.

Date: March 2, 19 89

From: George D. McKinney Address: San Diego Ca.

Sixteen hundred Eighty Seven and 25/100 Dollars ($ ~~1307.25~~ 1687.25)

In full Payment of Interment of & For Robert Daniel McKinney

Sat. Lawn

Lot 2855 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-7939

BALANCE DUE Ø

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

AC-212 (Rev. 10-87) 90-3748

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

CITY AUDITOR
MAR 10 1989

ISSUED BY George Stetto

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	550	00 Sw
Recording & Misc. Fees	100 77183	435	00
Pre-Need Trust	63033 9022	—	
Sales Tax	80101 78390	12	25
TOTAL PAID	$	1687	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E79139

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
Robert	Daniel	Mc Kinney	3-19-20	2-27-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marvella Y. Simmons - Sister 2375 Calle Tortuosa Street San Diego, California 92139

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mortuary	F-1329

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
		Harold W. Ragsdale	3/2/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		4.00	MAR 2 1989	Donald L. Ramos, M.D. D.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85222 San Diego, Ca. 92138	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 2855—10 Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 3/4/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Laquen Stella	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Steel non - Tojard vault — used V. Mobile N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Sandy on Duty N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

J Bad at Vet mon

Date 3/2/89

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

in a TSV. Vault/Liner Funeral, date, time 3/6 - MON - 11 Am

Church, Chapel, Graveside Church - G.S. ; 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 Korea

Lot 212 Grave 1 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 Conrete	175.00
Handling Fees	Labor	170.00
Flower vases - Marker setting fee	Setting - G.I.	135.00
Recording and filing fee		35.00
Sales taxes		12.25
Total Due		1342.25

30 day note

Paid receipt number 37732 1342.00

Balance due .25

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

Mark Wright
Signature

1026 57TH ST
Address

SD CA 92114
State Zip Code

266-1144
Telephone

Invoice # 080646

Acct. # 029460

Work Order # E 7940

PY-593 (REV. 8-85)

MEMO

E 7940

☐ URGENT – REPLY IMMEDIATELY

☐ NO REPLY REQUIRED

May 26, 1989

TO Ernest,
Auditors - 7C

FROM Mark Wright
E-7940 Acct # 029460
Inv # 080646

FOLD

MESSAGE

Invoice 080646 was issued for $1342.25. Customer paid $1342 on May 5. There is a balance of 25¢ outstanding. Please write off the balance of 25¢ to clear this account.

Thanks

SIGNED Sandra L Ward
Admin. Aide II

REPLY

FOLD

SIGNED	DATE

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

MEMO

☐ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

May 17, 1989

TO Ernest
Auditors - 7C

From Mark Wright
Acct# 029460
Inv# 080646

FOLD

MESSAGE

Please apply $1342. which was deposited on DCR 011514, May 5 to invoice # 080646. I have attached a copy of the receipt which shows how the money was distributed to the various accounts. Thanks,

SIGNED Sandra Ward
Admin. Aide II
Mt Hope Cemetery

REPLY

FOLD

SIGNED | DATE

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

W.O. # E-7940

NOTE

$ 1342.25 San Diego, California March 3 1989

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 April 3 - 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 MARCK Wright SIGNATURE X Marck Wright

ADDRESS

CALIF. DRIVERS LIC. # X N5617562

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

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

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

№ 37732

Date: 5-2, 1989

From: Calif Crematia & Burial Address: 5602 El Cajon Blvd San Diego, Ca 92115

One thousand three hundred forty-two & 00/100 Dollars ($ 1342.00)

CITY AUDITOR
MAY 08 1989

In _____ Payment of _____

Lot 212 Grave 1 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. 080646

Acct. No. 029460

W.O. E-7940

BALANCE DUE —

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

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	169	75
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	1342	00

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

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87)

1063

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7940

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
Albert		Wright	5-1-1932	2-28-1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Marck C. Wright (Son) 1026 57th Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA	F-1357

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
		▶ [signature]	3-1-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 2 1989	[signature]

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
	P.O. Box 85222 San Diego, CA	N/A

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 12-1-2-12 Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 3/6/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY X N/A Solid Stainless Steel Nickel Coated - Blue	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Vault N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-3-89

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

in a _____ Funeral, date, time _____

Vault/Liner

Church, Chapel, Graveside Delivery Only Pacific Beach Mortuary.

Phil Dale

All Funeral cars must arrive 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 6 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

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

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

_____

Signature of recorded holder of deed

_____

Signature

_____

Address

_____

State Zip Code

_____

Telephone

Invoice # _____

Work Order # E 7941

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Revised

Date 3-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene R. & Mildred W. Wood

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 422 & 9224 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	2 @ 595	=	1190.00
Additional spaces and care fund			
Opening/Closing & Setup	2 @ 320	=	640.00
Burial Container	2 @ 175	=	350.00
Handling Fees	2 @ 170	=	340.00
Flower vases - Marker setting fee			
Recording and filing fee	2 @ 35	=	70.00
Sales taxes	2 @ 12.25	=	24.50
Total Due			2614.50
Paid receipt number 37429			2614.50
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

Mildred W. Wood
Signature
2370 Casement St.
Address
San Diego Ca 92123
State Zip Code
(619) 565-6831
Telephone

Work Order # E 7942

Invoice # _____

Acct. # _____

PY-583 (REV. 8-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/89

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

in a T.S. Vault Funeral, date, time Fri - 3/10 - 11:00

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

All Funeral cars must 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 49 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Sec. of Sp & Car	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 Galv. Vase - N.C.	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	907.00

PAID
MAR 10 1989
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Within 30 days

Paid receipt number _____

Balance due 907

374/80 907.00

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

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

_____
Signature of recorded holder of deed

Eddie Nolan
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7943

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

Nº 37480

Date: 3-8 , 19 89

From: Willie Nolan Address: 4445 Keller, SD 92113

Seven hundred seven 10/100 — Dollars ($ 707.00)

In Payment of John Wilson's interment

CITY AUDIT

MAR 16 1989

Lot 49 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7993

BALANCE DUE 0

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

196

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	600	00
80% Sales of Lots	100 77184	24	00
Opening/ Closing	100 77181	370	00
Burial Containers	100 77182	60	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	7	00
TOTAL PAID	$	707	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7943

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
JOHN	W.	WIGGON	5/7/1907	3/3/1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Willie Nolen-daug 4445 Keeler St San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Featheringill 6322 El Cajon Blvd San Diego, CA	1083

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: ▶ Walter Ekart

8B. DATE SIGNED: 3/3/89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAR 3 1989	▶ Donald L. Ramos, M.D.

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
PO Box 85222 San Diego, CA 92138-5222	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 49-4-2-12 Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 3/10/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Polished Granite Co n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Eddie Nolans father in Law n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 3/9 1:00

Church, Chapel, Graveside Chapel & Grave, Pacific Beach Mortuary.

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

Lot 23 Grave 4 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	320.00
Opening/Closing & Setup	175.00
Burial Container	176.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	12.25
Sales taxes	35.00
Total Due	1207.25
Paid receipt number	
Balance due	

Bill to Mary S. Hardy

I hereby certify I am the Mary S. Hardy 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. Estate of Marian Dienst

c/o Mary S. Hardy

Signature

3221 EICHENLAUB ST.

Address

SAN DIEGO, CA 92117

State Zip Code

619-2737324

Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 7944

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37528

Date: 3-17, 1989

From: Gary S Hardy Jr Address: 3221 Eichenlaub Street SD 92117

twelve hundred seven 25/100 Dollars ($ 1207.25

In _____ Payment of Marian Dinant's Interment

Lot 23 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7944

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 2769

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

CITY AUDITOR

MAR 27 1989

ISSUED BY Sandra Ward

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	12	25
TOTAL PAID	$	1207	25

OFFICIAL RECEIPT

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

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

№ 38457

Date: 8-30 1989

From: M. Ra Hardy Jr. Address: 3221 Eichenlaub St. SD

Fifteen 95/100 Dollars ($ 15.95)

In Payment of Flower Cup Marion Cement

Lot 23 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7944

BALANCE DUE 6

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

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

ISSUED BY Sandra Hardy

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

CITY AUDITOR
SEP 05 1989

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7944

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
MARIAN	AMELIA	DINANT	9/3/1906	3/4/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY HANDY-DAUGHTER 3221 EICHENLAUB ST. SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
4710 CASS ST. PACIFIC BEACH MORTUARY-SAN DIEGO, CA 92109	815

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
		Mary Friedl	3/6/89

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR - 6 1989	Donald G. Ramos, M.D.

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
VITAL RECORDS-P. O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY-3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO COUNTY	11B. DATE INTERRED 3/9/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 23-4-2-12 18ga Batesville Steel Seal	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS T.S Vault Family Very Pleased	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-89

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

in a F.S. Vault (Vault/Liner) Funeral, date, time Tues 3/7 2:30

Church, Chapel, Graveside Graveside San Diego Family Mortuary. Jose Chapel

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

Lot 133 Grave 3 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1012.25
Paid receipt number 37473	1012.25
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 Manuel Estrada

Address 2774½ Broadway Ave.

State San Diego Ca Zip Code 92102

Telephone 231-7737

Work Order # E 7945

Invoice # ____

Acct. # ____

PY-583 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 37473

Date: 3-7, 1989

From: Latin Society Address: 3471 Pickwick Street, SD

one thousand twelve 25/100 Dollars ($ 1012.25)

In _____ Payment of Jose Luis Estrada's interment

Lot 133 Grave 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7945

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 2403

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

CITY AUDITOR

MAR 10 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	1012	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7945

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
JOSE	LUIS	ESTRADA-CASTILLO	AUG. 24, 1961	MARCH 3, 1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIA ESTRADA-SISTER 2774 ½ BROADWAY AVENUE SAN DIEGO, CA, 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
SAN DIEGO MORTUARY, 3471 PICKWICK ST, S.D. CA. 92102	F-1425

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
		Lore M. Chavez	3-7-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 7 1989	Donald L. Ramos, M.D.

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
	VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92138-5222	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY, 133-3-2-11 3751 MARKET STREET, SAN DIEGO, CA, 92102	11B. DATE INTERRED 3/7/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cloth Covered Wooden Vault —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS (F.D. open Casket - no Premium)	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renewed Lot

Date 3-6-89

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 852 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	
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

Lucile M. Cooper
Signature
1350 Leland St #8
Address
Spring Vly
City
CA 92077
Zip Code
Telephone 463-1039

Invoice # _____

Work Order # E 7946

Acct. # _____

PY-593 (REV. 8-85)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7946 Credit Lot

Leila M. Cooper
1050 Leland STreet, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7946 Credit Lot

Leila M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

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

Send or bring one coupon with each remittance. E-7940 COUPON Credit List 3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Leila M. Cooper
1050 Leland STreet, #8
Spring Valley, Ca. 92077

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									25.00		

Amount due when paid on, or before, due date above. 10 $ 1.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COURON** Lot 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO. 12794.0

Imelda M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

APR	MAY	JUN	JUL 10	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
									25.00		

Amount due when paid on, or before, due date above. 10 ▶ $ 1.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Leila M. Cooper
1050 Leland STreet, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									25.00		

Amount due when paid on, or before, due date above. 10 ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

Amount Received $ 26 —

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 #

Leila M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									25.00		

Amount due when paid on, or before 10 ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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.

Leland M. Cooper
1050 Leland STreet, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
									25.00		

Amount due when paid on or before due date above. 10 ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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.

Leila M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									25.00		

Amount due when paid on, or before, due date above 10 ▶ $ 1.00

Amount due if paid more than ____ days after due date above. ▶ $ 26.00

$ _____

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 M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									25.00		

Amount due when paid on, or before due date above. 10 ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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

Leola M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
									25.00		

Amount due when paid on, or before 10 ▶ $ 1.00
due date above.

Amount due if paid more than _____ days ▶ $ 26.00
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 M. Cooper
1050 Leland STreet, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									25.00		

Amount due when paid on, or before due date above. 10 ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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

Portia H. Cooper
1090 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									25.00		

Amount due when paid on, or before 10 ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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

[illegible] M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									25.00		

Amount due when paid on, or before 10 due date above. $ 1.00

Amount due if paid more than _____ days after due date above. $ 26.00

$ _____

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

[illegible] Cooper
[illegible]50 Leland Street, #8
Spring Valley, Ca 92077

Month [illegible]d Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
									25.00		

Amount due when paid on, or bef[illegible] 10 due date above. $ 1.00

Amount due if paid more than _____ days after due date above. $ 26.00

$ _____

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

Leslie M. Cooper
1050 Leland STreet, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									25.00		

Amount due when paid on, or before 10 due date above. $ 1.00

Amount due if paid more than _____ days after due date above. $ 26.00

$ _____

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 [illegible] Cooper
[illegible]060 LeLand Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
									25.00		

Amount due when paid on, or before 10 due date above. ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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

Julia M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									25.00		

Amount due when paid on, or before 10 due date above. ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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 [illegible] Cooper
9060 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									25.00		

Amount due when paid on, or before 30 due date above. ▶ 1.00

$ _____

Amount due if paid more than _____ days after due date above. ▶ 26.00

$ _____

$ _____

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

Kathleen M. Cooper
1050 Leland Street, #8
Spring Valley, CA 92077

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
									25.00		

Amount due when paid on, or before due date above ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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. [illegible] Coupon

1060 Leland Street, #8

Spring Valley, Ca 92077

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								25.00			

Amount due when paid on, or before 10 due date above. $ 1.00

Amount due if paid more than _____ days after due date above. $ 26.00

$ _____

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

Robbie M. Cooper
1050 Leland Street, #8
Spring Valley, Ca 92077

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									25.00		

Amount due when paid on, or before 10 due date above. 1.00

$ _____

Amount due if paid more than _____ days after due date above. 26.00

$ _____

$ _____

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. 3060 Leland Street, #8

Spring Valley, Ca 92077

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
									25.00		

Amount due when paid on, or before, 10 due date above ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 26.00

$ _____

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. Leslie M. Cooper

1050 Leland Street, #8

Spring Valley, Ca 92077

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									20.00		

Amount due when paid on, or before 10 due date above ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 21.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Cooper, Leila M. ACCT. NO. E-7946

ADDRESS 1050 Leland Street, #8 Spring Valley, Ca 92077 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
3-6-89	Lot 2852, Division 10	595 00			
4-6 89	Coupon 1 Receipt 37632			26 00	569 00
5-1 89	Coupon 2 Receipt 37937			26 00	543 00
6-1 89	Coupon 3, Receipt 38154			26 00	517 00
7-7 89	Coupon 4, Receipt 38254			26 00	491 00
8-2-89	Coupon 5, Receipt 38348			26 —	465 —
9-11 89	Coupon 6, Receipt 37938			26 —	439 —
10-4 89	Coupon 7, Receipt 37994			26 00	413 00
11-14 89	Coupon 8, Receipt 38572			26 00	387 00
12-11 89	Coupon 9, Receipt 38672			26 00	361 00
1-9 90	Coupon 10, Receipt 38756			26 00	335 00
2-13-90	Coupon 11, Receipt 38890			26 00	309 00
3-13-90	Coupon 12, Receipt 39000			26 00	283 00
4-3-90	Coupon 13 Receipt 39048			26 00	257 00
5-17-90	Coupon 14, Receipt 39248			26 00	231 00
6-18-90	Coupon 15, Receipt 39373			26 00	205 00
7-15-90	Coupon 16, Receipt 39506			26 00	179 00
8-17-90	Coupon 17, Receipt # 39623			26 00	153 00
9-17-90	Coupon 18, Receipt 39721			26 00	127 00

AIGNER FORM NO. 25-204 Cooper, Leila M. 2852 - 10 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					127.00
10-17-90	Coupon #19 Receipt # 39844			26.00	101.00
12-13-90	Coupon #20 Receipt 40013			26.00	75.00
12-20 90	Coupon #21 receipt 40076			26.00	49.00
1-18 91	Coupon #22 receipt 40202			26.00	23.00
2-26 91	Coupon #23 receipt 40353			23.00	0.00

AIGNER FORM NO. 25-204

PRINTED IN USA

OFFICIAL RECEIPT

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

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

№ 40076

Date: 12-17, 19 90

From: Leila M Cooper Address: 1050 Leland St Spring Valley 92007

Twenty six 00/100 Dollars ($ 26.00)

In _____ Payment of Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7746

BALANCE DUE $ 49.00

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

206 8844 776

AC-212 (Rev. 10-87)

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

ISSUED BY J. Ferguson

CREDIT 20% Sales Care	67007 77184	26	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

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

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

№ 37632

Date: 4-6, 1989

From: Leila Cooper Address: 1050 Leland St. #8, Sp Vlley
Twenty - six no/100 Dollars ($ 26.00)

In _____ Payment of Coupon 1 Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE 569.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
228 9598 696

AC-212 (Rev. 10-87)

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

CITY AUDITOR
APR 17 1989

ISSUED BY Sandra Wood

CREDIT	67007	
20% Sales Cars	77184	
50% Sales of Lots	100 77184	26 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	26 00

OFFICIAL RECEIPT

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

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

№ 37737

Date: 5-3, 1989

From: Leila M. Cooper Address: 1050 Leland St #8, Spring Valley, CA 9207[illegible]

Twenty-Six Dollars & 00/100 Dollars ($ 26.00)

In part Payment of Credit Lot - Coupon #2

Lot [illegible] Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-7946

BALANCE DUE 543.00

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

M.O. 228 9598 955

AC-212 (Rev. 10-87)

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

ISSUED BY Dora Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	26.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	26.00

CITY AUDITOR
MAY 08 1989

OFFICIAL RECEIPT

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

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

№ 38154

Date: 6 13, 1989

From: Leila Cooper Address: 1050 Lelan Street #8 Sq Vlg
Twenty-six 20/100 Dollars ($ 26.00)

In _____ Payment of Canyon 3 Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. 2-7946

BALANCE DUE 517.00

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

AC-212 (Rev. 10-87) 166540091-3

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	26.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	26.00

CITY AUDITOR
JUN 15 1989

OFFICIAL RECEIPT

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

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

No 38348

Date: Aug. 2, 1989

From: Lelia Cooper Address: 1050 Leland Street #8

Twenty Five 00/100 Dollars ($ 26.00)

In part Payment of Credit Lot Corp-5

Lot 2852 Grave Row Section Division Block 16

Invoice No.

Acct. No.

W.O. E-7946

BALANCE DUE $2165.00

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

26.00

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

CITY AUDITOR
AUG 07 1989

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

ISSUED BY R. Flowers

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 37938

Date: 9 13 , 1989

From: Leila M. Cooper Address: 1050 Lelana ST #8 Spring Valley 92077

Twenty Six Dollars & No/100 Dollars ($ 26.00)

In PART Payment of CREDIT HOT, Coupon # 6

Lot 2852 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E-7946

BALANCE DUE 439.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
money order
229-9020-779

AC-212 (Rev. 10-87)

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

ISSUED BY Sally Smoot

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		CITY AUDITOR
Opening/ Closing	100 77181		
Burial Containers	100 77182		SEP 18 1989
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

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

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

№ 38259

Date: 7-7, 1989

From: Leila M. Cooper Address: 1050 Leland St #8, Sp Vlly
Twenty-Six no/100 Dollars ($ 26.00)

In _____ Payment of Coupon 4 Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE 491.00

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

229-4118-944

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	26.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	26.00

CITY AUDITOR
JUL 14 1989

OFFICIAL RECEIPT

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

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

№ 37994

Date: 10-4, 1989

From: Lelia Cooper Address: 1050 Leland St #1 Sp Vlg

Twenty-Six Rs/100 Dollars ($ 26.00)

In _____ Payment of Coupon 7 Credit Lot

Lot 2052 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE 413.00

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

AC-212 (Rev. 10-67) 2488230305

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

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	26	00

CITY AUDITOR
OCT 10 1989

OFFICIAL RECEIPT

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

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

№ 38572

Date: 11-14, 1989

From: Leila Cooper Address: 1050 Leland St. #8, Sq Vlly
Twenty-Six 20/100 Dollars ($ 26.00)

In _____ Payment of Crypt 8 Credit Lot

Lot 285R Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 104-208-814

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

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

CITY AUDITOR
NOV 20 1989

OFFICIAL RECEIPT

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

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

№ 38672

Date: 12-11, 1989

From: Leila Cooper Address: 1050 Leland #8, Sp. Vlly
Twenty-Six Nine Dollars ($ 26.00)

In _____ Payment of Coupon 9, Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE 361.00

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

104-4723-200

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

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

CITY AUDITOR
DEC 18 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

№ 38756

Date: 1-9, 1990

From: Leila Cooper Address: 1050 Leland Street, SD

Twenty-Six 10/100 — Dollars ($ 26.00)

In _____ Payment of Coupon 10, Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE 335.00

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 16 1990

ISSUED BY Sonia Ford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

AC-212 (Rev. 10-87) 104-2849-15

OFFICIAL RECEIPT

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

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

№ 38890

Date: 2-13, 1990

From: Leila M. Cooper Address: 1050 Leland #9, Sp Valley 92077

Twenty-Six Dollars 00/100 Dollars ($ 26.00)

In _____ Payment of Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE $309.00

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

AC-212 (Rev. 10-87)

1050409004

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

CITY AUDITOR

FEB 20 1990

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

CITY AUDITOR

№ 39000

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

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

MAR 20 1990

Date: 3-13, 1990

From: Leila Cooper Address: 1090 Leland St. Sp. Valley

Sixty-Six Dollars Dollars ($ 26.00)

In Payment of Cedar Lot

Lot 2952 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7746

BALANCE DUE

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

AC-212 (Rev. 10-87) 105/1712557

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

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

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

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

CITY AUDITOR

APR 9 1990

No 39048

Date: 4-3, 1990

From: Leila Cooper Address: 1050 Leland St #F, Spvalley 92077

Twenty Six Dollars Dollars ($ 26.00)

In Payment of Credit Lot

Lot 2752 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7946

BALANCE DUE $257.00

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

AC-212 (Rev. 10-87) 10517-12-194

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

ISSUED BY Ann Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

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

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

CITY AUDITOR
MAY 29 1990

№ 39248

Date: 5-17, 1990

From: Leila Cooper Address: 1050 Leland St, [illegible] #1, Sp Valley

Twenty Six Dollars ($ 26.00)

In _____ Payment of Credit Lot

Lot 2152 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. F-7946

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 1055411101

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

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

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

№ 39373

Date: 6-18, 1990

From: Leila Cooper Address: 1050 Leland St. #8, Sp. Valley 92077

Twenty-Six 70/100 Dollars ($ 26.00)

In _____ Payment of Coupon 15 - Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE $205.00

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

AC-212 (Rev. 10-87) 1056126391

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	26.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26.00

CITY AUDITOR
JUN 25 1990

OFFICIAL RECEIPT

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

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

№ 39506

Date: 7-19, 1990

From: Leila Cooper Address: [illegible] Leland St, #7, Spr Valley

Twenty-six [illegible] Dollars ($ 26.00)

In _____ Payment of Credit Lot

Lot 2852 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 535

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

ISSUED BY J Waik

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

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

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

№ 39623

Date: 8 — 17 — , 1990

From: Leila Cooper Address: 1000 Leland St #8 Spring Valley, Va. 92077

Twenty Six and 00/100 Dollars ($ 26.00)

In _____ Payment of Credit Lot

Lot 2852 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7046

BALANCE DUE _____

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

AC-212 (Rev. 10-87) #554

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

ISSUED BY Robert [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	21.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26.00

OFFICIAL RECEIPT

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

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

№ 39720

Date: 9/7, 1990

From: Leila Corp. Address: 1030 Leland St. Ste
Twenty Six 7/10 Dollars ($ 26.00)

In _____ Payment of Credit Lot

Lot 2452 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 557

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

ISSUED BY Jeait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

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

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

№ 39844

Date: 10-17-, 1990

From: Leila Cooper Address: 1050 Leland St Spring Valley Ca 92077

Twenty six and 00/100 Dollars ($ 26.00)

In _____ Payment of Pre Need Lot

Lot 2852 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE _____

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

AC-212 (Rev. 10-87) #582

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	26.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26.00

OFFICIAL RECEIPT

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

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

№ 40013

Date: 12-13, 1990

From: [illegible] Address: [illegible]

Twenty-six [illegible] Dollars ($ 26.00)

In _____ Payment of [illegible]

Lot 2652 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F-7746

BALANCE DUE _____

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

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	26	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	26	00

AC-212 (Rev. 10-87) 60

OFFICIAL RECEIPT

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

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

№ 40202

Date: 1-18, 1971

From: Leola M Cooper Address: 1050 Leland

Twenty-six 00/100 Dollars ($ 26.00)

In Payment of Credit Lot

Lot 2852 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7946

BALANCE DUE $ 23.00

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

107 0684 496

AC-212 (Rev. 10-87)

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

ISSUED BY M. Ferguson

CREDIT 20% Sales Care	67007 77184	26	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

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

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

№ 40353

Date: 2-26, 1991

From: Leila Cooper Address: 1050 Leland St #2 Spring Valley Ca

Twenty-three Dollars ($ 23.00)

In Payment of Credit Lot

Lot 2852 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-7946

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
197-4416 354

AC-212 (Rev. 10-87)

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

ISSUED BY N. Leyvas

CREDIT 20% Sales Care	67007 77184	23	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	23	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/6/89

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

in a T.L. Vault Funeral, date, time Tues 3/14 - 11 Am

Church, Chapel, Graveside Chapel of the L.S. ; Rogsdale Mortuary.

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

Lot 141 Grave 3 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Single Space	495 00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320 00
Burial Container ..... T.L.V	175 00
Handling Fees	170 00
Flower vases - Marker setting fee	—
Recording and filing fee	25 00
Sales taxes	12 25
Total Due	1207 25
Paid receipt number 5/16/89	1207 25
Balance due	—

30 day Hardship - Possible Estate

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

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

Signature of recorded holder of deed

X Frances Reed
Signature
7271 N Ave #F
Address
Lemon Grove
State
Ca 92045
Zip Code
Telephone
461-5345

Invoice # 081203

Acct. # 029560

Work Order # E 7947

PY-593 (REV. 8-88)

W.O. # E 7947

NOTE

$ 1207 25/xx San Diego, California March 6 1989

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 Seven and 25/xx DOLLARS with interest from April 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 Jeanne Lee

ADDRESS Possibly to be Estate - if so will invoice Estate

CALIF. DRIVERS LIC. # X K0890696

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7947

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
Charles	Jeffery	Read	2-13-62	3-4-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Bennie Read - Mother 7271 North Avenue Apt. E. Lemon Grove, Ca. 92045

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5050 Federal Blvd Anderson-Ragsdale Mortuary San Diego, Ca.	F-1329

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
		▶ Norbert W Ragsdale	3/8/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 8 1989	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85222 San Diego, Ca. 92138	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 141-3-2-12 Mt. Hope Cemetery 3751 Harbet St. San Diego, Ca. 92102	11B. DATE INTERRED 3/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal - Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-7-89

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

in a Bell Liner F.S. Vault (Vault/Liner) Funeral, date, time Friday 3/10 2:00

Church, Chapel, Graveside Grove Side : 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 3493 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		320.00
Burial Container	100.00	~~175.00~~
Handling Fees	145.00	~~190.00~~
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes	7.00	~~12.25~~
Total Due	607.00	~~712.25~~
Paid receipt number	37497	607.00
Balance due		

Berge - Robert
will bring family 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 7948

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37497

Date: 3-10, 1989

From: Karen M. Triolett Address: 3330 Jasmine St, Escondido

Six hundred seven 00/100 Dollars ($ 607.00)

In _____ Payment of Alice Grimes Interment Service

Lot 3473 Grave _____ Row _____ Section _____ Division Block 40

Invoice No. _____

Acct. No. _____

W.O. E-7946

BALANCE DUE —

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

1433

AC-212 (Rev. 10-87)

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	7	00
TOTAL PAID	$	607	00

CITY AUDITOR
MAR 16 1989

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7948

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
ALICE	FRANCES	GRIMES	10/17/1896	3/6/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Mrs. Karen M. Triplett-Niece 3330 Jasmine Place Escondido, CA 92025

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
BIRCH-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

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
		Jerry C. Gonzales	3/10/1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 10 1989	Donald L. Powers, M.D. C.E.

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
	P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3473-10 3751 Market St., San Diego, CA	11B. DATE INTERRED 3/10/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Roger Stubbs	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Fort Arlington - Wooden Bell Urn	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Interred

Date 3-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Janie Clark 207343

in a Liner Vault/Other Funeral, date, time

Church, Chapel, Graveside : Rogdale Mortuary.

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

Lot 91 Grave 8 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	25.00
Sales taxes	7.00
Total Due	907.00
Paid receipt number 37463	907.00
Balance due	0

PAID
MAR 07 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Signature 714 San Miguel St

Address San Diego CA 92113

State Zip Code

Telephone 262-1155

Invoice # ____

Work Order # E 7949

Acct. # ____

PY-603 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37463

Date: 3-7, 1989

From: Anderson - Rosedale Address: 5050 Federal Blvd, SD 92102

Nine hundred seven no/100 — Dollars ($ 907.00)

In _____ Payment of Prepaid Lot and Burial Service for Janie Clark

Lot 91 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7949

BALANCE DUE —

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

AC-212 (Rev. 10-87) 3522

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

CITY AUDITOR

MAR 10 1989

ISSUED BY Anita Ward

CREDIT 20% Sales Cars	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	607	00
Sales Tax	60101 76390		
TOTAL PAID	$	907	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need Land

Date 3/7/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muslim Organ of S.D.

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot ____ Grave ____ Row ____ Section ____ Division/Block ____

Grave space & Care Fund ..... 4 @ 28 Spaces	#1500 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	1500 00
Paid receipt number 37470 -	1500 00
Balance due	-0-

PAID
MAR 07 1989
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7950

Acct. # _____

PY-503 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37470

Date: 3/7/89, 19__

From: Muslim Org. of S.D. Address: P.O. #261058 S.D. 92126

Fifteen Hundred and no/100 Dollars ($ 1500.00)

In _____ Payment of 4.28 Burial Spaces in Muslim Area - Unsigned #

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7950

BALANCE DUE _____

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

#122

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 10 1989

ISSUED BY [signature]

CREDIT 20% Sales Cars	67007 77184	300.00
80% Sales of Lots	100 77184	1200.00
Opening/Closing	100 77181	—
Burial Containers	100 77182	—
Handling Fee	100 77185	—
Recording & Misc. Fees	100 77183	—
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	1500.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-7-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 3/10 2:00

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

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

Lot 120 Grave 6 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1102.00
Paid receipt number 37471	152.00
Balance due	950.00

PAID
DEC 2 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 days note

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

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

Signature of recorded holder of deed

Signature: Carolyn R. Butler

Address: 7671 S Hadyglade Ln

State: San Diego, Ca Zip Code: 92114

Telephone: 470-3840

Inv[redacted]

Ac[redacted]

Work Order # E 7951

PY-593 (REV. 8-86)

E 7951

CITY OF SAN DIEGO
CALIFORNIA

OFFICIAL RECEIPT

№ 848129

DEPARTMENT/DIVISION NAME: treas Collections

DATE: 12.2.91

AMOUNT: ~~[illegible]~~ KAS one thousand two hundred sixty four DOLLARS & 53/100 CENTS

$ 1264.5

RECEIVED FROM: Sheena Hutsona / Darolyn Baker

ADDRESS: 534 Worthington St, SV

IN PAYMENT OF: 28263 (Hosea A. Brazley) Clan Terment

☒ CHECK ~~[illegible]~~ Cashier CK ~~[illegible]~~ CASH

RECEIVED BY: K. Stone

FOR ABOVE NAMED DEPARTMENT

FUND	DEPARTMENT	ORGANIZATION	ACCOUNT	JOB ORDER	FACILITY	AMOUNT

DISTRIBUTION:
WHITE - CUSTOMER
PINK - TREASURER
YELLOW - RETAIN
GREEN - AUDITOR

AC-1218 (REV. 1-86)

W.O. # E-7951

NOTE

$ 950.00 San Diego, California 3-7 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 Nine Hundred Fifty 00/100 DOLLARS with interest from 5/10/89 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 DARALYN R. BAKER SIGNATURE Daralyn R. Baker

ADDRESS 7671 S Hadyglade LN

CALIF. DRIVERS LIC. # N6917509

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

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

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

№ 37471

Date: 3-7 19 89

From: Carolyn Lakey Address: 7671 Starling Dr. La Mesa

One Hundred fifty-two Dollars ($ 152.00)

In Payment of Hugh C. Lakey's interment

Lot 120 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7951

BALANCE DUE 950.00

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 Andrea Wood

CREDIT 20% Sales Com	57007 77184		
80% Sales of Lots	100 77184	152	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	152	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7951

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
Hosea	Anderson	Brazley	6-29-32	3-5-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Daralyn Baker - Daughter 7671 Shady Glade Lane San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Robert W. Ragsdale III	3/9/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		4.00	MAR 8 1989	Gerald S. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 120-6-1-12 3751 Market St. San Diego, Ca. 92102		11B. DATE INTERRED 3/10/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metairie Cem. -2098 N/A T&R Vault		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-8-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 3/14 11:00

Church, Chapel, Graveside Graveside ; Clairemont Dorothy Mortuary.

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

✓ Lot 56 Grave _____ Row 1 Section 8 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 37506	355.00
Balance due	252.00
37507	252.00

Mortuary will [illegible]

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7952

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37507

Date: 3-14, 1989

From: Clairemont Mortuary Address: 4266 Mt Abernathy Ave

Two hundred fifty-two no/100 Dollars ($ 252.00)

In _____ Payment of Marie Kissinger's bell liner

Lot 56 Grave _____ Row 1 Section 8 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7952

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 03579

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

CITY AUDITOR
MAR 20 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	252	00

OFFICIAL RECEIPT

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

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

№ 37506

Date: 3-14, 1989

From: Mary Smith Noble Trill Address: 128 Jerico Circle Glen Co.

Three Hundred Fifty-five — Dollars ($ 355.00)

In _____ Payment of Open/Closing and Vending for Marie Kissinger

Lot 56 Grave _____ Row 1 Section 8 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. 2-1952

BALANCE DUE 0

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

0228

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 20 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181	320	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7952

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
Marie	Margaret	Kissinger	7-21-1895	3-7-1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Adele Terrill Daughter 13535 Apache Rd. Poway, CA 92064

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Clairemont Mortuary, 4266 Mt. Abernathy Ave., San Diego, CA 92117	FD 1126

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAR 14 1989	▶ Donald E. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
PO BOX 85222, San Diego, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 56-1-8-7 Mount Hope Cemetery 3751 Market Ave, San Diego, CA	11B. DATE INTERRED 3/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cloverleaf Chapel Wood Bell Lewis	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Cal Board	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Granted

Date 3-9-89

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 106 Grave 5 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 37481	100.00
Balance due	200.00

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

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

_____
Signature of recorded holder of deed

Laura D. Beavers
Signature
3236 K St.
Address
San Diego Ca. 92102
State Zip Code
239-3408
Telephone

Invoice # _____

Work Order # E 7953

Acct. # _____

PY-583 (REV. 9-85)

E7953

LAURA D. BEAVERS
3236 "K" STREET PH: 239-3108
SAN DIEGO CA 92102

6-26 19 89 0930

16-66/1220

Pay to the Order of Mount Hope Cemetery $ 25.00

Twenty-Five & 00/100 Dollars

Bank of America NT & SA
Barrio Logan Branch #165
P.O. Box 13067
San Diego, CA 92113

For _____ L.D Beavers

⑈122000661⑈0930 ⑆01651⑆02231⑈

OFFICIAL RECEIPT

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

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

No 38472

Date: 9-5 19 89

From Linda Beavers Address: 3236 K Street, San Diego

Fifty 10/100 Dollars ($ 50.00)

In Payment of Vacant Lot

Lot 106 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-1753

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 0988

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

ISSUED BY Linda Mock

CREDIT 20% Sales Care	67007 77184	50 00
80% Sales of Lots	100 77184	CITY AUDITOR
Opening/ Closing	100 77181	
Burial Containers	100 77182	SEP 11 1989
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

OFFICIAL RECEIPT

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

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

No 38309

Date: 7-24-89, 19

From: Laura Beavers Address: 3236 K St. San Diego Ca 92102

Twenty-five dollars and no/100 Dollars ($ 25.00)

In part Payment of Credit lot

Lot 106 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E7953

BALANCE DUE 50.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY W.J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	CITY AUDITOR
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	JUL 31 1989
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

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

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

№ 38189

Date: 6-26, 1989

From: Laura Beavers Address: 3236 K Street, SD

Twenty Five — Dollars ($ 25.00)

In _____ Payment of Credit Lot

CITY AUDITOR
JUN 30 1989

Lot 106 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7953

BALANCE DUE 25.00

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

0930

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward
See reverse

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

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

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

№ 37823

Date: 5 15 19 89

From: Laura Lyons Address: 3236 K Street, SD 92102

Fifty dollars no/100 Dollars ($ 50.00)

In Payment of Credit Lot

Lot 106 Grave 5 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. 2-1753

BALANCE DUE 100.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

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

CITY AUDITOR
MAY 19 1989

OFFICIAL RECEIPT

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

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

№ 37481

Date: 3-9, 1989

From: Laura Beavers Address: 3236 K Street, SD

One hundred no/100 — Dollars ($ 100.00)

In _____ Payment of Preneed Lot for Laura Beavers

Lot 106 Grave 5 Row _____ Section 2 Division ~~Block~~ 1

Invoice No. _____

Acct. No. _____

W.O. E-7953

BALANCE DUE 200.00

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

857

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

ISSUED BY Sandra Wold

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	100.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

CITY AUDITOR
MAR 16 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

№ 37628

Date: 4-6 , 19 89

From Laura Reaves Address: 3236 K Street, SD

Fifty dollars Dollars ($ 50.00)

In Payment of Credit Lot

Lot 106 Grave 5 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7753

BALANCE DUE 150.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
881

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

ISSUED BY Sandra Ward

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	50 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	50 00

CITY AUDITOR
APR 17 1989

AC-212 (Rev. 10-87)

NAME Beavers, Laura ACCT. NO. E-7953

ADDRESS 3236 K Street, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]9	89	Lot 106, Grave 5, Section 2, division 11	300 00		100 00	200 00
4-6	89	Receipt 37628			50 00	150 00
5-15	89	Receipt 37823			50 00	100 00
6-26	89	Receipt 38189			25 00	75 00
7-24	89	Receipt 38309			25 -	50 00
9-5	89	Receipt 38472			50 -	-0-

AIGNER FORM NO. 25-204 Beavers, Laura 106 ~ 5 ~ 2 ~ 11 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Monday 3/13

Church, Chapel, Graveside delivery only / Greenwood Terrace Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . before 2:00

Lot 571 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 37504	607.00
Balance due	0

Mortuary will bring check

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

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

_____
Signature of recorded holder of deed

Ruth Wood
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7954

Acct. # _____

PY-893 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37504

Date: 3-13 89

From: Greenwood Address: P.O. Box 88 SD, CA

Six hundred seven 10/100 Dollars ($ 607.00)

In _____ Payment of Clinton E. Crosby's Interment

Lot 571 Grave _____ Row _____ Section 1 Division 8 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7954

BALANCE DUE _____

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

13061

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77165	145	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

CITY AUDITOR
MAR 16 1989

OFFICIAL RECEIPT

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

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

№ 38470

Date: 9-1, 1989

From: Ruth Wood Address: 5135 63rd Street, SD

One hundred twenty-five no/100 Dollars ($ 125.00)

In _____ Payment of Marker Tolling fee for Clinton Crosby

Lot 571 Grave _____ Row 8 Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. E-7954

W.O. _____

BALANCE DUE ~~—~~

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

1907

AC-212 (Rev. 10-87)

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

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	CITY AUDITOR
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	SEP 11 1989
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7954

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
CLINTON	KELY	CROSBY	11-1-1893	3-8-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RUTH WOOD :NIECE 5135 63rd STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE SAN DIEGO, CA	2243

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—General Director or Person Acting as Such	8B. DATE SIGNED
		[signature]	3-13-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 13 1989	Donald L. Bowers, M.D.

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
	P.O. BOX 85222 SAN DIEGO, CA 9138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 571-1-8 PROSPECT STREET SAN DIEGO, CA	11B. DATE INTERRED 3/13/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Clothearnd Wood Bellpenis	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY [signature]	
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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-10-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 3/13 11:00

Church, Chapel, Graveside Church & Grave, Erickson-Anderson Mortuary.

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

✓ Lot 242 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 37496	607.00
Balance due	—

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

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

_____
Signature of recorded holder of deed

Vahaka L. Hart
Signature

4750 Zelda Ave.
Address

La Mesa Cal. 92041
State Zip Code

466-0708
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7955

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 38671

Date: 12-11, 1989

From: Arabic Hart Address: 4750

Fifteen 95/100 Dollars ($ 15.95)

In Payment of Flower Cup for Jean Hart

Lot 242 Grave 3 Row Section 11 Division ~~Block~~ 7

CITY AUDITOR
DEC 18 1989

Invoice No.

Acct. No.

W.O. E-7955

BALANCE DUE 0

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

102

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		35
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

№ 37496

Date: 3-10, 1989

From: V. T. Hart Address: 4750 Zelda Ave, La Mesa

Six hundred seven Dollars ($ 607.00)

In Payment of Yeran Hart's Interment

Lot 242 Grave 3 Row Section 11 Division ~~Block~~ 7

CITY AUDITOR
MAR 16 1989

Invoice No.

Acct. No.

W.O. 8-7955

BALANCE DUE —

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

2675

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

ISSUED BY Andrea Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	7	00
TOTAL PAID	$	607	00

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7955

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
Yeran		Hart	April 21, 1895	March 8, 1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Vahkn Hart (son) 4750 Zelda Ave. La Mesa, CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Erickson-Anderson Mortuary 8390 Allison Ave., La Mesa, CA 92041	FD96

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
		Robert Levenson	March 9, 1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 4.00	MAR 10 1989	Donald L. Ramos, M.D. #17

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
	Vital Records PO Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 242-3-11-7	11B. DATE INTERRED 3/13/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Batesville Hardwood – Flat Top – Linen – Aluminum	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-10-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Tues. 3/14 1:00

Church, Chapel, Graveside Delivery Only Goodbody Kent Mortuary.

All Funeral cars must arrive 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 12 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	7.00
Total Due	907.00
Paid receipt number 4/4/89	907.00
Balance due	0

30 day notice

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

Stephen B. Shelin
Signature

4074 Cherokee Ave #3
Address

San Diego Ca 92104
State Zip Code

281-6031
Telephone

Invoice # 081702

Acct. # 029559

Work Order # E 7956

PY-593 (REV. 8-85)

W.O. # E-7956

NOTE

$ 902.00 San Diego, California 3-10 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 Nine Hundred Seven DOLLARS with interest from 5/19/89 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 Stephen B Shelvis SIGNATURE Stephen B Shelvis

ADDRESS 4074 Cherokee Ave # 3 San Diego Ca 92104

CALIF. DRIVERS LIC. #

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7956

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
MARIA	ELIZAMA	WOODS	4-12-1913	3-9-1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Stephen Shelvis son-in-law 4074 Cherokee Ave., #3 San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Goeglody Mort., 5027 El Cajon Blvd, San Diego, CA	FD 790

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: ▶ Peggy S. Vance

8B. DATE SIGNED: 3/14/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	MAR 14 1989	Donald L. Powers, M.D.

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
P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 121-12-2-11 3751 Market Str., San Diego, CA	11B. DATE INTERRED 3/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Chapel-Wooden N/A Bellevue	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

NO	DATE	NO	CUSTOMER NAME FUND	DEPT	ORG	ACCT	J/O	DATE OPER	BY BN/EQ	REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
081702	03/16/89	029559	STEPHEN B. SHELVIS					04/04/89	CK	1931	907.00	907.00	0.00
E-1956			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				240.00		
			100	072		77185	000072				143.00		
			60101			78390					7.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/13/89

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

in a Bell Series Vault/Liner Funeral, date, time Tues 3/14 1:00

Church, Chapel, Graveside Deliverance; Greenwood Tues Mortuary.

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

Lot 1964 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 32512	607.00
Balance due	0

Mortuary will pay check

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7957

Acct. # ____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37512

Date: 3-14, 1989

From: Greenwood Mortuary Address: P.O. Box 88, San Diego, CA

six hundred seven no/100 Dollars ($ 607.00)

In _____ Payment of Michael Alexander's Interment

Lot 1764 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7957

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 13077

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

CITY AUDITOR
MAR 20 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	53033 9022		
Sales Tax	80101 78390	7	00
TOTAL PAID	$	607	00

OFFICIAL RECEIPT

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

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

№ 38447

Date: 8-23, 19 89

From: Greenwood Address: P.O. Box 88, San Diego, CA

One hundred thirty-five no Dollars ($ 135.00)

In _____ Payment of Marker Setting Fee for Michael Alexander

Lot 1964 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7957

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 14923

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

CITY AUDITOR
AUG 28 1989

ISSUED BY Sandy

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7957

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
MICHAEL	—	ALEXANDER	11-8-1969	3-2-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR/ELLINGSLEY 5501-A KEARNY MESA ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GREENWOOD MEMORIAL PARK I-805 & IMPERIAL AVENUE SAN DIEGO, CA	F-843

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 3-10-89

PERMIT
AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	MAR 13 1989	▶ Donald L. Powers, M.D.

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
P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 1964-10 MOUNT HOPE CEMETERY MARKET STREET SAN DIEGO, CA		11B. DATE INTERRED 3/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Bell Lenier — Cheapocrash		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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date 3/13/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie H. Kroboth & Delia Cota

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

Church, Chapel, Graveside _____ ; Mayer Mortuary.

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

Lot 33 Grave 8 Row _____ Section 2 Division/[redacted] 11

Grave space & Care Fund	Double Crypt Space	495.00
Additional spaces and care fund		
Opening/Closing & Setup	2nd Bund 320.00	320.00
Burial Container	Double Crypt 320.00	330.00
Handling Fees	Labor	320.00
Flower vases - Marker setting fee		—
Recording and filing fee	35.00	35.00
Sales taxes		23.10
Total Due		1523.10
		355.00
Paid receipt number		1878.10
37501	Balance due	1878.10
		0

note: Both interments Paid 3/13/89 [illegible]

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

I hereby authorize the interment in lot hold under deed.

PAID
MAR 13 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

X Delia Cota
Signature

X 4644 Wilson ave
Address

X S. Diego Ca 92116
State Zip Code

X [redacted] 563-0491
Telephone

Invoice # _____

Work Order # E 7958

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 37501

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

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

Date: 3/13/89, 19

From: W. H. Kroboth Address: 643 - 17th St San Diego Ca 92101

Eighteen Hundred Seventy Eight and 10/100 Dollars ($ 1878 10/xx)

In full Payment of Grave Space - Double Crypt - two Interments

Paid in full for Willie & Delia

Lot 33 Grave 8 Row — Section 2 Division 11

Invoice No. —

Acct. No. —

W.O. E 7958

BALANCE DUE 0

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

CR 1303

AC-212 (Rev. 10-87)

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

ISSUED BY Georgen Stetter

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	1383	10
Sales Tax	80101 78390		
TOTAL PAID	$	1878	10

CITY AUDITOR
MAR 16 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/14/89

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

in a Lewis Vault/Liner Funeral, date, time Fri 2PM 3/17

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

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

Lot 90 91 Grave 7 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	300.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container Bell Lewis	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	907.00
Paid receipt number 38287	907-
Balance due	0

Estate filing
B. Lewis - attorney
295-5078

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7959

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 38287

Date: 7-13, 1989

From: Rev John Reingold Address: P.O. Box 1125, San Diego CA 92112

nine hundred seven no/100 Dollars ($ 907.00)

In _____ Payment of James L. Norwood's Interment

Lot 91 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-17959

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 0969

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

CITY AUDITOR
JUL 24 1989

ISSUED BY Sandy Wood

CREDIT 20% Sales Care	67007 77184	60	00
60% Sales of Lots	100 77184	240	00
Opening/Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	7	00
TOTAL PAID	$	907	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7959

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
James		Norwood	3-2-27	3-12-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Debra Payne - Grandniece 817 Eta St. Apt 342 National City, Ca. 92050

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca. 92102	F-1329

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
		Harland W Ragsdale II	3/14/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 14 1989	Donald L. Remus, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 91-7-2-11 Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/17/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal-Mor Sales Bill Lines N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/14/89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Thru 11Am 3/16

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

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

Lot 119 Grave 2 Row — Section 3 Division/Block 12

Grave space & Care Fund Single Space & Care	495 00
Additional spaces and care fund Sp 3 reserved for 30 days	
Opening/Closing & Setup	320 00
Burial Container Bell Liner	100 00
Handling Fees Labor	145 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	7 00
Total Due	1102 00
Paid receipt number 37505	1102 00
Balance due	0

PAID
MAR 18 1989
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

x Charles L Taylor
Signature
x 1822 ADAMS AVE
Address
x San Diego, CA 92116
State Zip Code
x 491-0289
Telephone

Invoice # _____

Work Order # E 7960

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37505

Date: 3/14 19 89

From: Chesley L Taylor Address: 1822 Adams SD 92116

Eleven Hundred and Two and 00/100 Dollars ($ 1102.00)

In full Payment of Interment fees for Eva Jean Taylor-deceased

Lot 119 Grave 2 Row — Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-7960

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 1363 Gus

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

CITY AUDITOR

MAR 20 1989

ISSUED BY Peggy Letts

CREDIT	67007		
20% Sales Care	77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 8022	—	
Sales Tax	60101 75390	7	00
TOTAL PAID	$	1102	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7960

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
Eva	Jean	Taylor	4-18-44	3-8-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Versie Lee Cole - Mother 3853 Superior St. San Diego CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mortuary San Diego, Ca. 92102	F-1329

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
		Hartwell W. Ragsdale II	3/14/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 14 1989	Donald G. Romack, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 19-2-3-12 3751 Harriet St. San Diego, Ca. 92102		11B. DATE INTERRED 3/16/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2098 Cenk Steelmon Sealer N/A Bell		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby C. Tabey

in a Dble Crypt (Vault/Liner) Funeral, date, time Thurs 3/23 11:00

Church, Chapel, Graveside Graveside ; George Will Mortuary.

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

Lot 382 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	595.00
Additional spaces and care fund Wooden F.T. octagon Greycloth	320.00
Opening/Closing & Setup	320.00
Burial Container	320.00
Handling Fees	
Flower vases - Marker setting fee	35.00
Recording and filing fee	23.10
Sales taxes	1623.10
Total Due	1307.25
Less receipt number 37524	315.85
Balance due 37541	315.85

PAID MAR 22 1989 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Janet Landry
Signature
6766 Kelly St.
Address
San Diego Calif
State Zip Code
571-1848
Telephone

Work Order # E 7961

Invoice # ____

Acct. # ____

PY-893 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37524

Date: 3-17, 19 89

From: Alfred Jandrey Address: 7589 Valvocado, I d.b

Thirteen Hundred Seven 25/100 Dollars ($ 1307.25)

In _____ Payment of Kirby A Jabey's Interment

Lot 1382 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E1-7961

BALANCE DUE 315.65

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

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

CITY AUDITOR
MAR 27 1989

ISSUED BY Andrea Wright

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	62	25
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	1307	25

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

№ 37541

Date: 3-22, 1989

From: Mr. Lakey Address:

Three hundred fifteen 85/100 Dollars ($ 315.85)

In _____ Payment of Rocky Lakey's Interment

Lot 1382 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. 2-7961

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 27 1989

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77165	257	75
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	23	10
TOTAL PAID	$	315	85

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7961

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
RUBY	AILEEN	TOBEY	7/19/1926	3/11/89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	8. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
MAYER	YAVAPAI ARIZ	DONALD P. TOBEY . HUSBAND PO Box 123 MAYER ARIZ 86333

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Donald P Tobey PO Box 123 MAYER ARIZ	

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
		▶ Donald P Tobey	3/22/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		$4.00	MAR 22 1989	▶ Donald L. Powers, M.D. Reg

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
MAYER ARIZ 86333 PO Box 85222 SD	PO Box 85222 SD 92138 5222

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 13828-10 MT HOPE 3751 MARKET SD CA	11B. DATE INTERRED 3/23/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY	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 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-89

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

In a Bell Jenny (Vault/Liner) Funeral, date, time Fri 3/17 10:00

Church, Chapel, Graveside Graveside ; Conrad Mortuary.

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

Lot 89 Grave 9 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	200.00
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	907.00
Paid receipt number 37513	907.00
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

Eltha D. Ward
Signature
8680 Troy
Address
Spring Valley CA 92077
State Zip Code
469-8947
Telephone

Invoice # _____

Work Order # E 7962

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37513

Date: 3-14 19 89

From: Ella Ward Address: 8680 Day, Spring Valley

nine hundred seven 10/100 Dollars ($ 907.00

In Payment of Olen Hellman's Interment

Lot 89 Grave 9 Row 2 Section Division 11 Block

Invoice No.

Acct. No.

W.O. 2-7462

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
523

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 20 1989

ISSUED BY Ella Ward

CREDIT	87007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77161	220	00
Burial Containers	100 77182	700	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	83005 6022	-	
Sales Tax	80101 78300	7	00
TOTAL PAID	$	907	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7962

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
OLEN	-	HOLLIMAN	7-10-1901	3-13-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Kitha D. Ward - Daughter 8680 Troy Street Spring Valley, CA 92077

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Conrad Lemon Grove Mortuary 7587 Broadway - Lemon Grove, CA 92045	7941

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
		▶ [signature]	3-15-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 17 1989	[signature] Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH
Co. Dept. of Health Services
VITAL Records/P.O. Box 85222
San Diego, CA 92138-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 89-9-2-11	11B. DATE INTERRED 3/17/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A H.P. Zoga Steel - Non Sealer Bell Lemon	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/15/89

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

in a Bell Liner Vault/Liner Funeral, date, time Fri 3/17 11:00

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

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

Lot 66 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	7.00
Total Due	907.00
Paid receipt number 37532	907.00
Balance due	-0-

Rosedale will Deliv

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7963

Acct. # ____

PY-693 (REV. 6-85)

OFFICIAL RECEIPT

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

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

№ 37532

Date: 3-17, 1989

From: Anderson-Ragsdale Address: 5050 Federal Blvd, SD

nine hundred seven no/100 Dollars ($ 907.00)

In _____ Payment of Johnnie Jacobs, Jr Service

Lot 66 Grave 1 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 8-7963

BALANCE DUE 6

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

3574

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 27 1989

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	907	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7963

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
Johnnie		Nacoba, Jr.	8-27-27	3-11-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Edna Marie Miller-Daughter 2363 67th Ave. Sacramento, Ca. 95822

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-RAgsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Herbert W. Ragsdale III	3/15/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 16 1989	Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 66-1-2-11 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/17/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Lauren Stelter	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal-Non Casket Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-15-89

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

in a Bell Line Vault/Liner Funeral, date, time Mon 3/20 11:00

Church, Chapel, Graveside Chapel & Grave ; Calif Burial Mortuary.

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

Lot 127 Grave 11 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	7.00
Total Due	907.00
Paid receipt number 37515	450.00
Balance due	457.00

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

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

_____
Signature of recorded holder of deed

Edna E Darrington
Signature

5576 Bonita Dr.
Address

San Diego Ca. 92114
State Zip Code

(619) 262-0512
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7964

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37515

Date: 3-15, 1989

From: Edna C. Davington Address: 5576 Tomita Dr, SD

Four hundred fifty no/100 — Dollars ($ 450.00)

In _____ Payment of Jenese Carter

Lot 127 Grave 11 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7964

BALANCE DUE 457.00

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

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

CITY AUDITOR
MAR 20 1989

ISSUED BY Sandra Ward

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	00
Opening/Closing	100 77181	150	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	450	00

AC-212 (Rev. 10-87)

W.O. # E-7964

NOTE

$457.00 San Diego, California 3-15 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 00/100 DOLLARS with interest from _____ 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. 8218 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 Edna E DARRington SIGNATURE Edna E Darrington

ADDRESS 5576 Bonita Dr San Diego Ca. 92114

CALIF. DRIVERS LIC. # C0298840

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7964

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
Janice		CARTER	3/7/1957	3/12/1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Thelma M. Robinson- Mother 2847 Webster Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
California Burial Chapel 8602 El Cajon Blvd. San Diego, CA	F 1357

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
		Thad Crisstell	3/15/89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAR 20 1989	Donald L. Ramos M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 127-11-2-11 Mt. Hope Cemetery 3751 Market St. San Diego, CA		11B. DATE INTERRED 3/20/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Bell Crime		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-15-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 3/17 11:00

Church, Chapel, Graveside Graveside ; Featheringill Mortuary.

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

Lot 1158 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fees	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 37523	607.00
Balance due	0

PAID
MAR 17 1989
MT HOPE CEMETERY
SAN DIEGO, CALIF.

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

Carol Granatowski
Signature

Address

State 460-6595 Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7965

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37523

Date: 3/17/89, 19

From: Carol Grangtowski Address: 4294 Avon La Mesa Ca

Six hundred seven and 00/100 Dollars ($ 607.00)

In full Payment of Interment of and for Bertha Justice deceased

Lot 1158 Grave Row Section 3 Division Block 8

Invoice No. —

Acct. No. —

W.O. E-7965

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 331

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

CITY AUDITOR
MAR 27 1989

1158-
3-8-

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	
Sales Tax	80101 78380	7	00
TOTAL PAID	$	607	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7965

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
BERTHA	MAE	JUSTICE	6/7/1906	3/15/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carol Granatowski, Daug. 4294 Avon Drive La Mesa, CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Featheringill Mort. 6322 El Cajon Blvd. S.D. CA	1083

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
		▶ Walter Ward	3/16/1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 16 1989	▶ Donald L. Ramos, M.D.

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
	P.O. Box 85222, San Diego, CA 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY: Mt. Hope Cem. 3751 Market St. San Diego, CA 1158-3-8	11B. DATE INTERRED: 3/17/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: n/a Cloth Covered Wooden Bell Lever	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT: ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION: n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed

Date 3/17/89

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

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 45 Grave 2 Row _____ Section 2 Division/~~Block~~ 1

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 39522	35.00
Balance due	—

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

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

_____
Signature of recorded holder of deed

Signature _____

Address 4656 Hawley Blvd

State San Diego, CA 92116 Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7966

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

009718 № 37522

Date: 3-17, 1989

From: Violet Siekas Address: 4656 Hawley Blvd, SD 92116

thirty-five no/100 Dollars ($ 35.00)

In _____ Payment of Preneed recording fee for Violet Siekas

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. C-7966

BALANCE DUE _____

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

364

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	35 00
Sales Tax	60101 78380	
TOTAL PAID	$	35 00

CITY AUDITOR
MAR 27 1989

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/89

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

in a Bell Line (Vault/Liner) Funeral, date, time Mon 3/20 10:00

Church, Chapel, Graveside Church & Grove; 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 1820 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1202.00
Paid receipt number 37531	1202.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

Eleuteria Ortega Masoud
Signature

8841 Cherry Hills Rd Santee
Address

Ca 92071
State Zip Code

562/2137
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7967

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37531

Date: 3-17, 1989

From: Phyllis P. Ortega Address: 8841 Cherry Hills Rd, Santee
Twelve hundred two dollars — Dollars ($ 1202.00)

In _____ Payment of Theresa Marling Lagan's interment

Lot 1820 Grave _____ Row _____ Section _____ Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7967

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 27 1989

ISSUED BY [signature]

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	1202	00

AC-212 (Rev. 10-87)

421

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7967

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
THERESA	M.	MARTINEZ	1-2-1926	Found 3-15-89	F.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Phyllis Ortega daughter 8841 Cherry Hills Road Santee, CA 92071

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Goodsby Mort., 5027 El Cajon Blvd, San Deigo, CA	FD 790

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
		▶ [signature]	3/20/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 20 1989	▶ Donald L. Ramos, M.D.B.

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
	P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 1820-10 3751 Market St., San Diego, CA	11B. DATE INTERRED 3/20/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 19ga Metal Sealer Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/89

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

in a Vault (Vault/Liner) Funeral, date, time Thur 3/23 - 2PM

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

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

Lot 3371 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Single	595.00
Additional spaces and care fund	—	
Opening/Closing & Setup		320.00
Burial Container	Comite Vault	175.00
Handling Fees	Labor	170.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		12.25
	Total Due	1307.25
	Paid receipt number 37537	100.00
	Balance due	1207.25

Note Father date attached

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

May replace note with father sig

Signature: Laverne Mitchell

Address: 3424 #A Olive St.

State: S.D. Ca Zip Code: 92105

Telephone: 263-6755

Invoice # [redacted]

Acct # [redacted]

Work Order # E 7968

PY-593 (REV. 8-85)

Joanne we won against Laverne using Heath & Safety Code. Comm tried to find a way out but he couldn't

Thanks.

Bonnie

W.O. # E-7968

NOTE

$ 1307.25 XX San Diego, California March 20 1989

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 April 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 DARRYL K. WALLACE SIGNATURE X Darryl K Wallace

ADDRESS 734 So. 47th St San Diego 92113

CALIF. DRIVERS LIC. # R0063277

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

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

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

№ 37537

Date: 3-21 , 19 89

From: Daryl Wallace Address: 734 S. 47th St, SD 92113

One Hundred -no/00- Dollars ($ 100.00)

In Payment of Deceased Wallace's Interment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7466

BALANCE DUE 1207.25

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 27 1989

ISSUED BY Linda Ward

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

W.O. # E 7968

NOTE

$ 1307.25 San Diego, California March 20 1989

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 April 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 _____ SIGNATURE X Darlene Mitchell

ADDRESS _____

CALIF. DRIVERS LIC. # A0450333

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/89

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

in a _____ Vault/Liner Funeral, date, time Thur 3/23-2PM

Church, Chapel, Graveside Chapel-HS ; Pagadale Mortuary.

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

Lot 3371 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... Simple 595.00

Additional spaces and care fund ..... —

Opening/Closing & Setup 330.00

Burial Container ..... Cement Vault 175.00

Handling Fees ..... Labor 170.00

Flower vases - Marker setting fee ..... —

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 1307.25

Note Father's date attached

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Signature Laverne Mitchell

Address 5424 #H Olive St.

State S.D. Ca 92105

Telephone 263-6755

Zip Code

Invoice # _____

Acct. # _____

Work Order # E 7968

PV-863 (REV. 8-88)

W.O. # E 7968

NOTE

$ 1307.25 San Diego, California March 20 1989

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 April 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 _____ SIGNATURE Laverne Mitchell

ADDRESS _____

CALIF. DRIVERS LIC. # A0450333

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

DARRYL K. WALLACE
734 S. 47th St
SAN DIEGO 92113 PHONE 264078
S.S.# 530-34-2183
DR. LIC. # R0063277
CHRISTEVE CORP.
233 LONSLEY WAY
ARCADIA, CA 91006 PHONE (818) 445-4673

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7968

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
Demetris	Eugene	Wallace	11-20-71	3-17-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Laverne Mitchell - Mother 5424 Olive St. San Diego, Ca. 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 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
		Haskell W. Ragsdale II	3/20/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 21 1989	Donald G. Romrell M.D.

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
	P.O. Box 85222 San Diego, Ca.92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3371-10 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 3/23/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Lorentdeller	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Steel Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

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
082063	03/24/89	029661	DARRYL K. WALLACE					04/24/89	CK	228980794	100.00	1,207.25	1,107.25
			100	072		77181	000072				26.51		PARTIAL PAYMENT
			100	072		77182	000072				14.50		
			100	072		77183	000072				2.90		
			100	072		77184	000072				31.15		
			100	072		77185	000072				14.08		
			60101			78390					1.01		
			67007			77184					9.85		

E-7968

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 100.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/89

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

in a Vault Funeral, date, time Fri - 1:30 - 3/24

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

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

Lot 128 Grave -1- Row _____ Section 2 Division/Block 11

Grave space & Care Fund	Single Shave	300.00
Additional spaces and care fund		
Opening/Closing & Setup		320.00
Burial Container	Vault	175.00
Handling Fees	Labor	170.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		12.25
	Total Due	1012.25

30 day note

Paid 5/8/89 in full

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

x Sammie L Baker
Signature

x 5472 Bonita Dr
Address

x San Diego Calif. 92114
State Zip Code

x 262-6995
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7969

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

4/17

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

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

№ 37658

Date: 4-10, 1989

From: Blanche Watkins Address: 904 N 33rd Street SD

One hundred thirty no/100 Dollars ($ 130.00)

In _____ Payment of Hugh Baker's Interment

Lot 128 Grave 1 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. 882144

Acct. No. 029694

W.O. E-7969

BALANCE DUE 882.25

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

AC-212 (Rev. 10-87) 4820

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

ISSUED BY Sandra Vock

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77184	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	130.00

CITY AUDITOR
APR 18 1989

OFFICIAL RECEIPT 5/1

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

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

№ 37709

Date: 4-26 1989

From: Jammie Baker Address: 5472 Lanita Dr. D

Five hundred eighty no/100 Dollars ($ 580.00)

In _____ Payment of Hugh L. Baker's Interment

Lot 128 Grave 1 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. 082144

Acct. No. 029694

W.O. 7969

BALANCE DUE 302.25

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	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	580.00

CITY AUDITOR
MAY 04 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT 5/12

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

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

№ 37776

Date: 5-8, 1989

From: Jimmie Baker Address: 5472 Baneta Ave. S

Three hundred two 25/100 Dollars ($ 302.25)

In _____ Payment of Hugh L. Baker Interment

Lot 128 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. 082144

Acct. No. 029694

W.O. 2-7969

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 Care	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	$	302.25

CITY AUDITOR
MAY 12 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

No 38324

Date: 7-28 , 19 89

From: SAMMIE L. BAKER Address: 5472 BONITA DR.

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

In Full Payment of Installation fees for gov't marker for Hugh L. Baker

Lot 128 Grave 1 Row ____ Section 2 Division Block 11

Invoice No. ____

Acct. No. ____

W.O. E-7969

BALANCE DUE ____

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
AUG 02 1989

ISSUED BY W.J. Teague

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

W.O. # E 7969

NOTE

$ 1012.25 San Diego, California 3/20 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 One Thousand twelve and 25/100 DOLLARS with interest from April 24, 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 Samuel L Baker

ADDRESS _____

CALIF. DRIVERS LIC. X H0578039

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7969

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
Hugh	Lewis	Baker	5-29-08	3-19-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Sammie L. Baker - Son 5472 Bonita Dr. San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Badali Mortuary 5050 Federal Blvd. San Diego, Ca. 92102	F-1329

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
		Howard W. Kegel II	3-24-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 24 1989	Donald L. Ramos, M.D.

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
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 28-1-2-11 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 3/24/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY George Stutt	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal - T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

082144 03/28/89 029694	SAMMIE L. BAKER				04/26/89 CA	37709	580.00	1,012.25	302.
E-7969	100	072	77181	000072			183.35		PARTIAL PAYMI
	100	072	77182	000072			100.27		302.25
	100	072	77183	000072			20.05		
	100	072	77184	000072			137.52		
	100	072	77185	000072			97.41		
	60101		78390				7.02		
	67007		77184				34.38		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 580.00

	100	072	77183	000072			410.00	PAID IN FU
082144 03/28/89 029694	SAMMIE L. BAKER				04/10/89 CK	37658	130.00	1,012.25
	100	072	77181	000072			41.10	PARTIAL PA
E-7969	100	072	77182	000072			22.47	
	100	072	77183	000072			4.49	
	100	072	77184	000072			30.82	
	100	072	77185	000072			21.83	
	60101		78390				1.57	
	67007		77184				7.72	
082324 04/03/89 004821	CONTI AND SON MEMORIAL CO				04/13/89 CK		750.00	750.00
	100	072	77183	000072			750.00	PAID IN FU

082144 03/28/89 029694	SAMMIE L. BAKER				05/08/89 CA	37776	302.25	1,012.25
	100	072	77181	000072			95.55	PAID IN
E-7969	100	072	77182	000072			52.25	
	100	072	77183	000072			10.45	
	100	072	77184	000072			71.66	
	100	072	77185	000072			50.76	
	60101		78390				3.66	
	67007		77184				17.92	

MT. HOPE CEMETERY

INTERMENT ORDER

Disenterment City of San Diego 4-23/87

Date 3/20/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe Coutycare 2119-86 – PA 1029053

in a Top – Vault/Liner Funeral, date, time Wed - 3/22 - 11:30

Church, Chapel, Graveside _____ ; Coroner Mortuary.

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

Lot 158 Grave 4T Row (B-E) 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	700.00
Recording and filing fee	
Sales taxes	
Total Due	700.00
Paid receipt number	
Balance due	

Reburied O.K. if Within 48 Hrs after 3/24/89 additional $145.00

Moved see E-7987

To be Pd by Sheriff Office - O.Ked - no note

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

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

_____
Signature of recorded holder of deed

Dave Stack Coroner Via phone personally to Geoy Stelter

Work Order # E 7970

PY-593 (REV. 8-88)

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # [redacted]

Acct. # [redacted]

E 7970

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

March 22 MONTH 1989 YEAR

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

Jane Doe #2119-86

from Lot 158 Grave 4T Section 2 Row — Block — Div 11
and to remove the same to and reinter said remains in Lot _____ Grave _____
Section _____ Row _____ Block _____ Div _____. To: Coroner office San Diego

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. Disentered on order of Coroner.

Signature	Signature	Signature
Coroner		
Relation to deceased	Relation to deceased	Relation to deceased
5555 Overland Ave		
Address	Address	Address
S.D. 92123		

I hereby authorized the above disinterment:

*

(Lot owner must sign if not legal custodian)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7970

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
Janey	—	Doe CC#8919-86	Unknown	10-9-86	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Ramona	San Diego	San Diego County Coroner 5555 Overland Avenue, Bldg. 14 San Diego, California 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Coroner, San Diego County	

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
		Marc J. Klaisch, Coroner	3/20/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$400	MAR 20 1989	Donald L. Ramos, M.D.

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
	3851 Rosecrans St. San Diego	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

ID to Be Cremation Cajare
CREMATION

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☒ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, Ca.	11B. DATE INTERRED 3/22/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Eugene Stolte	
CREMATION X	12A. NAME AND ADDRESS OF CREMATORY From #158-4T-2-11 to: 22-78-2-11 on 3/28/89	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/89

DONNIE

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

in a Double Crypt (Vault/Liner) Funeral, date, time Fri 10:30 3/24

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

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

Lot 83 Grave 11 Bottom Row — Section 2 Division/Block 12

Grave space & Care Fund ..... Double Crypt Burial	495 00
Additional spaces and care fund ..... — Not —	
Opening/Closing & Setup	320 00
Burial Container ..... Double Crypt	330 00
Handling Fees ..... Labor	320 00
Flower vases - Marker setting fee	—
Recording and filing fee	35 00
Sales taxes	23.10
Total Due	523.10
Paid receipt number 37545	523.10
Balance due	0

Pay By Fri Am

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

2nd funeral Cost Today 320 00
SV 00
not Rd. # 353 00

Bobbie Jean Martin
Signature

X
Address X 509 O'MEARA St.
State X SAN DIEGO, CA. Zip Code 92114
Telephone 263-8043

Work Order # E 7971

Invoice # _____

Acct. # _____

PY-503 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 37545

Date: 2-23-89, 19

From: Bobbie Martin Address: 509 O'Meara St

Fifteen hundred twenty Three & 10/100 — Dollars ($ 1523.10)

In full Payment of Interment of 4 for Donnie C Martin deceased
Double Crypt - Bottom used by Donnie —

Lot 83 Grave 11 Row — Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-7971

BALANCE DUE 0

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

+1100 ck
Cash - 423.10

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 30 1989

ISSUED BY Georgen Stetter

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales	100	396	00
Opening/ Closing	77181	320	00
Burial Containers	77182	330	00
Handling Fee	77185	320	00
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	23	10
TOTAL PAID	$	1523	10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7971

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
Donnie	Clara	Martin	2-14-34	3-19-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mr. Bobby J. Martin 509 O'Meara Street San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Rosedale Mortuary 5050 Federal Blvd. San Diego, Ca. 92102	F-1329

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
		▶ [signature]	3/21/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 22 1989	▶ [signature]

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 83-11-2-12 Mt. Hope Cemetery 3751 Mother Street San Diego, Ca.	11B. DATE INTERRED 3/24/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Rick Steel Non-Sealed 209a N/A Patton D. Crypt	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-20-88

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

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 3/22 11:00

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

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

Lot 69 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	330.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	907.00
Paid receipt number 37540	902.00
Balance due	5

check

Rosedale Bell Liner

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7972

Acct. # _____

FY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37540

Date: 3-22, 1989

From: Anderson-Rapsdale Address: 2050 Ethel Blvd, SD

nine hundred seven 00/100 Dollars ($ 907.00)

In _____ Payment of Lovelia Kazzerad's Entrement

Lot 69 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7972

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 2.96

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

CITY AUDITOR

MAR 27 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77186	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	7	00
TOTAL PAID	$	907	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7972

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
Sorelle		Kozirod	3-14-22	3-17-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Silton Frank - Son 3147 Carley St. Beaumont, Texas 77701

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca. 92102	F-1329

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
✓		Harold W. Ragsdale II	3/20/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 21 1989	Donald L. Ramras, M.D.

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
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 69-9-2-11 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 3/22/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Bell-Chapel N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust

Date 3-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arden & Melodie Knudsen II

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 162 Grave 1 & 2 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... 2 @ 495	990.00
Additional spaces and care fund	
Opening/Closing & Setup ..... PAID IN	
Burial Container ..... FULL	
Handling Fees	
Flower vases - Marker setting fee ... 4-10-96	
Recording and filing fee	
Sales taxes	
Total Due	990.00
Paid receipt number _____	
Balance due _____	

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

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

_____
Signature of recorded holder of deed

Signature _____
Address 621 Clamath St.
State Spring Valley, CA 92077 Zip Code
Telephone 589-1263

Invoice # _____

Acct. # _____

Work Order # E 7973

PY-593 (REV. 8-88)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7973 Credit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 41.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 42.00

Amount Received $

NAME Knudsen

ADDRESS 621 Clamath St.

CITY Spring Valley STATE Ca ZIP 92077

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7973 Credit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10		1		1				

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ 42.00

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-7973 Credit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 41.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$.

Amount Received $ _____

NAME Knudsen

ADDRESS 621 Clamath St.

CITY Sp. Valley STATE CA ZIP 92077

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7973 Crédit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 41.00

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-7973 Credit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 41.00

NAME Knudsen

ADDRESS 621 Clamath ST

CITY Spring Valley STATE CA ZIP 92077

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7973 Crédit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Sprifg Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 41.00

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-7973 Credit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 41.00

Amount Received $ 41.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7973 Crédit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 41.00

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. B-7973 Credit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, CA 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 41.00

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. E-7973 Credit Lot

Arden & Melodie Knudsen II
621 Clamath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 42.00

Amount Received $

NAME Knudsen

ADDRESS P.O. Box 1382

CITY Spring Valley STATE CA ZIP 92077-

☐ check (✓) if this is new address 0220

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7973 Credit Lot

Arden & Melodie Koudgen II
621 Clemath Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 41.00

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

BK #2

ACCOUNT No. E-7973 Pre-need Lots

Arden II & Melodie Knudsen
621 Clamath St.
Spring Valley, CA 92077
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 41.00

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

$ _____

Amount Received $ 41.00

NAME Knudsen

ADDRESS P.O. Box 1282

CITY Spring Valley STATE CA ZIP 91979

☒ check (✓) if this is new addres

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON Bk #2 13

ACCOUNT No. E-7973 Pre-Need Lots

621 Clamath St.
Spring Valley, CA 91977
Arden II & Melodie Knudsen
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above ▶ $ 41.00

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

$ ____

Amount Received $ 41.00

NAME Knudsen

ADDRESS P.O. Box 1382

CITY Spring Valley STATE Ca ZIP 91979

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. COUPON 14

DO NOT MAIL ENTIRE BOOK Bk#2

ACCOUNT No. E-7973 Pre-Need Lots

Arden II & Melodie Knudsen
621 Clamath ST.
Spring Valley, CA 91977
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 41.00

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

$ _____

Amount Received $ 41.00

NAME Knudsen

ADDRESS 2923 Apricot Lane

CITY S.V. STATE CA ZIP 91977

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON Bk #2 **15**

ACCOUNT No. E-7973 Pre-Need Lots

621 Clamath St.
Spring Valley, CA 91977
Arden II & Melodie Knudsen
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 41.00

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

$ _____

Amount Received $ 41.00

NAME L/Wudsen

ADDRESS P.O. Box 1382

CITY Spring Valley STATE CA ZIP 9197?

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK BK # 2

ACCOUNT No. E-7973 Pre-Need Lots

Arden II & Melodie Knudsen
621 Clamath ST.
Spring Valley, CA 91977
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. $ 41.00

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

$ _____

Amount Received $ 41.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK BK #2

ACCOUNT No. E-7973 Pre-Need Lots

621 Clamath St.

Spring Valley, CA 91977

Arden II & Melodie Knudsen

(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 41.00

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

$ _____

Amount Received $ 41.00

NAME Knudsen

ADDRESS 4408 Milestrip Rd Ste 173

Blasdell STATE NY ZIP 14219

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON Bk #2 19

ACCOUNT No. E-7973 Pre-Need Lots

621 Clamath St.
Spring Valley, CA 91977
Arden II & Melodie Knudsen
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 41.00

$ _____

Amount Received $ 41.00

NAME Knudsen

ADDRESS 4408 Milestrip #173

CITY Blasdell STATE Ny ZIP 14219

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK BK# 2

ACCOUNT No. E-7973 Pre-Need Lots

Arden II & Melodie Knudsen
621 Clamath ST.
Spring Valley, CA 91977
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 41.00

$ _____

Amount Received $ 41.-0

NAME Knudsen

ADDRESS 4408 Milestrip Rd #173

CITY Blasdell STATE Ny ZIP 14219

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

Bk #8

ACCOUNT No. E-7973 Pre-Need Lots

621 Clamath St.
Spring Valley, CA 91977
Arden II & Melodie Knudsen
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 41.00

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

$ _____

$ 41.00

Amount Received

NAME Knudsen

ADDRESS 4408 Milestrip #173

CITY Blasdell STATE NY ZIP 14219

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** Bk # 2 **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7973 Pre-Need Lots

Arden II & Melodie Knudsen
621 Clamath ST.
Spring Valley, CA 91977
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 41.00

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

$ _____

Amount Received $ _____

NAME Knudsen

ADDRESS 4408 mileStrip Rd #173

CITY Blasdell STATE NY ZIP 14219

☒ check (✓) if this is new address

Send or bring this coupon with each remittance

COUPON 23

DO NOT MAIL ENTIRE BOOK

Bk # 2

ACCOUNT No. E-7973, Pre-Need Lots

621 Clamath St.
Spring Valley, CA 91977
Arden II & Melodie Knudsen
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 41.00

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

$ _____

Amount Received $ _____

NAME Knudsen

ADDRESS 4403 Milestrip Rd #173

CITY Blasdell STATE NY ZIP 14219

Check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK Bk #2

ACCOUNT No. E-7973, Pre-Need Lots

Arden II & Melodie Knudsen
621 Clamath ST.
Spring Valley, CA 91977
(162-1 & 2-1-11)

Month and Day Due Indicated Below

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

[redacted] ▶ $ 41.00

[redacted] days ▶ $

$

Amount Received $

NAME Knudsen

ADDRESS 4408 Milestrip Rd #173

CITY Blaine STATE Wa ZIP 98219

☑ check (✓) if this is new address

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47294

Date: 4/10, 19 96

From: Arden & Melodie Knudsen Address: 4408 Milestrip Rd. Suite 173 Blasdell, NY 14219

One hundred twenty three and no/100 Dollars ($ 123.00)

In full Payment of pre-need lots

Lot 162 Grave 1 & 2 Row ____ Section 1 Division 11

Invoice No. ____

Acct. No. ____

W.O. E-7973

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#0257

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

ISSUED BY Carina M Surgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	123	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	123	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46203

Date: May 9, 1995

From: Knudsen, Arden E II Trustee Address: P.O. Box 1382 Spring Valley CA 91979

Forty One & 00/100 Dollars ($ 41.00)

In Payment of Pre-Need Lots (2)

Lot 162 Grave 142 Row — Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE $ 495.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2147

AC-212 (Rev. 5-94)

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

ISSUED BY M. Clark

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46343

Date: 11-28 19 95

From: Melodie Knudsen Address: 4408 Milestrip Rd. Ste. 173, Blasdell, NY 14219

Forty-One Dollars ($ 41.00)

In part Payment of Pre-Need Lots (2)

Lot 162 Grave 1+2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE 249.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 0106

AC-212 (Rev. 5-94)

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

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46619

Date: 9-18, 1995

From: Melodie Knudsen Address: Po Box 1382, Spring Valley CA 91979

Forty-one & no/100 Dollars ($ 41.00)

In Payment of Pre-need Lots

Lot 162 Grave 1 & 2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐
no.

AC-212 (Rev. 5-94)

8355102.5063

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

ISSUED BY J. Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46557

Date: 8-29, 1995

From: Arden II & MELODIE Knudsen Address: 621 Clairmonth Str. Spr Valley, CA 91977

forty one Dollars ($ 41.00)

In part Payment of pre-need lots for

Lot 162 Grave 1 & 2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE 372 00

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

2264

AC-212 (Rev. 5-94)

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

ISSUED BY J. Balaban

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46456

Date: 7-20, 1995

From: Melodie Knudsen Address: Po Box 1382, Spring Valley 91979

Forty-one & no/100 Dollars ($ 49.00)

In ~~Full~~ Payment of Pre-need lots (2)

Lot 162 Grave 1 & 2 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE

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

2222

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Cons	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46279

Date: May 31, 1995

From: Anderson II & Melodie Knudsen Address: P.O. Box 1382 S.V. 91979

Forty-One & 00/100- Dollars ($ 41.00)

In _____ Payment of Pre-Need Lots (2)

Lot 1162 Grave 1+2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7973

BALANCE DUE 454.00

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

#2181

AC-212 (Rev. 5-94)

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

ISSUED BY M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46709

Date: 10-17, 1995

From: Melodie Knudsen Address: 4408 Milestrip Rd. Ste 173, Blasdell NY 14219

Forty-one & 00/100 ( ) Dollars ($ 41.00)

In Payment of

Lot 162 Grave 1 & 2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE

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

AC-212 (Rev. 5-94)

094

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

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 76390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47114

Date: 2-22, 1996

From: Melodie Knudsen Address: 4408 Milestrip Rd. #173 Blasdell NY 14219

Forty One Dollars ($ 41.00)

In part Payment of Pre Need Lot

Lot 162 Grave 1 & 2 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE

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

0224

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184	41	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

46950

Date: 12/29 19 95

From: Melodie Knudsen Address: 4408 Milestrip Rd. #173 Blasdell, NY 14219

Eighty-Two Dollars ($ 82.00)

In Part Payment of Pre-Need Lots

Lot 162 Grave 1 & 2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE 162.00

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

AC-212 (Rev. 5-94)

0164

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

ISSUED BY D. Weesner

CREDIT		
20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	82 00
Sales Tax	60101 76360	
TOTAL PAID	$	82 00

OFFICIAL RECEIPT

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

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

№ 37654

Date: 4-10, 1989

From: Melodie Anderson Address: 621 Clamath Street, S Vlly

Forty-one no/100. Dollars ($ 41.00)

In Payment of Coupon 1 Credit

Lot 162 Grave 172 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. 2-7973

BALANCE DUE 949.00

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

AC-212 (Rev. 10-87) 1044

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

CITY AUDITOR
APR 17 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	41	00
80% Sales of Lots	100 77184		
Opening/Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

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

№ 37811

Date: 5-11, 1989

From: Melodie Knudsen Address: 621 Clamath St, Sp Vlly

forty-one no/100 Dollars ($ 41.00)

In Payment of Coupon & Credit Lot

Lot 162 Grave 1 & 2 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. 2-7973

BALANCE DUE 908.00

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

1693

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	41.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	41.00

CITY AUDITOR
MAY 19 1989

OFFICIAL RECEIPT

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

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

№ 38164

Date: 6-15, 1989

From: Melodie Knudsen Address: 621 Clamath Street Sp Vlley
Forty-one 10/100 Dollars ($ 41.00)

In _____ Payment of Crypt 3 Credit Lot

Lot 162 Grave 1&2 Row _____ Section 1 Division Block 77

Invoice No. _____

Acct. No. _____

W.O. 2-7973

BALANCE DUE 867.00

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

AC-212 (Rev. 10-87) 1738

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

ISSUED BY Sandy Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

CITY AUDITOR
JUN 29 1989

OFFICIAL RECEIPT

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

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

№ 38289

Date: 7-14, 1989

From: Melodie Knickser Address: 621 Clamath Street, Sp Vlly

forty-one no/100 Dollars ($ 41.00)

In _____ Payment of Coupon 4 Credit Lot

Lot 162 Grave 1 & 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7973

BALANCE DUE 826.00

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

1766

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUL 24 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
10% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

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

NO. 38422

Date August 14, 1989

From Arden + Melody Knudsen Address 621 Clamath Street Spring Valley

Forty one dollars no/100 — Dollars ($ 41.00)

In Payment of Coupon 5 Credit Lot

Lot 162 Grave 1 + 2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE 785.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1867

AC-212 (Rev. 10-67)

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

CITY AUDITOR
AUG 21 1989

ISSUED BY Shannon Grant

CREDIT	67007		
20% Sales Cap	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

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

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

№ 37952

Date: 9-20, 1989

From: Melanie Knudsen Address: 621 Clamath Street, Sq Vlly
Forty - one no/100 — Dollars ($ 41.00)

In _____ Payment of Coupon 6 Credit Lot

Lot 162 Grave 1&2 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7973

BALANCE DUE 744.00

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

1852

AC-212 (Rev. 10-87)

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

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	41.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	41.00

CITY AUDITOR
SEP 25 1989

OFFICIAL RECEIPT

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

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

№ 38082

Date: 10-30, 1989

From: Melodie Knudsen Address: 621 Clamath Street S. Vlg
Forty-One No/100 Dollars ($ 41.00)

In _____ Payment of Coupon 7 Credit Lot

Lot 162 Grave 1 & 2 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7973

BALANCE DUE 703.00

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

128

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Varol

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	41 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	41 00

CITY AUDITOR
NOV 06 1989

OFFICIAL RECEIPT

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

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

№ 38589

Date: 11-21, 1989

From: Melodie Knudsen Address: 621 Clamath Street Sp Bldg
Ste - Two 92110 Dollars ($ 42.00)

In Payment of Carson 8 Credit Lot

Lot 162 Grave 182 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. 21-7973

BALANCE DUE 661.00

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

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

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	42 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	NOV 24 1989
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	42 00

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87) 156

OFFICIAL RECEIPT

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

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

№ 38707

Date: 12-26, 1989

From: Melodie Knudsen Address: 621 Clamath Street SD

forty-two 00/100 Dollars ($ 42.00)

In Payment of Caufan 9 Credit Lot

Lot 162 Grave 1 & 2 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE 619.00

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

201

AG-212 (Rev. 10-87)

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	42 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	42 00

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

№ 38804

Date: 1-25, 1990

From: Melodie Knudsen Address: 621 Clamath Street, Sp. Vlly
Forty-two 20/100 Dollars ($ 42.00)

In Payment of Coupon 10 Credit Lot

Lot 162 Grave 1 & 2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. 9-7973

BALANCE DUE

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

AC-212 (Rev. 10-87) 241

OFFICIAL RECEIPT

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

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

№ 38873

Date: 2-9 19 90

From: Arden Knudsen Address: 621 Agnath St, Sp Valley 92077

Forty-One Dollars ZERO Dollars ($ 41.00)

In Payment of Cedar Lots

Lot 162 Grave 1+2 Row Section 1 Division 11 ~~Block~~

Invoice No.

Acct. No.

W.O. E-7973

BALANCE DUE 8

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

AC-212 (Rev. 10-67) 367

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

CITY AUDITOR

FEB 20 1990

ISSUED BY J Ann White

CREDIT 20% Sales Care	67007 77164		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-22-89

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

in a Dble Crypt (Vault/Liner) Funeral, date, time Fri 3/24 1:00

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

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

Lot 30 Grave 3 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	130.00
Handling Fees	30.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	9.10
Total Due	204.10
Paid receipt number 37549	204.10
Balance due	-0-

Preneed D-3193 up grade Dble Crypt

Mortuary will [illegible]

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7974

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37549

Date: 3-24, 19 89

From: Rose McDonald Address: 5716 Mariposa Ave, La Mesa, CA 92041

Two hundred four 10/100 Dollars ($ 204.10)

In Payment of Rose McDonald's Interment

Lot 30 Grave 3 Row ____ Section 1 Division 11 Block ____

Invoice No. ____

Acct. No. ____

W.O. 2-1774

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

10.75

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

CITY AUDITOR
MAR 30 1989

ISSUED BY Linda L. Reed

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	130	00
Handling Fee	100 77185	20	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78360	9	10
TOTAL PAID	$	204	10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7974

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
LOIS	ALENE	MC DONALD	10-11-1923	3-22-1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Roger B. McDonald husband 5716 Marengo Avenue La Mesa, CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Goodbody Mort., 5027 El Cajon Blvd, San Diego, CA	FD 790

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
		▶ Roger B. McDonald	3/23/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 23 1989	▶ Donald L. Ramos, M.D., D.O.

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
	P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 30-3-1-11 3751 Market St., San Diego, CA	11B. DATE INTERRED 3/24/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Lauren Stella	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 30-3 Metal Sealer - Bottom D. Cupt	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Terrance W. Hart

in a ~~Vault/Liner~~ Funeral, date, time Fri 3/24 11:30

Church, Chapel, Graveside Delivery only. Merkley Mortuary.

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

Lot 158 Grave 4 Row top-center 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	

C. Pat Williams 10701/18

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7975

PY-693 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7975

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
TERRENCE	M.	HAY	OCT 22, 1962	MAR 9, 1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MERKLEY-MITCHELL MORTUARY, 3885 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

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
		▶ Ed Leach	MAR 22, 1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 23 1989	▶ Donald L. Rowe, M.D.

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
	P.O. BOX 85222, SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 15	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-22-89

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

in a Dble Crypt (Vault/Urn) Funeral, date, time Mon 3/27 2:00

Church, Chapel, Graveside Chapel of the Groves Escondido Mortuary.

All Funeral cars must arrive 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 8 Bottom Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	23.10
Total Due	1028.10
Paid receipt number 37543	1028.10
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.

Cassandra Turner
Signature

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

_____
Signature of recorded holder of deed

Address _____

State _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 7976

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 37543

Date: 3-22, 1989

From: [illegible] Address: 4077 Marawade Dr. SD 92154
[illegible] Thousand twenty-eight 10/100 Dollars ($ 1028.10)

In _____ Payment of Kevin A. Turner's Interment

Lot 2 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. S-7976

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 27 1989

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	23	10
TOTAL PAID	$	1028	10

AC-212 (Rev. 10-87) 586

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7976

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
Kevin	Antwine	Turner	10-14-58	3-19-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marcella Turner - Wife 4077 Marcuade Dr.

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Reynolds Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Ray Anderson	3-27-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 27 1989	Donald L. Ramos, M.D. MM

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/27/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ George Miller
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Double Caption on Bottom Hackwood - Non Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-89

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

in a Above Ground Vault/Lawn Funeral, date, time Fri 3/24 2:00

Church, Chapel, Graveside Grove ; Heeney'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 45 Grave 7B Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Prepaid 336
Additional spaces and care fund	Prepaid 70
Opening/Closing & Setup	Prepaid
Burial Container	
Handling Fees	42.70
Flower vases - Marker setting fee	35.00
Recording and filing fee	
Sales taxes	23.10
Total Due	200.80
Paid receipt number 37589	200.80
Balance due	0

30 Day note

I hereby certify I am the Hertha Walsh 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

Hertha Walsh
Signature

450 E. Bradley ave Sp 153
Address

El Cajon, Ca. 92021
State Zip Code

448-8190
Telephone

[redacted]
Invoice #

[redacted]
Acct. #

Work Order # E 7977

PY-593 (REV. 8-86)

E 7977

NAME Walsh, James & Hertha

ACCT. NO. E-7036

ADDRESS 450 E. Bradley Space 153, El Cajon, Ca 92021 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Nov 18	87	Lot 45, Grave 7, Section 2, Division 11	1629 80		136 00	1493 80
		2 Opening/Closings, Double Crypt, 2 Recording				
2-3	88	Coupon # 3, Receipt # 35640			67 00	1426 80
3-4	88	Coupon # 4, Receipt # 35813			67 00	1359 80
4-11	88	Coupon # 5, Receipt 36006			67 00	1292 80
4-28	88	Coupon # 6, Receipt 36056			67 00	1225 80
6-4	88	Coupon # 7 Receipt 36221			67 00	1158 80
		(Lot is paid in full)				
6-27	88	Coupon 8, Receipt 36334			67 00	1091 80
8-2	88	Coupon 9 Receipt 36475			67 -	1084 80
8-31	88	Coupon 10, Receipt 36603			67 00	957 80
10-5	88	Coupon 11, Receipt 36771			67 00	890 80
10-31	88	Coupon 12, Receipt 36883			67 00	823 80
11-30	88	Coupon 13, Receipt 37008			67 00	756 80
12-30	88	Coupon 14, Receipt 37137			67 00	689 80
2-2	89	Coupon 15, Receipt 37246			67 00	622 80
2-27	89	Coupon 16, Receipt 37405			67 00	555 80

AIGNER FORM NO. 25-204 Walsh, James & Hertha 45 - 7 - 2 - 11 PRINTED IN USA

W.O. # E-7977

NOTE

$ 200.80 San Diego, California March 23 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 Two Hundred 80/100 DOLLARS with interest from 2-24-89 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 HERTHA WALSH SIGNATURE Hertha Walsh

ADDRESS 750 E Bradley Ave Sp 153 El Cajon Ca. 92021

CALIF. DRIVERS LIC. # N4755721

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7977

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
James	Cleveland	Walsh, Sr.	05/03/21	03/23/89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Martha K. Walsh Wife 450 E. Bradley Ave, Sp 153 El Cajon, CA 92021

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 92011	F-964

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
		▶ Paul M. Humbel	3/24/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 24 1989	Donald L. Ramos, M.D.

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
	Vital Records P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA 92102	11B. DATE INTERRED 3/24/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

082145 03/28/89 029695	HERTHA WALSH			04/03/89 CK	738	200.80	200.80	0.00
	100 072	77183	000072			35.00		PAID IN FULL
E-7977	100 072	77185	000072			142.70		
	60101	78390				23.10		

OKW

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 2,195.05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

about 12.00

Date 3/23/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mr You Bo Hom -

in a Conrite Vault (Vault/Liner) Funeral, date, time Sat 3/25 11:00

Church, Chapel, Graveside Chapel & Grave Greenwood Mortuary.

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

Lot 154 Grave 2 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	Pre need -	
Additional spaces and care fund		
Opening/Closing & Setup		320.00
Burial Container	Upgrade to T. Seal Conrite	175.00
Handling Fees	Vault on Vault	170.00
Flower vases - Marker setting fee		
Recording and filing fee	35.00 + Sat OT 380.00	415.00
Sales taxes		12.10
	Total Due	1092.10
	Paid receipt number 37550	1092.10
	Balance due	0

Greenwood to honor Insurance of $105.10

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

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

Signature of recorded holder of deed

Have O.K from albert

X [signature] Hom
Signature

PO Box 1528
Address

SAN DIEGO
State

CA 92112
Zip Code

Telephone

Invoice # ____

Acct. # ____

Work Order # E 7978

PY-593 (REV. 8-85)

E 7978

MOUNT HOPE CEMETERY

22 March 19 89

The undersigned hereby requests and authorizes the interment of the remains of Mr. You Poo Hom in Lot #2 Gr area #154 Row _____ Sec. #2 Block _____ Division #11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Opening & Closing per family requests

Signature of relative or legal representative

Address & relationship to deceased & authority to sign authorization

Albert Wong
Witness

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, INC., owners.

Witness

美國 咕咀山 中華會館

OFFICIAL RECEIPT

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

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

№ 37550

Date: 3-27, 1989

From: Greenwood Mateau Address: P.O. Box 80 San Diego, CA

One Thousand Ninety-Two 10 Dollars ($ 1092.10)

In _____ Payment of Yea Boo Hom's Interment

Lot 154 Grave 2 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7978

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 13213

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

CITY AUDITOR
MAR 30 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	415	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	10
TOTAL PAID	$	1092	10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS £ 7918

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
YOU	POO	HOME	7-26-31	3-22-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AMY HOM; DAUGHTER 606 THIRD AVENUE #217 SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
GREENWOOD MEMORIAL I-805 & IMPERIAL AVENUE SAN DIEGO, CA	F-843

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
		[signature]	3-24-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 24 1989	Donald L. Ramos, M.D.

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
	P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY MARKET STREET SAN DIEGO, CA 154-2-2-11	11B. DATE INTERRED 3/25/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Sealer — Vault "Rained" from 12 to 2 on Sat.	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.

Pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/24/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dwight W. / Virginia C. Munday

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 56 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	For Double Crypt	495.00
Additional spaces and care fund		
Opening/Closing & Setup	2nd Burial 320.00	320.00
Burial Container	Double Crypt	330.00
Handling Fees	Labor	320.00
Flower vases - Marker setting fee		—
Recording and filing fee	35.00	35.00
Sales taxes		23.10
	Total Due $355.00	1523.10
	Paid receipt number 37546	1878.10
	Balance due	1878.10

For burial of Both Husband & Wife as needed

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

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

PAID
MAR 24 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

Dwight W. Munday
Signature

3077 BOSTON AVE
Address

San Diego
State

CA. 92113
Zip Code

Telephone 239-8609

Invoice # _____

Acct. # _____

Work Order # E 7979

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 37546

Date: 3/24/89 19

From: Dwight & Virginia Mundol Address: 3077 Boston Ave. S.D. 92113

Eighteen Hundred Seventy Eight & 10/100 Dollars ($ 1878.10)

In full/part Payment of Grave Space & Care - Double Crypt and Two Burials as Needed for Purchaser

Lot 56 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E7979

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 30 1989

ISSUED BY Peggy Stetler

CREDIT	67007		
20% Sales Care	77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	1383	10
Sales Tax	60101 78390		
TOTAL PAID	$	1878	10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-24-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 3/28 9:00

Church, Chapel, Graveside Church & Grove ; Claremont Mortuary.

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

Lot 11 Grave 2 Row top Dip Section 2 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number	
Balance due	

30 day note

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

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

Signature of recorded holder of deed

Roberto J. Vanta
Signature

Address

State Zip Code

275-5120
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7980

PY-593 (REV. 8-85)

W.O. # E-7980

NOTE

$ 607.00 San Diego, California March 24 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 seven DOLLARS with interest from 5/28/89 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 Roberto J Vanta SIGNATURE Roberto J Vanta

ADDRESS 3309 CLAIREMONT DR #1, S.D. CA. 92117

CALIF. DRIVERS LIC. # N4813673

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-7480

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
Porfirio	Miralles	Vanta	9-15-13	3-22-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Robert J. Vanta Son 3309 Clairemont Dr. #1 San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING ASKNOWLEDGMENT OF APPLICANT	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Clairemont Mortuary, 4266 Mt. Abernathy Ave., San Diego, CA 92117	FD 1126	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.	3-27-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
THIS PERMIT 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.	$4.00	MAR 27 1989	Donald L. Ramos, M.D. M.P.

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
P.O. Box 85222, San Diego, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Ave., San Diego, CA 11-2 Cop-2-12	11B. DATE INTERRED 3/28/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Casket in Baltimore Top of Wife Urn — Note Wife	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY 12x24x03 Pink granite Stone marker removed and buried on top of Box at Foot of Grave —	
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 By	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT order of Lonsdale	
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.

082206 03/30/89 029723	ROBERTO J. VANTA			04/28/89 CK	305	607.00	607.00	PAID IN FUL
	100	072	77181	000072		320.00		
	100	072	77182	000072		100.00		
	100	072	77183	000072		35.00		
	100	072	77185	000072		145.00		
	60101		78390			7.00		

E-7980

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 752.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-27-89

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

in a Bell Liner Brightness Vault/Liner Funeral, date, time Thurs 3/30 11:00

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

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

Lot 22 Grave 7 Top Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Concrete Ring + Top —	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	907.00
Paid receipt number 37556	907.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

Joan C. Riley
Signature

3668 1 Beta St.
Address

San Diego 2 Ca. 92113
State Zip Code

264 5398
Telephone

Invoice # _____

Work Order # E 7981

Acct. # _____

PY-593 (REV. 8-85)

See E-7970 "Cayare" County #2119-86

OFFICIAL RECEIPT

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

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

№ 37556

Date: 3-27 19 89

From: Jean C. Riley Address: 3668 Zola Street, D

seven hundred seven Dollars ($ 707.00)

In Payment of C. B. Riley's Interment

Lot Grave Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. 2-7981

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 30 1989

ISSUED BY Sandra Rice

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	105	00
Handling Fee	100 77185	140	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76560	7	00
TOTAL PAID	$	707	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7981

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
"G"	"B"	Riley	5-17-33	3-23-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joan C. Riley - Wife 3668½ BEta Street San Diego, Ca. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale 5050 Federal Blvd. San Diego Ca.	F-1329

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
		▶ Jay Anderson	3-27-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 27 1989	Donald D. Pamrat, M.D. MM

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
P.O. Box 85222 San Diego, Ca. 92138	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 22-7-2-11 Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/30/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Blue Cloth Covered Wooden N/A Outer-	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Container Top N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Under Head of Container N/A	14B. DATE SHIPPED County Box of Bone -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT 18X18X12 ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (X) Major E. White

in a Ash Vault (Vault/Liner) Funeral date, time 3/31 Fri 2:00

Church, Chapel, Graveside Church & Grave Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 92 Grave 10 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container Concrete Vault - Center Top (on liner)	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 37553	242.80
Balance due	0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Effie O. Lard
Signature

5377 Encina Dr.
Address

San Diego 92114
State Zip Code

263-3266
Telephone

Invoice # _____

Work Order # E 7982

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37553

Date: 3-27, 1989

From: Effie O Lard Address: 5377 Encina Dr, SD 92114

Two hundred forty-two 80/100 Dollars ($ 242.80)

In _____ Payment of Mayor E White's Investment

Lot 92 Grave 10 Row _____ Section 1 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7982

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1127

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 30 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105.00
Burial Containers	100 77182	40.00
Handling Fee	100 77185	60.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2.80
TOTAL PAID	$	242.80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7982

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
MAJOR	EARL	WHITE	Oct.13,1921	Mar.24,1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Effie O. Lard (Daughter)

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	5377 Encina Drive
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 92011	F-964	San Diego, CA 92114

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
		▶ Judith E. King	3-31-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 3 1 1989	▶ Donald L. Powers, M.D.

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
Vital Records P.O. Box 85222 San Diego, CA 92138-5222	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☒ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 92-10-1-11 Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 3/31/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Jacqueline Stetler	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda, Inc. 14065 Olde Hwy. 80 El Cajon, CA	12B. DATE CREMATED 3-28-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marshall Smith

in a Dble Crypt (Vault/Liner) Funeral, date, time Fri 3/31 11:00

Church, Chapel, Graveside Chapel & Grave ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4490 B Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1623.10
Paid receipt number 37557	1623.10
Balance due	0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Alice B Smith
Signature

706 So 47 St
Address

San Diego CA. 92113
State Zip Code

266-8123
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7983

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37557

Date: 3-27, 1989

From: Alice B. Smith Address: 706 So 47th St S.D. 92113

Sixteen hundred twenty three 10/100 Dollars ($ 1623.10)

In full Payment of Marshall Smith's Interment

To Inc at Double Crypt

Lot 4490 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E-7963

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 Sandra Ward

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	23	10
TOTAL PAID	$	1623	10

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7983

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
MARSHALL		SMITH	2-22-19	3-25-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Alice Smith - Wife 706 So. 47th Street San Diego, Ca. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, Ca.	F-1329

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
		▶ Hurtwell A. Ragsdale III	3-27-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 29 1989	Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 4490-10 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/31/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Joyce Stotler	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Age Sealer N/A Baltom D.C.	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ema Kalnins

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 3/29 - 10AM

Church, Chapel, Graveside Del. Only about 11AM ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 1642 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre Need D-4278	—
Additional spaces and care fund -4-	
Opening/Closing & Setup	320.00
Burial Container Top Sod Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	8.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 37565	712.25
Balance due	0

Greenwood To Pay Difference

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Ema Kalnins
Signature
2019 28th St.
Address
SAN DIEGO, CA. 92104
State Zip Code
235-0606
Telephone

Work Order # E 7984

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37565

Date: 3-29, 19 89

From: Sunwood Mortuary Address: P.O. Box 88 San Diego CA 92112

Seven hundred twelve 25/100 — Dollars ($ 712.25)

In Payment of Ena Kalnins

Lot 4643 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. 2-7764 C

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 13259

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 05 1989

ISSUED BY Linda Vad

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161	320	00
Burial Containers	100 77162	175	00
Handling Fee	100 77165	170	00
Recording & Misc. Fees	100 77163	35	00
Pre-Need Trust	63003 9022		
Sales Tax	60101 78360	12	25
TOTAL PAID	$	712	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7984

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
ANA	—	KALNINS	4-08-04	3-26-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AINA CELMS;DAUGHTER 2018 28th STREET SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY 1-505 S IMPERIAL AVENUE SAN DIEGO,C A	F-848

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
		[signature]	3-28-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 28 1989	▶ Donald L. Ramos, M.D.

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
	P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY HOLY CROSS CEMETERY HILLTOP DRIVE SAN DIEGO, CA 4643-10	11B. DATE INTERRED 3/29/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Sealer - Vault - no graveside -	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John H Thomas

in a T.S. Vault (Vault/Liner) Funeral date, time Thurs 3/30 2:00

Church, Chapel, Graveside Church & Grave, Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - army

Lot 31 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	495.00
Additional spaces and care fund no	
Opening/Closing & Setup	320.00
Burial Container Concrete T.S. Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 37570	125.00 / 1332.25
Balance due	1332.25 / 0

To be Paid by Ragsdale

I hereby certify I am the Goddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Linda Carter
Signature

314 N. "R" AVE.
Address

National City, Ca. 92050
State Zip Code

262-97581
Telephone

Mrs. 239-7297

Invoice # _____

Work Order # E 7985

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37570

Date: 3-30 19 89

From: Linda Rae Carter Address: 314 N "R" Ave, National City

Thirteen hundred Thirty-two 25/100 — Dollars ($ 1332.25)

In Payment of John H Thomas' Interment

and VA marker setting fee

Lot 21 Grave 2 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. 2-1785

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3617

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	160	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1332	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-7985

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
JOHN	HENRY	THOMAS	12-15-10	3-16-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Linda Ann Carter - Goddaughter 314 North 'R' Street National City, Ca. 92050

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Herbert W. Ragsdale II	3/20/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 21 1989	▶ Donald L. Ramras, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3-2-2-11 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/30/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Mt. Peace - Hall, Veteran Lawn Vault N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/28/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary J. Greenfield

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 3/31 11:00

Church, Chapel, Graveside Chapel of the Pines ; 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 78 Grave 9 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	7.00
Total Due	607.00
Paid receipt number	____
Balance due	____

30 day note

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Wanda Greenfield
Signature

827 Hall St
Address

San Diego, CA 92102
State Zip Code

264-4207
Telephone

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Invoice # 082323

Acct. # 029965

Work Order # E 7986

PY-583 (REV. 8-86)

W.O. # E-7986

NOTE

$ 607.00 San Diego, California March 28 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 seven 00/100 DOLLARS with interest from May 28, 1987 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 Wanda Greenfield · SIGNATURE Wanda Greenfield

ADDRESS 827 Hall St., San Diego, CA 92102

CALIF. DRIVERS LIC. # N4129178

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7986

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
MARY	FRANCES	GREENFIELD	2-13-30	3-25-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]CITY	SAN DIEGO	[redacted] GREENFIELD, DAUGHTER 827 HAL STREET SAN DIEGO, CA 92102

7. [redacted] APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
I-805 & IMPERIAL AVENUE SAN DIEGO, CA	[redacted]

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
		[redacted]	3-29-89

PERMIT - AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAR 31 1989	Donald L. Rimrod, M.D.

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
	P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY [redacted] HOPE CEMETERY [redacted] STREET SAN DIEGO, CA 78-9-A-11	11B. DATE INTERRED 3/31/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [redacted]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metcalf in Bell —	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/28/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cristina Cazore 86-2119

in a _____ Vault/Liner Funeral, date, time Tues 3/28 2:00

Church, Chapel, Graveside Delivery Only; Corona Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 22 Grave 7 Row Head of grave Section 2 Division/~~Block~~ 11

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	

Statement sent to Hospital Department

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7987

Acct. # _____

PY-593 (REV. 8-85)

see E-7990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37572

Date: 3/31 1989

From: SD County Sheriffs Address: 222 West "C" Street, SD

eight hundred forty - five no/100 Dollars ($ 845.00)

In _____ Payment of Disinterment and reinterment of Crishna Cazore

Lot 22 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7470 & 2-7987

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1176

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	11 00
80% Sales of Lots	100 77184	44 00
Opening/ Closing	100 77181	90 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	700 00
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	845 00

E 7987

COUNTY OF SAN DIEGO
CORONER DEPARTMENT

Memo To: Clerical Supervisor Date: 3-23-89

From: GRUBB Re: Identification of JANE DOE # 2119-86

NAME CRISHNA ANN CAZARE AGE 14 RACE CAUC

PLACE OF BIRTH CA DATE OF BIRTH 7-9-72

CITIZENSHIP USA MARITAL STATUS Single

SOCIAL SECURITY # 556-31-4771 EMPLOYER Student Ramona J. High -

DECEDENT'S ADDRESS: 14625 Mussey Grade Rd.,
RAMONA, CA 92065

NEXT OF KIN Lee Ann Cazare RELATIONSHIP Mother

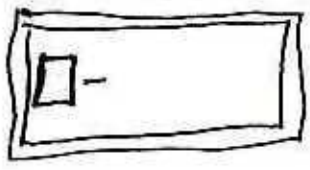
ADDRESS 1005 W. 10th St
CORONA, CA 91720 (714) 735-8337

IDENTIFICATION ESTABLISHED BY: Dental X-ray comparison by N. Sperber, DDS,
Body exhumed 3/22/89

orm 16 Co:

Head of 22-7-2-1 — Plywood Box about 24X18-12

Note: Plywood box is under O.B. Riley - E-7981 -
at head of Grave - Sandy Soil -





COUNTY OF SAN DIEGO
CORONER DEPARTMENT

103383

Memo To: Alice Rathbone Date: 4-21-87

From: Lee Jamme Re: PA RELEASE

NAME OF DECEDENT: Jane Doe CC# 2119-86

COUNTY BURIAL: YES ✓ NO ____

MORTUARY: El Cajon Carroll

Form 16 Cor

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Purchased Lot

Date 3-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert E. Lee & Jessie L. Townsend

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 35 Grave 7 Row _____ Section MAS Division/~~Block~~ J

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 37562	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Robert E. Lee & Jessie L. Townsend
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

7217 Suttle Lane
El Cajon, CA 92021
State Zip Code

Telephone

Invoice # _____

Work Order # E 7988

Acct. # _____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37562

Date: 3-28, 1989

From: Robert E. L. Townsend Address: 1217 Tuttle Lane, El Cajon CA

five hundred ninety-five no/100 Dollars ($ 595.00)

In _____ Payment of Preneed lot

Lot 35 Grave 7 Row _____ Section MAS Division ~~Block~~ J

Invoice No. _____

Acct. No. _____

W.O. E-7988

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

663

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 30 1989

ISSUED BY: Sandra Ward

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	595	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renewed Lot

Date 3-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Joyce Townsend Newport

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 35 Grave 6 Row ____ Section MAS Division/Block J

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 37561	595.00
Balance due	-0-

Mail to
1211 Turtle Dove
El Cajon 92021

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Joyce Newport
Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

24292 Hillview Dr
Address
Laguna Niguel CA
State Zip Code 92677
Telephone

Work Order # E 7989

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37561

Date: 3-26, 1989.

From: Anna Joyce Newport Address: 24292 Hillview Dr, Laguna Niguel, CA

five hundred ninety-five no/100 Dollars ($ 595.00)

In _____ Payment of Preneed Lot

Lot 35 Grave 6 Row _____ Section MAS Division Block J

Invoice No. _____

Acct. No. _____

W.O. E-7989

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

986

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 30 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 76390		
TOTAL PAID	$	595	00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-29-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tony Anthony Miller

in a ____ Vault/Liner Funeral date, time Wed 3/29 11:00

Church, Chapel, Graveside Hurst & Stone; 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 ____ .

24 inch flat

Lot 3438 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 37563	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.

Natasha Miller
Signature

I hereby authorize the interment in lot I hold under deed.

6738 Linton Lane
Address

CA 92114
State Zip Code

470-0976
Telephone

Signature of recorded holder of deed

Invoice # ____

Work Order # E 7990

Acct. # ____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37563

Date: 3-29, 1989

From: Natasha Miller Address: 6738 Orton Ave, SD 92104

One hundred ninety-nine no/100 Dollars ($ 199.00)

Ig _____ Payment of Guy Orthon Miller's Interment

Lot 2438 Grave _____ Row _____ Section 1 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. C-7990

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

337

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 30 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77191	64	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	199	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-7990

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
Guy	Anthony	Miller	2-20-89	3-27-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Karl & Natasha Miller - Parents 4380 Arizona St. Apt. 4 San Diego, Ca. 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, Ca.	F-1329

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: 3-28-89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	MAR 29 1989	Donald A. Ramos, M.D. MM

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
P.O. Box 85222 San Diego, Ca. 92138	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 3438-1-9 Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 3/29/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2-0 - Wooden Flattop N/A No Urn - 1 Bag Reduction Top (Dry)	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Sat Graveside 10:30AM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie Lee Townsend

in a Double Crypt (Vault/Liner) Funeral, date, time Sat - 4/1/89 - 10:30AM

Church, Chapel, Graveside Graveside ; Featherwood Mortuary.

All Funeral cars must arrive 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 7 Row — Section MAS ~~Division~~/Block J

Grave space & Care Fund	Pr need -	
Additional spaces and care fund	Double Crypt -	
Opening/Closing & Setup		~~320.00~~
Burial Container	Double Crypt -	~~330.00~~
Handling Fees		~~320.00~~
Flower vases - Marker setting fee		—
Recording and filing fee	Sat fee 380.00 ~~[illegible]~~	~~45.00~~
Sales taxes		~~23.10~~
	Total Due	~~1408.10~~
	Paid receipt number 37564	380.00
	Balance due	380.00
		0

PAID
MAR 29 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

See 7992 for Reg. Service

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Joyce Newport
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7991

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37564

Date: 3/29/89, 19

From: Joyce Newport Address: 1217 Tuttle Lane - El Cajon, Ca 92021

Three hundred Eighty and 00/100 Dollars ($ 380.00)

In Full Payment of Late Overtime fee on Jessie Townsend -

Lot 35 Grave 7 Row — Section MA8 Division Block J

Invoice No.

Acct. No.

W.O. E 7991

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

987

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

0101158

CITY AUDITOR

APR 05 1989

ISSUED BY Georgia Little

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial	100 77182		
[illegible]	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183	380	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie Lee Townsend TOWNSEND

in a Double Crypt (Vault/Liner) Funeral, date, time Sat 4/1/89 - 10:30

Church, Chapel, Graveside Graveside ; Featherspell Mortuary.

All Funeral cars must 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 35 Grave 7B Row — Section MAS Division/Block J

Grave space & Care Fund	See E-	
Additional spaces and care fund	See E- Double Crypt	
Opening/Closing & Setup		320.00
Burial Container	Double Crypt -	330.00
Handling Fees	Labor fee	320.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		23.10
Total Due		1028.10
Paid receipt number	4-11-89	1028.10
Balance due		—

30 day note

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Joyce Newport
Signature

1217 Tuttle Ln.
Address

El Cajon, Ca. 92021
State Zip Code

448-7504
Telephone

Invoice # 082393

Acct. # 029790

Work Order # E 7992

PY-593 (REV. 8-85)

W.O. # E-7992

NOTE

$ 1028.10 San Diego, California 3/29 1989

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 Twenty Eight & 10/100 DOLLARS with interest from April 29-1989 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 Joyce Newport

ADDRESS _____

CALIF. DRIVERS LIC. # _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-7992

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
JESSIE	LEE	TOWNSEND	3/5/1900	3/29/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Anne Joyce Newport, daughter 1217 Tuttle Lane ElCajon, CA 92021

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, Ca.	1083

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
		▶ Edward Fell	3/30/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAR 30 1989	Donald G. Ramras, M.D. MM

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
	P. O. Box 85222, San Diego CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 3751 Market St, San Diego, Ca. 357-B-MAS-J	11B. DATE INTERRED 4/1/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ George Fletcher	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a Metal H.P. non Sealer Batton & Crypt - Sat Fernwood Riverside	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

REPORT NO. [illegible] AS OF 04/13/89

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
082393	04/05/89	029790	JOYCE NEWPORT					04/11/89	CK	102	1,028.10	1,028.10	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				330.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				320.00		
			60101			78390					23.10		

2-7992

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,028.10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris E. Harrsberger

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 4/4 11:00

Church, Chapel, Graveside Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 674 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 37610	607.00
Balance due	0

Mortuary will pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7993

Acct. # _____

PY-693 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 07 1989

№ 37610

Date: 4-4, 1989

From: Goodbody Mortuary Address: 5027 El Cajon Blvd. SD

Six hundred seven no/100 Dollars ($ 607.00)

In _____ Payment of Rose's Hellenbrugers Internment

Lot 674 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-7993

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 65828

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83000 9022		
Sales Tax	80101 78390	7	00
TOTAL PAID	$	607	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-7993

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
Doris	Phyllis	Herrenberger	7/12/1896	3/26/89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Gatos	Santa Clara	Shirley White (Niece) 5930 Waverly Lakhlia, Ca. 92037

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Oak Hill Funeral Home/300 Curtner AV. San Jose, Ca	991

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
		Yolanda Rodriguez	3-24-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		4 —	MAR 2 9 1989	Stephen A. Coray M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
2220 Moorpark Av. San Jose, Ca	San Diego County 1700 Pacific Highway, San Diego, CA

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 674-10 Mt. Hope Cemetery 3751 Market St. San Diego, Ca		11B. DATE INTERRED 4/4/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Sealer Bell Liner G.S.		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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deborah O'Connor

in a Vault (Vault/Liner) Funeral, date, time Mon 4/3 10:00

Church, Chapel, Graveside Chapel & Grove ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO Imperial Gate

Lot 96 Grave 9 Row 2 Section 2 Division/~~Block~~ 12

Grave space & Care Fund		495.00
Additional spaces and care fund	8 Sp - 30 day -	
Opening/Closing & Setup		320.00
Burial Container	Concrete Vault	175.00
Handling Fees	Labor	170.00
Flower vases - Marked setting fee		
Recording and filing fee		35.00
Sales taxes		12.25
Total Due		1207.25
Paid receipt number	37571	1207.25
Balance due		0

PAID
MAR 31 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

William R. O'Connor
Signature

10808 WHIPPLETREE LN.
Address

SPRING VALLEY, CA. 92077
State Zip Code

660-0342
Telephone

Invoice #

Acct. #

Work Order # E 7994

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37571

Date: 3/31/89, 19

From: Wm O'Connor Address: 10808 Whipplethe Ln Spring Valley (207)

Twelve Hundred Seven and 25/100 Dollars ($ 1207.25)

In full Payment of Interment of and for Deborah O'Connor-Jr

Lot 96 Grave 9 Row ~ Section 2 Division 12

Invoice No. ~

Acct. No. ~

W.O. E-7994

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4794

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY: Loyen Stott

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1207	25

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37761

Date: 5-5, 1989

From: William O'Connor Address: 10808 Whippletree La. Spvlly

Fifteen 95/100 Dollars ($ 15.95)

In Payment of Flower Cup for Deborah O'Connor

Lot 96 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 8-7994

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
4846

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ford

CREDIT	67007		
20% Sales Cars	77184		
50% Sales of Lots	[illegible]		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

CITY AUDITOR
MAY 12 1989

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7994

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
DEBORAH	MAE	O'CONNOR	11-25-1952	3-29-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	William R. O'Connor-Husband 10808 Whippletree Lane Spring Valley, CA 92077

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045	F941

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: Donna Conrad

8B. DATE SIGNED: 3-31-1989

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAR 31 1989	Donald L. Ramos, M.D., M.P.H.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH
Vital Records/P.O. Box 85222
San Diego, CA 92138-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 96-9-2-12		11B. DATE INTERRED 4/3/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Lorene Stetton
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A White Steel 19ga Batesville Cont Vault -		12B. DATE CREMATED Sealed	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
*SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
*TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

This is last White Sealed Discontinued By Batesville

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 3-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vahakn E & Arozie Hart (AROXIE)

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 52 (52) Grave 11 & 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	2 @ 495	990.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 320	640.00
Burial Container	2 @ 100	200.00
Handling Fees	2 @ 145	290.00
Flower vases - Marker setting fee		
Recording and filing fee	2 @ 35	70.00
Sales taxes	2 @ 7	14.00
	Total Due	2204.00

Paid in full 5-10-91

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

Arozie Hart
Signature

4750 Zelda Ave.
Address

La Mesa Ca 92041
State Zip Code

466-0708
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7995

PY-593 (REV. 8-85)

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Preneed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before, due date above: $ 42.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 43.00

Amount Received $ 43.00

NAME Aroxie Hart

ADDRESS 4750 Zelda Ave.

CITY La Mesa STATE Ca ZIP 92041

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Credit Lot & Trhs

Vahakn L. & Aroxie Hart
4750 Zelde Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on, or before, due date above. $ 92.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 93.00

Amount Received $ 92.00

NAME Vahakn & Aroxie Hart

ADDRESS 4750 Zelde Ave

CITY La Mesa Ca STATE 92041 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-7995 Preneed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10	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

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Credit Lot & Trust

Vahakn L. & Aroxie Hart
4750 Zelde Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. ▶ $ 92.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 93.00

Amount Received $ 92.00

NAME Vahakn L Hart

ADDRESS 4750 Zelde Ave

CITY La Mesa STATE Ca ZIP 92041

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Preneed

Roxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on, or before, due date above. $ 42.00

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-7995 Preneed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

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. $ 42.00

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-7995 Preneed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before, due date above. $ 42.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 42.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Preneed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10	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 $ _____

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-7995 Preneed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before, due date above. ▶ $ 42.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 42.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Prepaid

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10	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 _____

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-7995 Preneed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above. ▶ $ 42.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 42.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Preneed

Aroxie Hart
4730 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10	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 _____

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-7995 Preneed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on, or before, due date above. $ 42.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 42.00

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-7995 Preneed

Arexie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Dey Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10	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 _____

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-7995 Pressed

Arozie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before, due date above. $ 42.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ Free

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-7995 Pressed

Arozie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10	31					

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

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-7995 Preneed

Arozie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on, or before, due date above. $ 42.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 42

NAME Arozie Hart

ADDRESS 4750 Zelda

CITY La Mesa STATE Ca ZIP 92041

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Proceed

Arozie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

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. $ 42.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 42.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7993 Pressed

Arozia Hart
4730 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before, due date above. $ 42.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 42.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Prenced

Arcade Dart
4730 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10	28					

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 $ _____

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-7993 Pressed

Arosia Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before, due date above ▶ $ 42.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 42.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7993 Pressed

Arezie Gart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10	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 _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7995 Prepaid

Arexie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on, or before, due date above ▶ $ 42.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 42.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7995 Pressed

Arenie Bart
4730 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10	10					

Amount due when paid on or before, due date above. ▶ $ 44.00

Amount due if paid more than [illegible] days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 44.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7995 Pressed

Aroxie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above. $ 42.00

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. B-7995 Pressed

Arexie Hart
4750 Zelda Avenue
La Mesa, Ca 92041

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10	22					

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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39805

Date: 10 — 5 — , 1990

From: Aroxie Hart Address: 47502 Elda Ave La Mesa CA 92641

Forty Two and 00/100 Dollars ($ 42.00)

In _____ Payment of _____

Lot Lot 52 Grave 11 & 12 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7995

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] 10/15/90

CREDIT 20% Sales Care	67007 77184	42	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-9151

№ 37693

Date: 4-19, 1989

From: Arlie Hart Address: 4750 Zelda Ave, LM CA
Ninety-two no/100 Dollars ($ 92.00)

In _____ Payment of Coupon 1 Credit Lot

Lot 52 Grave 11 & 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7995

BALANCE DUE 2112.00

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 Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	92	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 8022		
Sales Tax	00101 76390		
TOTAL PAID	$	92	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40702

Date: 5-17, 19 91

From: Hart, Lorie Address: 4750 Zeda Ave. La Mesa CA 92041

Forty-four and 00/100 Dollars ($ 44.00)

In Lot Payment of Pre-need trust; credit lot

Lot 52 Grave 11/12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7995

BALANCE DUE 0
PAID IN FULL

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
9606

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. L. Kendall

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	44	00
Sales Tax	60101 78390		
TOTAL PAID	$	44	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37834

Date: 5-17, 1989

From: Maxie Hart Address: 4750 Zelda Ave, La Mesa

Ninety-two no/100 Dollars ($ 92.00)

In Payment of Coupon 2 Credit Lot & Trust

Lot 52 Grave 11 & 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 8-7995

BALANCE DUE 1010.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8755

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	92.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	92.00

CITY AUDITOR
MAY 19 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38118

Date: 6/6 19 89

From: Connie Hart Address: 4150 Zelda Dr, La Mesa

Forty-two 00/100 Dollars ($ 42.00)

In Payment of Coupon 1 Unused Lot

Lot 52 Grave 11 & 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7995

BALANCE DUE 968.00

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 of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38228

Date: July 6, 1989

From: Aroxie Hart Address: 4750 Zelda Avenue

forty - two dollars no/100 Dollars ($ 42.00)

In _____ Payment of Coupon 2 Lot / Preneed

Lot 52 Grave 11 & 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E - 7995

BALANCE DUE $926.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

8798

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sharon L. Crain

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

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

№ 38365

Date: Aug 4, 1989

From: Arovie Hart Address: 4750 Zeldo Avenue

Forty-two 2/4 Dollars ($ 42.—)

In part Payment of Pranced, Coupon 3

Lot 52 Grave 11-12 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 5-7995

BALANCE DUE $884 —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8650

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

4

ISSUED BY R Jackson

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	42 —
Sales Tax	60101 78390	
TOTAL PAID	$	42 —

CITY AUDITOR
AUG 12 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38464

Date: 9-1, 1989

From: Crosie Hart Address: 4750 Zelda Ave, L.M.

Forty-two 10/100 Dollars ($ 42.00)

In _____ Payment of Coupon 4 Credit Lot

Lot 52 Grave 11 & 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 81-7995

BALANCE DUE 842.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8846

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

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

№ 38011

Date: 10-5, 1989

From: Carolyn Hart Address: 4750 Zelda Ave, La Mesa

Forty-two [illegible] Dollars ($ 42.00)

In _____ Payment of Coupon 5 Credit Lot

Lot 52 Grave 11 & 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 2-7995

BALANCE DUE 800.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8863

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	42 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	42 00

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

№ 38506

Date: 11-2, 1989

From: H. Hart Address: 4750 Zelda Avenue LM

Forty-two 2/100 Dollars ($ 42.00)

In Payment of Coupon 6 Credit Lot

Lot 52 Grave 11 8/12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. C-7995

BALANCE DUE 758.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8889

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	42 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	42 00

CITY AUDITOR
NOV 06 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38621

Date: 12-4, 1989

From: Carole Hart Address: 4750 Zelda Ave, LM CA

Forty-two no/100- Dollars ($ 42.00)

In _____ Payment of Credit Lot

Lot 52 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 8-7995

BALANCE DUE 716.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8923

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

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

№ 38744

Date: 1-5, 1990

From: Vahakn & Arexie Hart Address: 4750 Zelda Ave, La Mesa, 92041

Forty-Two Dollars 7 10/100 Dollars ($ 42.00)

In _____ Payment of Pre-need Trust

Lot 52 Grave 11 & 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7995

BALANCE DUE $ 9

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 8963

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY Jan Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38848

Date: 2-5, 1990

From: Vahaka Hart Address: 4750 Zelda, La Mesa, Ca 92041

Forty-Two Dollars 70/00 Dollars ($ 42.00)

In _____ Payment of Pre-Need Trust

Lot 52 Grave 11 & 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7995

BALANCE DUE $632.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 8995

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Ann Watts

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	42 00
Sales Tax	60101 78390	
TOTAL PAID	$	42 00

CITY AUDITOR
FEB 12 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

MAR 12 1990

№ 38938

Date: 3-5, 19 90

From: Vahara Hart Address: 4750 Zelda Ave, La Mesa 92041

Forty Two Dollars Mo/m Dollars ($ 42.00)

In _____ Payment of [illegible]

Lot 52 Grave 11 + 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. F-7555

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9021

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	42.00
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39200

Date: 5-7, 1990

From: Vahaka Hart Address: 4750 Zelda

Forty-Two Dollars 00/100 Dollars ($ 42.00)

In _____ Payment of Pre Need Trust & Credit Lot

Lot 52 Grave 11 & 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. F 7995

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

9103

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wacks

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	42 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	42 00

CITY AUDITOR
MAY 14 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

APR 9 1990

No 39084

Date: 4-4, 1990

From: Margaret Hart Address: 4750 Zola Ave.

Forty-Two Dollars Dollars ($ 42.00)

In Payment of Pre-Need Trust + Lot

Lot 52 Grave 11 & 13 Row 2 Section Division Block 11

Invoice No.

Acct. No.

W.O. E-1995

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9053

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Glen Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39306

Date: 6-4, 1990

From: A. Hart Address: 4750 Zelda Ave, La Mesa 92041

Forty-Two 110/100 Dollars ($ 42.00)

In _____ Payment of Credit Lot - Pre-Need Trust

Lot 52 Grave 11+12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7955

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9122

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	42
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

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

№ 39429

Date: 7-2, 1990

From: Arnie Hart Address: 4750 Zelda Ave, La Mesa, Ca 92041

Forty-Two Dollars 00/100 Dollars ($ 42.00)

In _____ Payment of _____

Lot 52 Grave 11 & 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7995

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 9159

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39560

Date: Aug 3, 1990

From: Anne Hart Address: 4750 Zelda Ave, La Mesa 92041

Forty-Two 70/100 Dollars ($ 42.00)

In _____ Payment of Pre-Need Trust

Lot 52 Grave 11 & 12 Row _____ Section 2 Division Block 11

Invoice No. -

Acct. No. _____

W.O. F-4 7995

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9194

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39921

Date: 11-8, 1990

From: Arnie Hart Address: 4750 Felda Ave. La Mesa CA 92041

Forty-Two dollars 00/100 Dollars ($ 42.00)

In Part Payment of Revised Trust

Lot 52 Grave 11-12 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7045

BALANCE DUE 254.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
9333

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lisa Hart

CREDIT	87007		
20% Sales Care	77194		
80% Sales 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	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40020

Date: 12-5-, 1990

From: Arozie Hart Address: 4750 Zelda Ave La Mesa CA 92041

Fourty-two 00/100 Dollars ($ 42.00)

In _____ Payment of Pre Need Trust

Lot 52 Grave 11 & 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7995

BALANCE DUE $ 212.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9378

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	006374	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39662

Date: 9-5-, 1990

From: Hart, Vahan L. A. Address: 4950 Z 6604 Ave LA MESA CA 92

Forty Two and 00/100 Dollars ($ 42.00)

In _____ Payment of _____

Lot 52 Grave 11/12 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7995

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #9231

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT 20% Sales Care	67007 77164	
80% Sales of Lots	100 77184	42.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	42.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40176

Date: 1-9, 1991

From: Arnie Hart Address: 4750 Zelda Ave La Mesa CA 92041

Fourty-two 00/100 Dollars ($ 42.00)

In _____ Payment of Pre-nec. trust

Lot 52 Grave 11, 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7995

BALANCE DUE $170.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9421

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40373

Date: 3-4, 1991

From: Arnie Hart Address: 4750

Forty-two dollars .00/100 Dollars ($ 42.00)

In part Payment of Credit Lot

Lot 52 Grave 11-12 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7995

BALANCE DUE 86.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9496

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	42	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40256

Date: 2-5 , 1991

From: Angie Hart Address: 4750 Zelda Ave La Mesa Ca 92041

Forty two 00/100 Dollars ($ 42.00)

In Payment of Pre Need Trust

Lot 52 Grave 11, 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7995

BALANCE DUE 128.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9453

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40531

Date: APRIL 5, 19 91

From: A. HART Address: 4750 ZELDA AVE., LA MESA 920-

FORTY-TWO and 00/100 Dollars ($ 42.00)

In PART Payment of PREPAID LOT/TRUST FOR VAHARN & ARPINE

Lot 52 Grave 11 & 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7005

BALANCE DUE $44.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

9549

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K Hadell

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	42	00
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

NAME Hart, Vahakn L. & Aroxie ACCT. NO. E-7995

ADDRESS 4750 Zelda Avenue, La Mesa, Ca 92041 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]1	89	Lot 52, Grave 11 & 12, Section 2, Division 11	990 00			
		2 Opening/Closing, 2 Bell Liner, 2 Recording	1214 00			2204 00
4-18	89	Coupon 1 Receipt 37693			92 00	2112 00
		Lot 11 and 1 open/close bell, Recording			1010 00	1102 00
		Vahakn Hart buried 3/9/89 Gr 11				
5-15	89	Coupon #2 Receipt 37834			92 00	1010 00
6-6	89	Coupon #1 (New Book) Receipt 38118			42 00	968 00
7/6	89	Coupon 2 Receipt 38228			42 00	926 00
8-4	89	Coupon 3, Receipt 38365			42 —	884 —
9-1	89	Coupon 4, Receipt 38464			42 00	842 00
10-5	89	Coupon 5, Receipt 38811			42 00	800 00
11-2	89	Coupon 6, Receipt 38506			42 00	758 00
12-4	89	Coupon 7, Receipt 38621			42 00	716 00
1-5	90	Coupon 8, Receipt 38744			42 00	674 00
2-5	90	Coupon 9, Receipt 38848			42 00	632 00
3-[illegible]	90	Coupon 10, Receipt 38938			42 00	590 00
4-4	90	Coupon 11, Receipt 39084			42 00	548 00
5-7	90	Coupon 12 Receipt 39200			42 00	506 00
6-4	90	Coupon 13, Receipt 39306			42 00	464 00

PAID IN FULL 5/10/91

AIGNER FORM NO. 25-204 Hart, Vahakn L. & Aroxie 52 - 11&12 - 2 - 11 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					466.00
7-2-90	Coupon 14, receipt #39429			42.00	424.00
8-3-90	Coupon 15, receipt 39560			42.00	380.00
9-5-90	Coupon #16, receipt # 39662			42.00	338.00
10-5-90	Coupon #17, RECEIPT # 39805			42.00	296.00
11-8 90	COUPON #18 RECEIPT # 39921			42.00	254.00
12-5 90	Coupon #19 receipt 40020			42.00	212.00
1-9 91	Coupon #20 receipt 40176			42.00	170.00
2-5 91	Coupon 21 receipt 40256			42.00	128.00
3-4 91	COUPON 22 RECEIPT 40373			42.00	86.00
4-5 91	Coupon 23 " 40531			42.00	44.00
5-10 91	Coupon 24 receipt 40702			44.00	0

AIGNER FORM NO. 25-204

PRINTED IN USA

E 7995

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11778

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Aroxie Hart for the sum of $ 990.00 (DOLLARS)

LEGAL DESCRIPTION Lot 52; graves 11 & 12; Section 2; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7995

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

Property Director

PY-524

E-7995

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 31 day of March, 1989, between Vahakn L. & Arosie Hart 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 52, Grave 11&12, Row ____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $2204.00, payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $92.00 on the 10 day of April, 1989; and the balance in installments of $ 92.00 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 TRANSAGTION 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: Vahakn L. Hart
Name

4750 Zelda Ave.
Address

La Mesa Cal. 92041

23 @ $92 = 2116.00
1 @ 88 = 88.00
$2204.00

23 @ 42.00
1 @ 44.00

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By:

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/3/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie H. Krobath

in a Double Crypt (Vault/Liner) Funeral, date, time 4/4/89 - 11Am-Tue

Church, Chapel, Graveside Graveside ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 33 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... Pre Need .....

Additional spaces and care fund ..... E-7958 .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Via Phone from John Mayer Mort

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7996

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-7996

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
Willie	Herman	Kroboth	Oct. 22, 1913	Mar. 31, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Florian J. Kroboth - Brother 180 Herrington Drive Auburn, CA 95603

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Mayer Mortuary 2859 Adams aV. San Diego, CA	1424

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: John Mayer

8B. DATE SIGNED: 4/3/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	APR 4 1989	Donald G. Ramos, M.D. mm

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
3851 Rosecrans San Diego, CA 92101	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☒ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, California 33-86-2-11 Bottom D. Crypt	11B. DATE INTERRED 4/4/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Doreen Stahl	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Octagon Wooden Cloth Covered Non Leader - Bottom D.	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur George End

in a Asp Vault (Vault/Liner) Funeral, date, time Thurs 10:00 4/6

Church, Chapel, Graveside Church & Grove Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Witness only

Lot 20 Grave 3 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number	
Balance due	

Mortuary will bring check will mail

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7997

PY-593 (REV. 9-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37637

Date: 4-7, 1989

From: Mackley - Mitchell Address: 3655 Fifth Ave, SD 92103

Two hundred forty-two 80/100 Dollars ($ 242.80)

In _____ Payment of Arthur G Ende's Interment

Lot 20 Grave 3 Row _____ Section 16 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7997

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 8/22

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1989

ISSUED BY [signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	
Opening/Closing	100 77181	105.00
Burial Containers	100 77182	40.00
Handling Fee	100 77185	60.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 8022	
Sales Tax	60101 76390	2.80
TOTAL PAID	$	242.80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-7997

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
ARTHUR	GEORGE	END	SEP 3, 1906	APR 2, 1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NANCY MILLER, DAUGHTER 1006 WEST SHARON ROAD SANTA ANA, CA 92706

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
[redacted]	F-119

ACKNOWLEDGEMENT 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
		▶ Ed Leach	APR 4, 1989

PERMIT, AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 04 1989	▶ Ronald L. Powers, M.D.

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
	P.O. BOX 85222, SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

Center Top

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY) 203-16-7	11B. DATE INTERRED 4/6/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	12B. DATE CREMATED APR 04 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Adolfo Perez	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Sheet Bronze Urn Vault Box No Casket Vault Box	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 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 V

Date 4-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Breece T. Black

in a T.L. Vault Funeral, date, time Wed 4/5 2:00

Church, Chapel, Graveside Angel View Lawn Rancho Mortuary.

All Funeral cars must 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 71 Grave 7 Row 2 Section 2 Division/Block 12

Grave space & Care Fund ..... Single grave -	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... Concrete Vault	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	$ 1207.25
Paid receipt number 37577	1207.25
Balance due	0

PAID
APR 03 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Debra Black
Signature
x 5653 Kelton Ct
Address
x San Diego Ca. 92114
State Zip Code
x 263-0779
Telephone

Work Order # E 7998

Invoice # _____

Acct. # _____

PY-583 (REV 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37577

Date: April 3, 1989

From: Delores Black Address: 5653 Kelton St. S.D. 92114

Twelve hundred seven and 25/100 Dollars ($ 1207 25/2)

In full Payment of Interment of and for Bresco T. Black-dec Space & Service fees

Lot 71 Grave 7 Row ~ Section 2 Division ~~Block~~ 12

Invoice No. ~

Acct. No. ~

W.O. E-7998

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4/15

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

Issued by [signature]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78380	12	25
TOTAL PAID	$	1207	25

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38514

Date: 11-3-, 1989

From: Melva Rodriguez Address: 5257 Castana St., S.D. 92114

Fifteen dollars and 95/100 Dollars ($ 15.95)

In Full Payment of installation and flower vase for

Bruce T. Black

Lot 71 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7998

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

CITY AUDITOR
NOV 13 1989

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-7998

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
Briscoe	Tyrone	Black	2-7-68	3-28-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Delores Black - Mother 5653 Kelton Ct. San Diego, CA. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		Robert W Ragsdale II	3-31-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 4 1989	Donald G. Ramras, M.D. PM

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 71-7-2-12 3751 Mariset St. SanDiego, Ca.92102	11B. DATE INTERRED 4/5/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Steel Lawn - Vault N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renewed Lots

Date 4-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph G. Quin

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 1622, 1623, 1624 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	595 X 3 = 1785.00
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	1785.00
Paid receipt number 37576	1785.00
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. Joseph G Quin

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

4731 3rd Ave
Address

San Diego, CA 92101
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7999

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37576

Date: 4-3, 1989

From: Joseph S. Quinn Address: 421 3rd Ave, San Diego

Seventeen hundred eighty-five Dollars ($ 1785.00)

In _____ Payment of pre-need Lots

Lot 1622, 1623, 1624 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7999

BALANCE DUE —

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0182976

AC-212 (Rev. 10-87)

HOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY Sandra Ward

CREDIT	67007	357	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1428	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1785	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Reed for Carleen Lewis

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 65 Grave 9 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 37593	30.00
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

Carl Reed
Signature

Address

State Zip Code

Telephone

Work Order # E 8000-A

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37593

Date: 4-4 19 89

From: Carl Reed Address: 3060 Webster Street, SD

Three hundred no/100 Dollars ($ 300.00)

In Payment of 1st Sale

Lot 65 Grave 9 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. D-8000

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

CREDIT	67007		
20% Sales Care	77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63093 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	300	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/3/89

GERTRUDE

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude V. Cummings

in a Vault Vault/Liner Funeral, date, time TBA - 2:00 4/6

Church, Chapel, Graveside Bethel Church & Gr.; 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 90 Grave 8 Row — Section 3 Division/Block 12

Grave space & Care Fund ..... Single Burial	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... Concrete Vault	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 37579 -	507.25
Balance due	$700.00

Bal by 4/6/89

37590 200.00

I hereby certify I am the [redacted] 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

Signature of recorded holder of deed

Address 303-50-Francis St

State San Diego Zip Code 92115

Telephone (619) 283-0221

Work Order # E 8000-B

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37590

Date: 4-3, 1989

From: Bernard Smith Address: 203 S Francis Street SD

Seven hundred no/100 Dollars ($ 700.00)

In _____ Payment of Gertrude V. Cummings Interment

Lot 90 Grave 2 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. 2-8000

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181	307	75
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	700	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37579

Date: 4/3/89, 19

From: Bernard Smith Address: 203 S. Francis S.D. 92113

Five Hundred Seven and 25/100 Dollars ($ 507.25)

In Deposit Payment of Onaw Burial of Gertrude V. Cummings - Dec

Lot 90 Grave 8 Row Section 3 Division Block 12

Invoice No. ~

Acct. No. ~

W.O. E8000

BALANCE DUE 700.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY [signature]

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	12	25
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	507	25

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

№ 37903

Date: 9-7, 1989

From: Leonard Smith Address:

One hundred twenty-five Dollars ($ 125.00)

In Payment of Gertrude Cummings marker installation fee.

Lot 10 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-8000-B

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

CITY AUDITOR
SEP 11 1989

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-8000

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
Gertrude	Virginia	Cummings	8-4-30	4-2-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Irvine Bernard Smith - Son 203 S. Francis St San Diego, Ca. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		[signature]	4-4-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 5 1989	[signature] Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 90-8-3-12 Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 4/6/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cremation Society N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martin Devorkian

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 4/7 11:00

Church, Chapel, Graveside Hurd & Stone; 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 4141 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	595.00
Additional spaces and care fund	320.00
Opening/Closing & Setup	100.00
Burial Container	145.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1202.00
Paid receipt number	
Balance due	

30 days 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

Elizabeth J Devorkian
Signature

8264 ORCHARD AVE
Address

La Mesa 92041
State Zip Code

(619) 461-8648
Telephone

[redacted]

Work Order # E 8001

PY-583 (REV. 8-85)

W.O. # E-8001

NOTE

$ 1202.00 San Diego, California April 4 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 Twelve hundred two 20/100 — DOLLARS with interest from June 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 ELIZABETH GEVORKIAN SIGNATURE Elizabeth Gevorkian

ADDRESS 8264 Orchard ave La Mesa 92041

CALIF. DRIVERS LIC. # N0062173

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8001

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
Martin	- - - -	Gevorkian	Dec.6.1936	Apr.3.1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Elizabeth Gevorkian-Wife 8264 Orchard Ave. La Mesa, Ca. 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Mayer Mortuary 2859 Adams Ave. San Diego, Ca.	Ca.# 1424

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 4/6/89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	APR 6 1989	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
3851 Rosecrans Ave. San Diego, Ca.	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 4/4/-10 Mt. Hope Cemetery 3751 Market St. San Diego, Ca.		11B. DATE INTERRED 4/7/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Ballenger-Foster Ortogan Cobleamed Wooder		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Greenwood		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE: 7170

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 05/09/89

DATE: 05/09/89
TIME: 220609
PAGE: 17

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
082782	04/10/89	029840	ELIZABETH GEVORKIAN					05/04/89	CK	284	1,202.00	1,202.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				476.00		
			100	072		77185	000072				145.00		
			60101			78390					7.00		
			67007			77184					119.00		
083476	04/26/89	000952	COUNTY OF SAN DIEGO								145.00	145.00	0.00

E-8001

Burned Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marguerite Warren

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 32 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	495.00
Total Due	200.00
Paid receipt number	
Balance due	295.00

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

Marguerite Warren
Signature
3046 Dwight Ave
Address
San Diego CA 92113
State Zip Code

Telephone

Work Order # E 8002

Invoice # _____

Acct. # _____

PY-603 (REV. 8-85)

NAME Warren, Marguerite ACCT. NO. E-8002

ADDRESS 3046 Greely Avenue, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1 89	Lot 32, Grave 6, Section 2, Division 12	495 00		200 00	295 00
5-23 89	Coupons 182, Receipt 37849			200 00	225 00
7-17 89	Receipt 38297			200 00	75 00
11-7 89	Receipt # 38517			75 00	-0-

AIGNER FORM NO. 25-204 Warren, Marguerite 32 - 6 - 2 - 12 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38297

Date: 7-17, 1989

From: Marguerite Warren Address: 3046 Grady Ave, SD

Two hundred 00/100 Dollars ($ 200.00)

In _____ Payment of Credit Lot

Lot 32 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8002

BALANCE DUE 75.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1358

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 1989

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184	24	00
80% Sales of Lots	100 77184	176	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38517

Date: 11-7-, 1989

From: MARGUERITE WARREN Address: 3046 GREELY AVE., S.D. CA 92113

SEVENTY-FIVE DOLLARS Dollars ($ 75.00)

In Full Payment of Credit lot

Lot 32 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 8002

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1390

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	75	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	75	00

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 07 1989

№ 37608

Date: 4-4, 1989

From: Marguerite Warren Address: 3046 Greely Ave, S.D. 92113

Two hundred no/100 — Dollars ($ 200.00)

In _____ Payment of Credit Lot Sale

Lot 32 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 8-8002

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 Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37849

Date: 5-23, 1989

From: Marguerite Warren Address: 3046 Grady Ave, SD 92113

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupons 1 & 2 Credit Lot

Lot 32 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8002

BALANCE DUE 275.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8002 Credit Lot

Marguerite Warren
3046 Greely Avenue
San Diego, Ca 92123

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 $

NAME Marguerite Warren

ADDRESS 3046 Greely Ave

CITY San Diego STATE Ca ZIP 92123

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8002 Credit Lot

Marguerite Warren
3046 Greely 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 $ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/4/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Blevins

in a Double Crypt (Vault/Liner) Funeral, date, time Thur. 11Am - 4/6

Church, Chapel, Graveside Church & GS ; Rogadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes.

Lot 181 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	For Double Crypt	495.00
Additional spaces and care fund		
Opening/Closing & Setup		320.00 *
Burial Container	Double Crypt	330.00
Handling Fees	Labor	320.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00 *
Sales taxes		23.10
	Total Due	1523.10
	Paid receipt number	
	Balance due	

30 day note Cancell V.A. Marker

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Bilal Shabazz
Signature

x 1934 24th Ave
Address

x OAKLAND CA 94601
State Zip Code

x (415) 436-0854
Telephone

* fees for 2nd Burial at Present fee.

Work Order # E 8003

Invoice # [redacted]

Acct. # [redacted]

PY-593 (REV. 8-85)

W.O. # E-8003

NOTE

$ 1523 10/2 San Diego, California 4/4 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, Fifteen Hundred Twenty three D 10/00 DOLLARS with interest from May 6, 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 Bilal Shabazz. SIGNATURE Bilal Shabazz

ADDRESS 1934 24th Ave OAKLAND CA 94601

CALIF. DRIVERS LIC. # K0746981

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38519

Date: 11-7, 1989

From: Bilal Shabazz Address: 315 Hanover Ave #101, Oakland

one hundred twenty-five no/100 Dollars ($ 125.00)

In _____ Payment of Marker Installation fee for Samuel Blevins Jr.

CITY AUDITOR

Lot _____ Grave _____ Row _____ Section _____ Division Block

NOV 13 1989

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 2-8003

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	125	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

AC-212 (Rev. 10-87)

1431

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8003

E 8003

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
David		Blevins, Sr.	5-19-18	4-1-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Mary Blevins - Wife 2485 W. Ingersol St. San Diego, Ca. 92111

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 3090 Federal Blvd. San Diego, Ca.	F-1329

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
		Richard D. Ragsdale	4-5-89

PERMIT, AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 5 1989	Donald L. Reimer, M.D. MM

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 181-43-272 3751 Market Street San Diego, Ca.	11B. DATE INTERRED 4/6/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Boyer Lotte	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

Block Out - 18a

Bottom Left Corner "Hot Day"

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 05/10/89

DATE: 05/10/89
TIME: 212024
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
082713	04/07/89	029827	BILAL SHABAZZ					05/05/89	CK	1288	1,523.10	1,523.10	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				330.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				396.00		
			100	072		77185	000072				320.00		
			60101			78390					23.10		
			67007			77184					99.00		

E-803

NUMBER OF INVOICES PAID 1

Pre need Trust

Pre-need Double ash Plot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/5/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harry F / Dora L. Hubbard

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 Harry - WW2 - air Force

Lot 367 Grave — Row — Section 4 Division/~~Block~~ 8

Grave space & Care Fund	Double Ash Plot -	215.00
Additional spaces and care fund	no -	
Opening/Closing & Setup	2- Lawn - Labor 105.00	105.00
Burial Container	None -	
Handling Fees		
Flower vases - Marker setting fee	280	
Recording and filing fee	25.00	25.00
Sales taxes	none	none
Total Due		495.00
Paid receipt number	37618	495.00
Balance due		-0-

PAID
APR 05 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Harry F Hubbard
x Dora L Hubbard
Signature(s)

6830 Birchwood Dr
Address

San Diego 92120
State Zip Code

582-9392
Telephone

Work Order # E 8004

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 07 1989

№ 37618

Date: 4/5/89, 19

From: Harry E & Dora L Hubbard Address: 6830 Beechwood St. SD. 92120

Four Hundred Ninety five & no/100 Dollars ($ 495.00)

for full Payment of Double Turn plot next to son and Pre-need Services to inven Cremains at need

Lot 367 Grave — Row — Section 4 Division ~~Block~~ 8

Invoice No. —

Acct. No. —

W.O. E-8004

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 2320

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY George M Stetler

CREDIT 20% Sales Care	87007 77184	43	00
80% Sales of Lots	100 77184	172	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	280	00
Sales Tax	60101 78390		
TOTAL PAID	$	495	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlleen Lewis

in a T.S.-Vault (Vault/Liner) Funeral date, time Tues 11 AM- 4/11

Church, Chapel, Graveside Chapel & Grove; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 65 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	220.00
Flower vases - Marker setting fee	
Recording and filing fee	38.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 37619	712.25
Balance due	0

I hereby certify I am the Care Real-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

Care Real
Signature

Address

State Zip Code

Telephone

Work Order # E 8005

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

CITY AUDITOR
APR 07 1989

№ 37619

Date: 4-5, 1989

From: Carl Reed Address:

Seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of Carleen Lewis' Interment

Lot 65 Grave 9 Row Section 2 Division / Block 11

Invoice No.

Acct. No.

W.O. 8-8005

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 Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	175	00
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 75380	12	25
TOTAL PAID	$	712	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS e-8005

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
Carleen		Lewis	8-24-35	4-3-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carl Reed - Father 3060 Webster Ave. San Diego, Ca. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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 4-6-89

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	APR 7 1989	▶ Donald L. Ramos, M.D.

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
P.O. Box 85222 San Diego, Ca. 92338	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 65-9-2-11 3751 Market St.: San Diego, CA	11B. DATE INTERRED 4/11/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A T-B-Vault Non Sealer-retail	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Preneed Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosie D Robertson

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 93 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 37620	495.00
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

6677 Manning St
Address

San Diego, CA 92111
State Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 8006

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 07 1989

№ 37620

Date: 4-5, 1989

From: Dasie D. Robertson Address: 6677 Mannine St, SD 92111

Four hundred ninety five 00/100 Dollars ($ 495.00)

In _____ Payment of Preneed Lot

Lot 93 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-2006

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 Vert

CREDIT 20% Sales Care	67007 77184	99.00
80% Sales of Lots	100 77184	396.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	495.00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/6/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathaniel Davis

in a Comite Vault (Vault Liner) Funeral, date, time Fri 4/7 - 2 P.M.

Church, Chapel, Graveside Chapel & GS ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 101 Grave 2 Row - Section 2 Division/Block 11

Grave space & Care Fund	Single Sp -	300.00
Additional spaces and care fund	No	—
Opening/Closing & Setup		320.00
Burial Container	Comite Vault	175.00
Handling Fees	Labor	170.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		12.25
	Total Due	1012.25
	Paid receipt number 37635	300.00
	Balance due	712.25

note

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X [signature]
Signature

X 3842 T Street
Address

X San Diego Calif 92113
State Zip Code

(619) 266-9867
Telephone

Invoice [redacted]

Acct [redacted]

Work Order # E 8007

PY-593 (REV. 8-85)

W.O. # E8007

NOTE

$ 712.25 San Diego, California 4/6/89 19 ___

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Seven Hundred Twelve & 25/100 DOLLARS with interest from April 30 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 Ennis Harvey · SIGNATURE X Ennis Harvey

ADDRESS _____

CALIF. DRIVERS LIC. # _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37635

Date: 4/6/89, 19

From: Ennis Harvey Address: 3842 - T. St / SD. 92113

Three Hundred Dollars ($ 300.00)

In Deposit Payment of On interment of Nathaniel Davis D

Lot 101 Grave 2 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E8007

BALANCE DUE 712.25

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 20% Sales Cars	67007 77184	60.00
80% Sales of Lots	100 77184	240.00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	300.00

AC-212 (Rev. 10-87)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 89007

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
Nathaniel		Davis	4-9-54	3-30-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Rosie Davis - Wife 4604 Martin Luther King Way Oakland, Ca. 94609

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Anderson	4-3-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 4 1989	▶ Donald L. Ramras, M.D.

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
	P.O.Box 85222 San Diego, Ca.92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 10-2-2-11 3951 Market Street San Diego, Ca.92102	11B. DATE INTERRED 4/7/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 20ga Steel non-Sealer Concrete Vault N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

									BALANCE
082783	04/10/89	029841	ENNIS HARVEY			05/19/89	CK 229093649	50.00	662.25
			100 072	77181	000072			22.46	PARTIAL PAYMENT
	E-8007		100 072	77182	000072			12.29	
			100 072	77183	000072			2.46	
			100 072	77185	000072			11.93	
			60101	78390				0.86	

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 50.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/7/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clyde P. Ward

in a Double Crypt (Vault/Liner) Funeral, date, time Tues 1:30 4/11

Church, Chapel, Graveside Graveside ; Goodbodie Mortuary.

All Funeral cars must 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 233 Grave 7 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	@ 595 Tree Area	595.00
Additional spaces and care fund		
Opening/Closing & Setup	320	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		23.10
Total Due		1623.10
Paid receipt number	37636	1623.10
Balance due		0

Second Burial fee now

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Alice M Williams
Signature

4586 Myrtle ave
Address

San Diego Cal 92105
State Zip Code

2813346
Telephone

Invoice #

Acct. #

Work Order # E 8008

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37636

Date: 4/7/89 19

From: Mary W Ward Address: 4586 Myrtle Ave SD 92105

Sixteen Hundred twenty three and 10/100 Dollars ($ 1623.10)

In full Payment of Single Interment L Clyde Ward-dec and a double Cript

Lot 233 Grave F7 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E 8008

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3577

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1989

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	350	00
Handling Fee	100 77185	20	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 8022		
Sales Tax	60101 76390	93	10
TOTAL PAID	$	1623	10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F 8008

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
CLYDE	P.	WARD	2-17-1912	4-6-1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Alice M. Williams step-daughter 4586 Myrtle Avenue San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Goodbody Mort., 5027 El Cajon Blvd, San Diego, CA	FD 790

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
		[signature]	4/11/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 11 1989	[signature] Donald L. Powers, M.D.

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
	P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 233-7P2-12 3751 Market Street, San Diego, CA	11B. DATE INTERRED 4/11/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Wooden cloth covered N/A Octagon —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Bottom D. Crypt	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Richmond

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 4/11 10:00

Church, Chapel, Graveside Church & Grove Erickson Anderson (John) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1675 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 4/24/89	607.00
Balance due	0

30 [illegible]

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

Harriet T. Richmond
Signature

4986 Randlett Dr.
Address

La Mesa 92041
State Zip Code

619-462-7622
Telephone

Invoice # 032958

Acct. # 028889

Work Order # E 8009

FY-583 (REV. 8-85)

W.O. # E-8009

NOTE

$ 607.00 San Diego, California 4-10 1989

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 seven 00/100 DOLLARS with interest from 6-11-89 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 HARRIET T. Richmond · SIGNATURE Harriet T. Richmond

ADDRESS 4986 Randlett Dr. La Mesa CA 92041

CALIF. DRIVERS LIC. # D4917591

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8009

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
Charles		Richmond	April 30, 1911	April 8, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Harriet Richmond (wife) 4986 Randlett Dr. La Mesa, CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Erickson-Anderson Mortuary 8390 Allison Ave., La Mesa, CA 92041	FD96

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
		▶ [signature]	April 10, 1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 4.00	APR 10 1989	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
Vital Records PO Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 1675-10	11B. DATE INTERRED 4/11/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Bill Turner Wooden Octogan -	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.

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PO BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
082958	04/14/89	029889	HARRIET T. RICHMOND					04/21/89	CK	2513	607.00	607.00	0.00
E-8009			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				145.00		
			60101			78390					7.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 607.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Doyle (DOYLE)

in a Bell Liner Vault/Liner Funeral, date, time Chapel 4/13 10:30

Church, Chapel, Graveside Graveside Boothe-Metcalf Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1114 Grave 8 Row Top Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup Prepaid P-136	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales tax	
Total Due	35.00
Paid receipt number 37672	35.00
Balance due	-0-

PAID
APR 13 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8010

Invoice # _____

Acct. # _____

PY-883 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37672

Date: 4/13/89 19

From: Beardsley-Mitchell F.H. Address: 3655 - 5th Ave. 92103

Thirty five and 00 Dollars ($ 35.00)

In full Payment of Recording + Selby for Carl Doyle - Dec.

Lot 1114 Top Grave — Row — Section — Division Block 2 10

Invoice No. —

Acct. No. —

W.O. E-8010

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77191		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	83033 9082		
Sales Tax	60101 75390		
TOTAL PAID	$	35	00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 8207

INTERMENT ORDER AND AUTHORIZATION

e-8010

Contract No. _____ Interment No. _____ Date April 10, 1989

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.

The 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 Deceased Carl Doyle Age 90 Sex Male
in the following described interment space.

Grave _____ Lot 1114 Block _____ Lawn _____ Section 10

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased and direct and authorize the above named cemetery to inter the remains as indicated above.

Further, the undersigned assume all liability for mistaken identity, or incorrect identification and do hereby agree to hold said Cemetery, its officers, agents and employees harmless, and to indemnify them, including a reasonable attorney's fee, for the defense of all claims, suits or causes of action, arising out of our act of identification or the interment of the deceased.

INTERMENT RIGHT OWNER MUST SIGN IF NOT A RELATIVE:

I hereby certify that I am the owner of the interment right to the above described interment space, and I authorize its use for the interment of the herein named deceased.

PAID
APR 13 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature Lawrence E. Doyle Person Signing Interment Order

PAID
APR 12 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature _____ Interment Right Owner

Relationship Daughter

Address 3105 Homer St. San Diego CA 92106 Tel. No. 222-0785
Street City State Zip

OFFICE USE ONLY

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

R-810

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
Carl	- - -	Doyle	12/30/1898	4/9/1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Louise E. Klink (Step-Daughter) 3105 Howe St. San Diego, CA 92106

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Rosecrans-Mitchell Funeral Home 1815 Sunset Cliffs Blvd. San Diego, CA	F-816

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
		▶ Arthur C. Mitchell	4/10/1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 11 1989	▶ Donald L. Powers, M.D.

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
	P.O. Box 85222 San Diego, CA 92138-5222	—

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 11477-10	11B. DATE INTERRED 4/13/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Rigali Lynn Wooden Cloth	12B. DATE CREMATED N/A	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ N/A
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED N/A	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ N/A
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED N/A	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶ N/A
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION N/A	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ N/A

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 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Blanton Marcel Smith

in a Graveside Vault/Liner Funeral, date, time Tues 4/11 10:00

Church, Chapel, Graveside Graveside ; Rozdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

3 ft Space wall

✓ Lot 3445 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 Cement Cap - Casket 43"	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	
Total Due	189.00
Paid receipt number 37643	189.00
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.

Miranda L. Smith
Signature

8034 Lakeport Rd.
Address

S.D. CA 92126
State Zip Code

578-7192
Telephone

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Work Order # E 8011

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37645

Date: 4-10, 1989

From: Miriam L. Smith Address: 8034 Lakepoint Rd, SD

One hundred ninety-nine Dollars ($ 199.00)

In Payment of Grandma M. Smith's interment

Lot 2445 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8011

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 17 1989

ISSUED BY

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	64	00
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 76390		
TOTAL PAID	$	199	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

8011

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
Brandon	Marcel	Smith	2-13-89	4-5-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Miranda LaShelle Smith 8034 Lakeport Road San Diego, Ca. 92126

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Rigsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ [signature]	4-10-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 11 1989	▶ [signature] MD mm

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
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3445-1-9 3751 Market STreet San Diego, Ca.	11B. DATE INTERRED 4/11/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3-0 "43" long - no liner - Oversize N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS S. - Readymix on Top N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Kubo

in a I.S. Vault (Vault/Liner) Funeral, date, time Thurs 4-13 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 5705 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 37648	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

Signature Roy Kubo

Address 3503 Tennyson St

State San Diego Ca Zip Code 92106

Telephone

Work Order # E 8012

Invoice # _____

Acct. # _____

PY-883 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37648

Date: 4-10, 1989

From: Ray Kubo Address: 3503 Tennyson Street SD

Seven hundred twelve 25/100 Dollars ($ 712.25)

In _____ Payment of Lucille Kubo's Interment

Lot 5705 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-812

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
APR 17 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	12	25
TOTAL PAID	$	712	25

AC-212 (Rev. 10-87)

8012

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8012

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
TSUNU	-	KUBO	06-20-1901	04-07-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Roy Kubo - son 3503 Tennyson St. San Diego, CA 92106

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
3051 El Cajon Blvd. Lewis Colonial/Benbough San Diego, CA 92104	F-480	Melinda M. Stewart for LCB	4/11/89

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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	APR 12 1989	Donald L. Russell, M.D.

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
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Rose Cemetery - San Diego, CA 3751 Market St.		11B. DATE INTERRED 4/13/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank Tachiki

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 4-12 10:00

Church, Chapel, Graveside Graveside ; Lewis Dam Mortuary.

All Funeral cars must arrive 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 3 Row _____ Section 11 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	0
Paid receipt number	
Balance due	

Preneed Trust E 5544

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

Kimiye Tachiki
Signature

311 E. Palomar St.
Address

Chula Vista-CA-92011
State Zip Code

(619) 427-4462
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8013

PY-503 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

C-8013

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
FRANK	R.	TACHIKI	03-15-1913	04-06-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kimiye Tachiki - wife 311 E. Palomar St. Chula Vista, CA 92011

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Lewis Colonial/Scarbrough 3051 El Cajon Blvd. San Diego, CA 92104	F-486	Melinda M. Stewart for LCB	4/10/89

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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	APR 10 1989	Donald G. Ramos, M.D.

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
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St. 132-3-11-7	11B. DATE INTERRED 4/12/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Doreen Stetler
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a Solid Cherry Wood T.R. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deed Transfer

Date 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irwin Ro Calldewich to Gene Whatley

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 97 Grave 1&2 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 37649	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.

GENE Whatley

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

P.O. BOX 178
Address

Santa CA 92002
State Zip Code

Telephone

Invoice # _____

Work Order # E 8014

Acct. # _____

PY-583 (REV. 8-85)

3/8/1974

7262

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

C-8014

OWNERSHIP AND INTERMENT PRIVILEGES

TO Irwin R. Colldeweih for the sum of $ 330.00 (DOLLARS)

LEGAL DESCRIPTION Lot 97 Graves 1 & 2 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-4186

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

R. W. Dehne
Cemetery Manager

W. L. MacFarlane
Property Director

PW-884 (REV. 12-72)

E 8014

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37649

~~C-8015~~

Date: 4-10, 19 89

From: Jon E. Whitten Address: P.O. Box 178, Bonita CA

Thirty-five Dollars ($ 35.00)

In _____ Payment of Deed Transfer

Lot 97 Grave 1 & 2 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-814

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 17393

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1989

ISSUED BY Andrea Hurd

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

GENE E. WHATLEY AGENCY

P.O. BOX 178
BONITA, CALIFORNIA 92002

Cemetery Broker

Telephone:425-4860

P-80K

TRANSFER INFO FORM

Please transfer the following property described as:

Lot 97, Graves 1 and 2, Section 1, Division 11

in Deed/Certificate number 7262 *from* Mount Hope *Memorial Park*

dated 3/7/74 to:

NEW OWNER

NAME: Gene E. Whatley

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

FROM ASSIGNOR

NAME:

by Gene E. Whatley, Attorney in Fact

ADDRESS: c/o P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

ACCOUNT NUMBER 801MH

e-8014

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Irwin R. Colldeweih .....

.....

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY a licensed and bonded cemetery broker in the State of California, whose address is 32nd & Orange Streets, National City, California his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his 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 follows:

Spaces 1 and 2, Lot 97, Section 1, Division 11 at

Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

_____
Signature

Irwin R. Colldeweih
Signature

State of California)
County of San Diego) ss.

On June 1, 1988, 19____ before me, the undersigned, a Notary Public in and for said State personally appeared

Irwin R. Colldeweih

known to me, to be the person — whose name — subscribed to the within instrument, and acknowledged to me that — he — executed the same.

WITNESS my hand and official seal.

OFFICIAL SEAL
DOLORES M. RIDER
Notary Public-California
SAN DIEGO COUNTY
My Comm. Exp. Aug. 5, 1991

Dolores M. Rider
Notary Public in and for said State

Deed Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elenea A. Jensen to Gene E. Whatley

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 4294 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 37650	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. GENE E. WHATLEY

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address P.O. Box 178

State Boulder, CA Zip Code 92002

Telephone _____

Work Order # E 8015

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37650

Date: 4-10, 1989

From: Jane E Whatta Address: P.O. Box 178, Bonita CA

Thirty-five no/100 Dollars ($ 35.00)

In _____ Payment of Deed Transfer

Lot 4294 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-2015

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
APR 17 1989

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8015

№ 40193

Date: JAN. 15, 1991

From: GENE WHATLEY AGENCY Address: 294 SHASTA ST SUITE A CV CA 92010

THIRTY-FIVE AND 00/CENTS Dollars ($ 35.00)

In FULL Payment of DEED TRANSFER (FROM G. WHATLEY TO LORETTA PECK)

Lot 4294 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8015

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 10-87) 20339

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

e-8015 7/20/1968

DEED

C 3813

OWNERSHIP AND INTERMENT PRIVILEGES

TO Elenia L. Jensen for the sum of $ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4294 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-6049

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2' X 1' Flush Marker Only

R. W. Dickens
Cemetery Manager

Public Works Director

FORM PW-584

e-8015

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That . . . . . .

Elenia L. Jensen

. . . . . .

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY a licensed and bonded cemetery broker in the State of California, whose address is 32nd & Orange Streets, National City, California his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his 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 follows:

Lot 4294, Division 10, at Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

Signature

State of California)
County of SAN DIEGO) ss.

On FEB. 10, 1988 before me, the undersigned, a Notary Public in and for said State personally appeared

ELENIA L. JENSEN

known to me, to be the person whose name IS subscribed to the within instrument, and acknowledged to me that SHE executed the same.

WITNESS my hand and official seal.

OFFICIAL SEAL
JACK H COLNOT
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
MY COMM. EXP. FEB. 17, 1988

Notary Public in and for said State

GENE E. WHATLEY AGENCY

P.O. BOX 178
BONITA, CALIFORNIA 92002

Cemetery Broker

Telephone:425-4860

e-8015

TRANSFER INFO FORM

Please transfer the following property described as:

Lot 4294, Division 10

in Deed/Certificate number 3813 from Mount Hope Memorial Park

dated 7/20/68 to:

NEW OWNER

NAME: Gene E. Whatley

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

FROM ASSIGNOR

NAME:

by Gene E. Whatley, Attorney in Fact

ADDRESS: c/o P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

ACCOUNT NUMBER 782MH

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deed Granted

Date 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gene E Whalley to Joan Wilkes

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 65 Grave 6 Row _____ Section MAS Division/~~Block~~ O

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 37651	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. John WILKES

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

P.O. Box 178
Address

Boulder CA 92003
State Zip Code

_____
Telephone

Work Order # E 8016

Invoice # _____

Acct. # _____

PY-503 (REV. 8-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37651

Date: 4-10, 1989

From: Jane E. Whitten Address: P.O. Box 178, Ramona CA

Thirty-five 10/100 — Dollars ($ 35.00)

In _____ Payment of Deed Transfer

Lot 65 Grave 6 Row _____ Section MHS Division Block O

Invoice No. _____

Acct. No. _____

W.O. 2-8016

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
APR 17 1989

ISSUED BY Sandy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 10-87)

03/31/1987

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

№ 11394
E-8946

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene E. Whatley Agency for the sum of $ 35.00 (DOLLARS)

LEGAL DESCRIPTION Lot 65, Grave 6, Masonic Section, Division 0

AS DESCRIBED ON PURCHASE ORDER NUMBER E-6573

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation marker

George W Stelter
Cemetery Manager

Martin Brulan
Property Director

PY-844

GENE E. WHATLEY AGENCY

P.O. BOX 178
BONITA, CALIFORNIA 92002

Cemetery Broker

Telephone:425-4860

e-8046

TRANSFER INFO FORM

Please transfer the following property described as:

Lot 65, Grave 6, Masonic Section, Division 0

in Deed/Certificate number E-6573 from Mount Hope Memorial Park

dated 3/31/87 to:

NEW OWNER

NAME: Joan Wilkey

ADDRESS: c/o P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

FROM ASSIGNOR

NAME:

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

ACCOUNT NUMBER 626MH

next to ~~Morgan~~ Balton upside

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Inez Jones

in a C. Vault (Vault/Lot) Funeral, date, time Tues 4/11 2:00

Church, Chapel, Graveside Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 117 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Single Burial	495.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Concrete Vault	175.00
Handling Fees	Labor	170.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		12.25
	Total Due	1207.25
	Paid receipt number 37653	600.00
	Balance due	607.25

16 Chairs
50% dep [illegible]
4/11 - 2 p.m. [illegible]

pd 8/25/89

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

X 5839 ROSWELL ST
Address

X SAN DIEGO 92114
State Zip Code

X 619 263 5764
Telephone

Work Order # E 8017

Invoice # [redacted]

Acct. # [redacted]

PY-693 (REV. 8-85)

W.O. # E-8017

NOTE

$ 607.25 San Diego, California April 18, 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 Seven dollars 25/100 DOLLARS with interest from June 11, 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 James Oliver SIGNATURE James Oliver

ADDRESS 5839 Roswell Street, San Diego, Ca 92114

CALIF. DRIVERS LIC. # A0681820

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37653

Date: 4/10/89, 19__

From: Calanthia O. Hudson Address: Lemgrove Ca

Six Hundred Dollars ($ 600.00)

In Deposit Payment of Deposit on Interment of Iney Jones dec

Lot ____ Grave ____ Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-8017

BALANCE DUE 607.25

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2231

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 17 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	87007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	600	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8017

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
Inez		Jones	3-31-08	4-7-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	James Oliver - Son 5839 Roswell Street San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca. 92102	F-1329

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
		▶ [signature]	4-10-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 11 1989	▶ Gerald L. Parent, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 117-6-212 3751 Market Street San Diego, Ca. 92102		11B. DATE INTERRED 4/11/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal - Vault - overnite		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Collins

in a — Vault/Liner Funeral, date, time Wed 4/12 Hold

Church, Chapel, Graveside Delivery Only 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 104 Grave 9 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	100	~~215.00~~
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container	27" So. of Lot Line + Center	
Handling Fees	No Box - "Ready mix"	
Flower vases - Marker setting fee		125.00
Recording and filing fee		35.00
Sales taxes		
Total Due		365.00
Paid receipt number	37660	365.00
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

Signature [signature]

Address 808 Marjorie Dr.

State San Diego, Ca Zip Code 92114-3222

Telephone 263 4440 / 453-1560 (W)

Invoice #

Work Order # E 8018

Acct. #

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37660

Date: 4-10 19 89

From: Jan Stackstill Address: 808 Marjorie Dr, SD 92114-2322

Dollars ($ 365.00)

In Payment of Lucille Allen's interment

Lot 104 Grave 10 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. 2-6018

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1049

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1989

ISSUED BY Sandra Ward

CREDIT	87007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77151	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	160	00
Pre-Need Trust	83033 8822		
Sales Tax	90101 78380		
TOTAL PAID	$	365	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8018

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
Lucille		Collins	8-19-26	4-1-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sue Ella Stockstill-Daughter 808 Marjorie Dr. San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329		4-6-89

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	APR 6 1989	Donald L. Remus, M.D. mm

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
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 104-9-2-11 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 4/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Lomada Inc. 14065 Olde Highway 80 El Cajon, Ca. 92021	12B. DATE CREMATED 4/7/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS. N/A 27th South L Headline Center Readymix +	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A no Vault - Dry mix	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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

Preneed Lots

Date 4-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Billy J Potts

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 2564 & 2565 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	2 @ 595 = 1190.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1190.00
Paid receipt number 37661	1190.00
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. Billy J. Potts

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address P.O. Box 2293

State Spring Valley CA Zip Code 92077

Telephone 463-4788

Work Order # E 8019

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37661

Date: 4-11, 19 89

From: Billy J. Potts Address:

And 0 hundred ninety 29/100 Dollars ($ 1190.00)

In Payment of 2 Funeral Cats

Lot 2564 & 2565 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-2019

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0378

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

APR 17 1989

ISSUED BY Linda Ward

CREDIT	67007	238	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	952	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76360		
TOTAL PAID	$	1190	00

Proceed Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Anne Laughlin

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 74 Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Vault	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	
Balance due	Ø

Paid in full 4-2-1991

23 @ 50.00
1 @ 57.25

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Patricia Anne Laughlin
Signature

3675 Pershing Ave
Address

San Diego, CA 92105
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8020

PY-593 (REV. 8-88)

NAME Laughlin, Patricia Anne ACCT. NO. E-8020

ADDRESS 3675 Pershing Avenue, San Diego, Ca 92105 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
4/11 89	Lot 74, Grave 3, Section 2, Division 12	495.00			
	Opening/Closing, Top Seal Vault, Recording Fee	712.25			1207.25
5-3 89	Coupon 1, Receipt 37750			50 00	1157.25
6-5 89	Coupon 2, Receipt 38102			50 00	1107.25
7-6 89	Coupon 3, Receipt 38229			50 00	1057.25
8-3 89	Coupon 4, Receipt 38353			50 00	1007.25
9-6 89	Coupon 5, Receipt 38478			50 00	957.25
10-4 89	Coupon 6, Receipt 38607			50 00	907.25
11-7 89	Coupon 7, Receipt 38821			50 00	857.25
12-1 89	Coupon 8, Receipt 38612			50 00	807.25
1-5-90	Coupon 9, Receipt 38749			50 00	757.25
2-22-90	Coupon 10, Receipt 38905			50 00	707.25
3-5-90	Coupon 11, Receipt 38941			50 00	657.25
4-3-90	Coupon 12, Receipt 39071			50 00	607.25
5-7-90	Coupon 13, Receipt 39195			50 00	557.25
6-4-90	Coupon 14, Receipt 39302			50 00	507.25
7-3-90	Coupon 15, Receipt 39434			50 00	457.25
8-3-90	Coupon 16, Receipt 39552			50 00	407.25
9-4-90	Coupon #17, Receipt #39659			50 00	357.25

PAID IN FULL 4-2-91

AIGNER FORM NO. 25-204 Laughlin, Patricia Anne 74 ~ 3 ~ 2 ~ 12 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
10-4-90	Coupon # 18, RECEIPT # 29784	1207 25		50 00	207 25
11-8 90	Coupon # 19 receipt # 39927			50 00	257 25
12-4 90	Coupon # 20 receipt # 39995			50 00	207 25
1-7 91	Coupon # 21 receipt 40150			50	157 25
2-5 91	Coupon 22 receipt 40261			50	107.25
3-4 91	Coupon 23 receipt 40374			50	57.25
4-2 91	Coupon 24 receipt 40495			57 25	

AIGNER FORM NO. 25-204

PRINTED IN USA

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE e-8020

This Agreement entered into this 11 day of April, 1989, between Rebecca Anne Laughlin 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 74, Grave 3, Row —, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $120.25, payable as follows: $— cash herewith, the receipt of which is hereby acknowledged; $50.00 on the 10 day of May, 1989; and the balance in installments of $50.00 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.

5-10-89

WITNESS our hands this day and year above written. e-8020

Deed to be issued to:

Patricia Anne Laughlin
Name

3675 Pershing Avenue
Address

San Diego, CA 92105

PURCHASER

Patricia Anne Laughlin

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Lyndia L. Ward

GWS:baa(2)62
2-14-86

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39927

Date: 11-8, 1990

From: Patricia A. Laughlin Address: 3675 Pershing Ave. San Diego CA 92105

Fifty dollars 00/100 Dollars ($ 50.00)

In: part Payment of Pre-need lot

Lot 74 Grave 3 Row — Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8020

BALANCE DUE 257.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1746

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Nora Black

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	50.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39434

Date: 7-3, 1990

From: Patricia Laughlin Address: 3645 Polishing Ave. SD 92104

Fifty Dollars No/100 Dollars ($ 50.00)

In _____ Payment of Lot + Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8020

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1659

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Cars	67007 77164		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8020

№ 39552

Date: Aug. 3, 1990

From: Patricia Laughlin Address: 3[illegible]75 Pershing Ave, SD 92104

Fifty Nolan Dollars ($ 50.00)

In _____ Payment of Pre-Need Lot & Trust

Lot 74 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8020

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1610

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39659

Date: 9-4-, 1990

From: Laughlin, Patricia Address: 2675 Pershing Ave San Diego Ca 92

Fifty and no/100 Dollars ($ 50.00)

In Payment of For Pre-Need Lot Trust

Lot 74 Grave 3 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8020

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #1700

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY D. L. Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39784

Date: 10-4, 19 90

From: Patricia A Laughlin Address: 3675 Pershing Ave San Diego CA 92109

Fifty and 00/100 Dollars ($ 50.00)

In _____ Payment of Pre need Lot & Trust

Lot 74 Grave 2 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8020

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 1723

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50.00
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39995

Date: 12-4, 1990

From: Patricia Laughlin Address: 3815 Pershing ave 279-5726 SD.CA

Fifty dollars 00/100 Dollars ($ 50.00)

In _____ Payment of ~~Credit Lot~~ Pre Need Trust

Lot 74 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-8020

BALANCE DUE 207.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1767

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37750

Date: 5-3, 1989

From: Patricia Lowe Mills Address:

fifty no 100 Dollars ($ 50.00)

In Payment of Coupon 1 Credit Lot

Lot 74 Grave 3 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-5020

BALANCE DUE 1157.25

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 Sandra Ward

CREDIT	67007	
20% Sales Care	77184	30.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

CITY AUDITOR
MAY 08 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38102

Date: 6-5, 1989

From: Patricia Lauckling Address: 3675 Pershing Ave, SD

fifty no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 2 Credit Lot & Trust

Lot 74 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-8020

BALANCE DUE 1107.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1411

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandy

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38353

Date: August 3, 1989

From: Patricia Laughlin Address: 3675 Pershing Ave.

Fifty no/100 Dollars ($ 50.00)

In Payment of Crypt 4 Preneed Lot + Trust

Lot 74 Grave 3 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. C-8020

BALANCE DUE $1007.25

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT		
20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 8022	50 00
Sales Tax	60101 78380	
TOTAL PAID	$	50 00

CITY AUDITOR
AUG 07 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 1446

ISSUED BY Sharon L Crain

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

№ 38478

Date: 9-6, 1989

From: Patricia Laughlin Address: 3675 [illegible] Ave, SD

Fifty dollars no/100 Dollars ($ 50.00)

In Payment of Oregon 5 Crest Lot

Lot 74 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 9-8020

BALANCE DUE 50.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1468

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	50.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	50.00

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

№ 38001

Date: 10-4, 1989

From: Patricia Lawler Address: 3675 Pershing Avenue

fifty dollars 20/100 Dollars ($ 50.00)

In _____ Payment of Canyon 6 Crest Lot

Lot 74 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-8020

BALANCE DUE 907.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1487

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

CITY AUDITOR
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 38531

Date: 11-1 19 89

From: Patricia Sandlin Address: 3675 Pershing Ave, SD

Fifty no/100 Dollars ($ 50.00)

In Payment of Coupon 7 Medal Lot

Lot 74 Grave 3 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-8020

BALANCE DUE 857.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1504

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	4 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	46 00
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

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

№ 38612

Date: 12-1, 1989

From: Patricia Lauchlin Address: 2675 Pershing Ave SD

fifty dollars no/100 Dollars ($ 50.00)

In Payment of Vaupan 6 Credit Lot

Lot 174 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-8020

BALANCE DUE 807.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1519

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT 20% Sales Care	67007 77184	4	00
80% Sales of Lots	100 77184	46	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

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 38229

Date: July 10, 19 89

From: Patricia Anne Laughlin Address: 3675 Pershing Avenue

Fifty dollars n/100 ——— Dollars ($ 50.00)

In ____ Payment of Coupon 2 Pre-need Lot & Trust

Lot 74 Grave 3 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. F-8020

BALANCE DUE $1057.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1433

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sharon L. Cain

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	50	00
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38229

Date: July 6, 19 89

From: Patricia Anne Laughlin Address: 3675 Pershing Avenue

Fifty dollars n/100 Dollars ($ 50.00)

In _____ Payment of Coupon 2 Preneed Lot + Trust

Lot 74 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8020

BALANCE DUE $1057.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

1433

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sharon L. Crain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

CITY AUDITOR
JUL 10 1989

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38749

Date: 1-5, 1990

From: Patricia Laufler Address: 3675 Pershing Ave., 92104

Fifty Dollars 70/100 Dollars ($ 50.00)

In _____ Payment of Pre-need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8020

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 16 1990

ISSUED BY J. Ann Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78360		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

1541

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

MAR 12 1990

№ 38941

Date: 3-5, 1990

From: [illegible] Address: [illegible] Pennington [illegible] 92105

Fifty Dollars 7/6 Dollars ($ 50.00)

In _____ Payment of [illegible]

Lot 74 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. F-[illegible]

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

FEB 26 1990

№ 38905

Date: 2-22, 19 90

From: Patricia A. Laughlin Address: 3675 Linking Ave., SD 92104

Fifty Dollars and no/100 Dollars ($ 50.00)

In Payment of Perpetual Det + Trust

Lot 74 Grave 3 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. F-8020

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1566

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39195

Date: 5-7, 1990

From: Patricia Laughlin Address: 3675 Pershing Ave, S.D. 92104

Fifty Dollars 00/100 Dollars ($ 50.00)

In _____ Payment of Pre-Need Trust & Credit Lot

Lot 74 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7020

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1624

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 14 1990

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

APR 9 1990

№ 39071

Date: 4-3, 1990

From: Patricia Laughlin Address: 3675 Pershing Dr., SD 92104

Fifty Dollars Dollars ($ 50.00)

In _____ Payment of Pre-Need Trust + Lot

Lot 74 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-1020

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1600

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39302

Date: 6-4, 1990

From: Patricia Laughlin Address: 36[illegible] [illegible] Ave. SD 92105

Fifty Dollars 00/100 Dollars ($ 50.00)

In _____ Payment of Credit Lot - Pre Need Trust

Lot 74 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9020

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1645

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	50.00
Sales Tax	60101 78380	
TOTAL PAID	$	50.00

CITY AUDITOR
JUN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40150

Date: 1-7, 1991

From: Patricia Laughlin Address: 3625 Pearling ave S.D. 92104

Fifty 00 Dollars ($ 50.00)

In Payment of Pre Need Lot & Trust

Lot 74 Grave 3 Row Section 2 Division/~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8020

BALANCE DUE $ 157.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1794

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	~~50 00~~
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40261

Date: 2-5 , 19 91

From: Patricia Laughlin Address: 3675 Ponchia S.D. CA. 92104

Fifty 00/100 Dollars ($ 50.00)

In Payment of Pre Need Lot Trust

Lot 24 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8020

BALANCE DUE 107.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1809

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Fuquen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40495

Date: 4-2, 1991

From: Patricia Langlin Address: 3675 Pershing Ave. San Diego, Ca 92104

Dollars ($)

In Payment of Pre-need trust

Lot 74 Grave 3 Row — Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8020

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1856

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	57	25
Sales Tax	60101 78390		
TOTAL PAID	$	57	25

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 40374

Date: 3-4 , 1971

From: Patricia Laughlin Address: 3675 Pershing Ave S.D. CA

Fifty ~~00~~ Dollars ($ 50.00)

In Payment of Pre Need Trust

Lot 74 Grave 3 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8020

BALANCE DUE ~~$~~ 57.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 1834

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 51.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 51.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92105

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. $ 50.00

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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. ▶ $ 50.00

Amount due if paid more than ~~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 6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 50.00

Amount due if paid more than 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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92105

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 50.00

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-8020 Preneed Lot & Trust

Patricia Ann Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above ▶ $ 50.00

Amount due if paid more than 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. E-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. ▶ $ 50.00

Amount due if paid more than 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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, CA 92104

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above ▶ $ 50.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring see coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca - 92104

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. ▶ $ 50.00

Amount due if paid more than 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-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 921034

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. ▶ $ 50.00

Amount due if paid more than 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. E-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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-8020 Proceed Lot 6 Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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-8920 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 921034

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 50.00

Amount due it 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-8020 Fenced Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 921074

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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. 8-8020 Pressed Log & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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-8020 ▶ Preneed Lot & Trust

Patricia Anne Laughlin
3675 Perebing Avenue
San Diego, Ca 92105-4

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above ▶ $ 50.00

Amount due if paid more than 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. B-8020 Pressed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than 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. 2-8020 Preneed Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above ▶ $ 50.00

Amount due if paid more than 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...

COUPON 24

DO NOT MAIL ENTIRE BO...

ACCOUNT No. 6-6920

Fenced Lot & Trust

Patricia Anne Laughlin
3675 Pershing Avenue
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 if paid on or before date shown above. ▶ $ 57.25

Amount due if paid more than 10 days after date shown 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 4-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard N. Breedlove

in a T-S. Vault (Vault/Liner) Funeral, date, time Tue 4/14 2:00

Church, Chapel, Graveside Graveside Glen Abbey / Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 14 Grave 11 Row ____ Section MAS ~~Division~~/Block S

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	~~0~~
Paid receipt number ____	
Balance due	

Received Cash E-6497

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8021

Invoice # ____

Acct. # ____

PY-593 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS C-8221

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
RICHARD	WILSON	BREEDLOVE	2-17-20	4-9-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	William Tapscott - Friend 635 East 7th St. National City, CA 92050

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Glen Abbey Mortuary 3838 Bonita Rd. Bonita, CA	F-1371

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
		Robert B Vaus	4-14-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 14 1989	Donald L. Powell, M.D.

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
	P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 14-11-MHS-S Mt Hope Cemetery 3751 Market Street, San Diego	11B. DATE INTERRED 4/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Lorene Stetler
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal in Vault N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irene Andrew

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 4/13 1:00

Church, Chapel, Graveside Glenwood 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 323 Grave ____ Row ____ Section ____ Division/~~Block~~ 18

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 37675	712.25
Balance due	-0-

Mortuary 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 deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8022

Invoice # ____

Acct. # ____

PY-553 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37675

Date: 4-13 19 89

From: Greenwood Mortuary Address: P.O. BX 86, San Diego CA

Seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of June Endowment

Lot 3923 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8022

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 13424

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	125	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	712	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

e-8022

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
JUNE		ANDREW	06-14-1896	4-10-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERT ANDREW; SON 4545 RHODE ISLAND STREET SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
I-805 & IMPERIAL AVENUE SAN DIEGO, CA	

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 ▶ Funeral Director or Person Acting as Such	8B. DATE SIGNED 4-12-89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	APR 13 1989	▶ Donald L. Powers, M.D., C.F.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY [illegible] CEMETERY [illegible] STREET SAN DIEGO, CA	3923-10	11B. DATE INTERRED 4/13/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Solid Hardwood		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Vault		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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Australia Sinegal

in a T. S. Vault (Vault/Liner) Funeral, date, time Fri 4/14 2:00

Church, Chapel, Graveside Church & Grave, Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 139 Grave 9 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	(395)	395.00
Additional spaces and care fund		
Opening/Closing & Setup		320.00
Burial Container		175.00
Handling Fees		170.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		12.25
Total Due		1107.25
Paid receipt number	37664	1107.25
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

Jerry Logan
Signature

2034 Oriole St
Address

San Diego Ca 92114
State Zip Code

462-32 75
Telephone

Work Order # E 8023

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37664

Date: 4-12, 1989

From: Colleana Sinagal Address: 5185 Imperial Ave. SD 92114

eleven hundred seven 25/100 Dollars ($ 1107.25)

In _____ Payment of Australia Sinagal's Interment

Lot 139 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8023

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

123

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989
010860

ISSUED BY Sandra Wark

CREDIT	67007	79	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	175	00
Handling Fee	100 77186	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	1107	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8023

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
Australia		Sinegal	6-15-15	4-10-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jerry Logans - Daughter 2034 Oriole Street San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Patrick W Ragsdale II	4-12-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 13 1989	▶ Donald L. Pomrat, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 139-9-1-12 Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE INTERRED 4/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Loyce Stell
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Casket Vault N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/13/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Herbert Stewart ⊗

in a Vault (Vault/Liner) Funeral, date, time AVP - 4/14/89

Church, Chapel, Graveside NONE ; Cal/Cr x Bu Mortuary.

All Funeral cars must 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 172 Grave 12 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	105.00
Burial Container Concrete 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 37674	242.80
Balance due	-0-

PAID
APR 13 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 8024

Acct. # ____

PY-583 (REV. 9-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37674

Date: 4/12/89, 19

From: Calif Cre & Bu Address: S.D.

Two Hundred forty two & 80/100 Dollars ($ 242.80)

In full Payment of Interment of Herbert Stewart -0-

Lot 172 Grave 12 Row ____ Section 1 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-8024

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 996

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY Peggy

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	
Burial Containers	100 77182	40	
Handling Fee	100 77185	60	
Recording & Misc. Fees	100 77183	35	
Pre-Need Trust	83033 83022		
Sales Tax	80101 76300	2	80
TOTAL PAID	$	242	80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8024

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
HERBERT	LEWIS	STEWART	10-2-52	3-5-1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego CA	Robbie L. Sharpe-Sister 874 Quail St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA	F-1357

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—*General Director or Person Acting as Such* ▶ Kelsall Haas

8B. DATE SIGNED 3-15-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAR 16 1989	▶ Harold L. Ramos, M.D. Asst

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
P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 172-12-1-12 3751 Market St. San Diego, CA	11B. DATE INTERRED 4/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda Inc. 14065 Old Hwy. 80 El Cajon, CA	12B. DATE CREMATED 3/16/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Herbert Lewis Stewart

in a Cash Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ Chap. 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 172 Grave 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	45.00
Handling Fees	60.00
Flower vases - Marker setting fee	35.00
Recording and filing fee	
Sales taxes	7.80
Total Due	252.80
Paid receipt number 37674	252.80
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 8025

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter E. Schaefer

in a Ash Vault Vault/Liner Funeral, date, time Fri 4/20 AM

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 _____ .

Lot 702 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37679	242.80
Balance due	6

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

Josephine A Schaefer
Signature

5350 Battemore Dr. #6F
Address

La Mesa
State Zip Code

Ca. 92042
Telephone 466-4863

Invoice # _____

Acct. # _____

Work Order # E 8026

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37679

Date: 4-14, 1989

From: Jacqueline Schaefer Address: 5350 Baltimore Dr #64, S.M.

Two hundred forty-two 80/100 Dollars ($ 242.80

In _____ Payment of Walter Schaefer's Investment

Lot 702 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-8026

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

894

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	2	80
TOTAL PAID	$	242	80

C-8026

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

#57906 Erickson Anderson

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
Walter	Eugene	Schaefer II	March 18, 1912	April 13, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Josephine Schaefer (wife) 5350 Baltimore Dr. #64 La Mesa, CA 92042

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
[illegible], CA 92041	#296

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
		[signature]	April 17, 1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 4.00	APR 17 1989	Donald L. Ramos, M.D.

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
[illegible] San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY [illegible] Cemetery [illegible] San Diego, CA Ash Vault 702-1-8	11B. DATE INTERRED 4-20-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY [illegible] Memorial Crematory [illegible] San Diego, CA 92113	12B. DATE CREMATED 4-19-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]	
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 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 4-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nadeschda Lange

in a Bell Liner (Vault/Liner) Funeral date, time Mon 4/17 11:00

Church, Chapel, Graveside Church & Grave; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Market entrance

Lot _____ Grave 23 Row 4 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 37683	607.00
Balance due	-0-

Mortuary will bring check Russian Orthodox

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8027

PY-593 (REV. 8-85)

E 8027

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37683

Date: 4-17, 1989

From: Hermann Lange Address: 2660 Poinsetta Dr., SD

six hundred seven no/100 Dollars ($ 607.00)

In _____ Payment of Madeschola Lunge's Interment

Lot _____ Grave 23 Row 4 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-8027

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2115

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY: Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00 SW
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	7	00
TOTAL PAID	$	607	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8027

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
HADESCHDA	-	LANGE	11-16-1911	4-12-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Herman E. Lange - Husband 2660 Poinsettia Drive San Diego, CA 92106

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045-1533	F 941

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
		▶ Anne Conrad	4-14-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 14 1989	Donald L. Ramos, M.D.

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
	San Diego Co. Dept. of Health Services P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 Cr Row 23 - 4 - 3 - 2	11B. DATE INTERRED 4-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Liner / Cloth covered casket	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Renewed Guest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gene L. Thomas

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 309 Grave _____ Row _____ Section 10 Division ~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 37682	607.00
Balance due	0

PAID
APR 17 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8028

Invoice # _____

Acct. # _____

PY-583 (REV. 6-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37682

Date: 4-17- , 19 89

From: VIRGINIA JACKSON Address: 3447 LA MESA BLVD. Apt 4
LA MESA, CA 92041 six hundred seven Dollars ($ 607.00)
In Full Payment of Proceed Trust For Grace L. Thomas

Lot 509 Grave Row Section 10 Division 7 Block

Invoice No.
Acct. No.
W.O. E 8028
BALANCE DUE -0-

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.

CITY AUDITOR
APR 21 1989

ISSUED BY W. J. League

CREDIT			
20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	250	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022	607	00
Sales Tax	60101 78360	7	—
TOTAL PAID	$	607	—

SW

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Lot

Date 4-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Mendoza

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 2943 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 37678	595.00
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

Lucille mendoza
Signature
833 E. 47th St
Address
National City, CA 92050
State Zip Code

Telephone

Work Order # E 8029

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37678

Date: 4-14 19 89

From: Lucille Mendoza Address: 833 E. 4th St. Nat. City

five hundred nine - five 00/ Dollars ($ 595.00)

In _____ Payment of Second Bott

Lot 2943 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-8229

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0901

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	595	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Gaskett

in a Bell Series Vault/Liner Funeral, date, time Tues 4/18 10:00

Church, Chapel, Graveside Deluxe Only; Loa 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 107 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 37685	607.00
Balance due	0

Mortuary will bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8030

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37685

Date: 4-18, 1989

From: Payne Funeral Home Address: Galt, Mo 64641

Six hundred Seven no/100 Dollars ($ 607.00)

In _____ Payment of Dorothy Garrett's interment

Lot 1007 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-8030

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2201

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

SW

SW

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

e-8030

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
DOROTHY	ELIZABETH	GARRETT	4/28/1901	4/12/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
TRENTON	MISSOURI	GARLAND GARRETT 413 DEBOLT TRENTON, MI 64683

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
PACIFIC BEACH MORTUARY-4710 CASS ST. SAN DIEGO, CA 92109	815

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
		▶ Mary Friedl	4/18/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 18 1989	▶ Donald L. Powers, M.D.

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
	VITAL RECORDS TRENTON, MISSOURI	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE — TRANSIT IN

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY-3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO CO.	11B. DATE INTERRED 4-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1007-1-8 Metal Sealer-Liner-	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilbur C Foote

in a Bell Jones Vault/Liner Funeral, date, time Wed 4/19 11:00

Church, Chapel, Graveside Graveside ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Market Street

Lot 3114 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 _____	
Balance due	

Bill Conrad

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8031

Invoice # _____

Acct. # _____

PY-583 (REV. 6-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37707

Date: 4-25, 1989

From: Conrad Mateus Address: 7317 Broadway, Lemon Grove
six hundred seven 70/100 Dollars ($ 607.00)

In _____ Payment of Arthur Foote's Interment

CITY AUDITOR
MAY 01 1989

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8031

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

AC-212 (Rev. 10-87) 7301

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8031

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
WILBUR	CLARK	FOOTE	11-19-1890	4-14-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Herbert M. Foote - Son 2890 Cypress Avenue Lemon Grove, CA 92045

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045-1533	F 941

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
		▶ Anne Conrad	4-17-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 18 1989	Donald L. Ramos, M.D. D.D.

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
	San Diego Co. Dept. of Health Services VITAL RECORDS/P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 metal-non sealer 3114-10 Liner	11B. DATE INTERRED 4-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nannette Reeves

in a Liner (Vault/Liner) Funeral date, time Mon 4/24 2:00

Church, Chapel, Graveside Chapel & Grave Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 108 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Bell Liner	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	~~35.00~~ 7.00
Total Due	~~7.00~~ 907.00
Paid receipt number 37696	~~907.00~~ 400.00
Balance due	~~507.00~~ 507.00

PAID 5/9/89

5/9/89

I hereby certify I am the STEPFARTHER. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Marcus G Terry
Signature

6454 Hayward Way
Address

San Diego Ca 92139
State Zip Code

619-479-3903
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 8032

PY-593 (REV. 8-85)

W.O. # E 8032

NOTE

$507.00 San Diego, California 4-19- 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 Five hundred seven ——— DOLLARS with interest from 6-24-89 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 Marcus G TERRY · SIGNATURE Marcus G Terry

ADDRESS 6454 Hayward Way San Diego Ca. 92139

CALIF. DRIVERS LIC. # B080-1890

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8032

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
[redacted]	[redacted]	[redacted]	03-26-1953	04-13-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Owensboro	Kentucky	Marcus G. Terry (Step-father) 6454 Hayward Way San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 92011	F-964

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
		▶ Judith E. King	4-19-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	APR 19 1989	▶ Donald L. Powers, M.D.

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 TO OCCUR IN ANOTHER DISTRICT
Owensboro, Daviess County, Kentucky	VSAM Records P.O. Box 85222 San Diego, CA 92138-5222

10. NATURE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 108-10-2-11 Cath covered/Knee N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37696

Date: 4-19- , 1989

From: MARCUS TERRY Address: 6454 HAYWOOD WAY, S.D. CA 92139

FOUR HUNDRED DOLLARS AND 00/100 Dollars ($ 400.00)

In PART Payment of INTERMENT OF NANNETTE RUIZ

Lot 108 Grave 10 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E 8032

BALANCE DUE 507.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2041

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY W.J. League

CREDIT 20% Sales Care	67007 77184	69	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	90101 78090		
TOTAL PAID	$	400	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37789

Date: 5 9 , 19 89

From: Marcus Terry Address: 6454 Hayward Way
Sixteen 95110 Dollars ($ 15.95)

In _____ Payment of Flower Cup for Nannette Reiz

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 8-8032

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2057

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra [illegible]

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

CITY AUDITOR
MAY 5 1989

AC-212 (Rev. 10-87)

083426 04/25/89 030069 MARCUS G. TERRY

E-8032

100	072						
100	072						
100	072						
100	072						
60101							
			05/09/89 CK	2051			
		77181	000072		507.00	507.00	0.00
		77182	000072		220.00		PAID IN FULL
		77183	000072		100.00		
		77185	000072		35.00		
		78390			145.00		
					7.00		

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,969.25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angelita McKinney

in a Bell liner (Vault/Liner) Funeral, date, time Thurs 4/20 11:00

Church, Chapel, Graveside Chapel & Grove Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 43 Grave 5 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	7.00
Total Due	907.00
Paid receipt number 37686	300.00
Balance due	607.00

Paid 5/11/89

30 Day Note

I hereby certify I am the Sauther of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Sonora L. McKinney
Signature

4106 Hilltop Dr
Address

San Diego Ca 92102
State Zip Code

264-3563
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 8033

PY-593 (REV. 8-85)

W.O. # E-8033

NOTE

$ 607.00 San Diego, California April 18 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 seven no/100 DOLLARS with interest from 6-20-89 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 Ruthie L. Hunter SIGNATURE Ruthie L Hunter

ADDRESS 4106 Hilltop Drive, San Diego, CA 92102

CALIF. DRIVERS LIC. # D0877412

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e 8033

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
Angelita	Kathrine	McKinney	Oct. 8, 1935	Apr. 12, 1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Michelle A. Cooper - Daughter 2089 Via Las Cumbres San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA	F 1529

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
		▶ [signature]	4/18/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 19 1989	[signature] M.D.

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
	P. O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery Liner San Diego, CA 43-5-2-11	11B. DATE INTERRED 4-20-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37686

Date: 4-18, 1989

From: Lillie L. Hunter Address: 4106 Hilltop Dr, SD

three hundred no/100 Dollars ($ 300.00)

In Payment of Angelita McKinney's Interment

Lot 43 Grave 5 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. 8-8033

BALANCE DUE 607.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3687

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 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	300	00

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/15/89

DATE: 05/15/89
TIME: 204019
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
)83320	04/21/89	030009	RUTHIE L. HUNTER					05/11/89	CK	3705	607.00	607.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				145.00		
			60101			78390					7.00		

E-8033

NUMBER OF INVOICES PAID 1

Proceed Just

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nellie M. Torrescano

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 79 Row _____ Section 3 Division/~~Block~~ 1

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37688	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

C/o Robert Lelevier
Robert V. Lelevier
Signature
1395 Moreno Blvd #172
Address
San Diego CA 92110
State Zip Code
275-1352
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8034

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37688

Date: 4-18, 1989

From: Robert Lelevier Address: 1395 Morena Blvd #72, SD

two hundred forty two 80 Dollars ($ 242.80)

In _____ Payment of "Pre-need" Trust for Nellie Torressano

Lot 59 Grave 79 Row _____ Section 3 Division ~~Block~~ 1

Invoice No. _____

Acct. No. _____

W.O. C-8034

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
APR 21 1989

ISSUED BY Sandra White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	242	80
Sales Tax	60101 78390		
TOTAL PAID	$	242	80

AC-212 (Rev. 10-87)

NAME Torrescano, Nellie M. C/O Robert V. Lelevier ACCT. NO. E-8034

ADDRESS 1395 Moreno Blvd. #72, San Diego, Ca 92110 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]8	89	Ash Opening/Closing, Ash Vault, Recording Fee	242 80		242 80	00

AIGNER FORM NO. 25-204 Torrescano, Nellie M. 57 - 79 - 3 - 1 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pressed Lot

Date 4-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl Loveridge

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 691 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

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 37689	595.00
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 725 W. Hawthorn St
Address San Diego, CA 92101-
State 239-6362 Zip Code 1979
Telephone

Work Order # E 8035

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37689

Date: 4-18, 1989

From: [illegible] Address: 125 W. Hawthorn St San Diego

five hundred ninety-five Dollars ($ 595.00)

In _____ Payment of Pre-need Lot

Lot 691 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. 2-6035

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1081

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY Sandra [illegible]

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	595	00

Prepaid Guest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl Everidge

in a T.S. Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 691 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 37690	112.25
Balance due	600.00

PAID
OCT 24 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and that I have the authority to direct disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature 725 W. Hawthorn St
Address San Diego, CA 92101-
State 239-6362 Zip Code 1999
Telephone

Work Order # E 8036

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37690

Date: 4-18, 1989

From: Carl Everidge Address: 125 N. Hawthorn St SD

One hundred twelve 25/100 — Dollars ($ 112.25)

In _____ Payment of Pre-need Trust

Lot 691 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-8036

BALANCE DUE 600.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

3464

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	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	112 25
Sales Tax	60101 78380	
TOTAL PAID	$	112 25

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37762

Date: 5-5 19 89

From: Carl Escobedo Address: 125 W. Hawthorn St, San Diego 92101-1114

One hundred 20/100 Dollars ($ 100.00)

In Payment of Pre-need Trust

Lot 691 Grave Row Section 1 Division 8 Block

Invoice No.

Acct. No.

W.O. E-8036

BALANCE DUE 500.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

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 9022	100 00
Sales Tax	90101 78390	
TOTAL PAID	$	100 00

CITY AUDITOR
MAY 12 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY Linda Dorf

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

№ 38145

Date: 6-9, 19 89

From: Carl Everidge Address: 125 W. Hawthorn St SD

One hundred no/100 Dollars ($ 100.00)

In _____ Payment of Pre-need Trust

Lot 691 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-8036

BALANCE DUE 400.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3482

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	100 00
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

CITY AUDITOR
JUN 15 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38245

Date: 7-7, 1989

From: Earl Everidge Address: 125 W. Hawthorn Street SD

One hundred no/100 Dollars ($ 100.00)

In _____ Payment of Preneed Trust

Lot 691 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-8036

BALANCE DUE 300.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1113

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	100 00
Sales Tax	80101 78390	
TOTAL PAID	$	100 00

CITY AUDITOR
JUL 14 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38387

Date: Aug. 8, 1989

From: Earl Enriquez Address: 125 W. Hawthorn St

One Hundred Dollars ($ 100.—)

In full Payment of Prepaid Trust

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10316

BALANCE DUE 100.—

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 9022	100.—
Sales Tax	80101 78390	
TOTAL PAID	$	100.—

CITY AUDITOR
AUG 12 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 1128

ISSUED BY Ray Enriquez

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37924

Date: 9-11, 19 89

From: EARL EVERIDGE Address: 125 W. HAWTHORN ST SAN DIEGO 92101

One Hundred Dollars + No/100 Dollars ($ 100.00)

In Part Payment of Pre-Need Trust

Lot 691 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No. E8036

W.O.

BALANCE DUE 100.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ # 1148

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sally Smart

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	SEP 18 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	100	00
Sales Tax	80101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38077

Date: 10-24, 1989

From: Carl Fuerstro Address: 125 W. Hawthorn Street, SD

One hundred Dollars ($ 100.00).

In _____ Payment of Final Payment of Prepaid Burial

Lot 671 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. 2-8036

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1158

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	100.00
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

CITY AUDITOR
OCT 30 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

✓ Be in 1-23-90 before 4pm

Date 4-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cynthia Lynn Thrash

in a Ash Vault Funeral, date, time Wed 1/24 AYD
Vault/Liner

Church, Chapel, Graveside _____ ; Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 2517 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38801	242.80
Balance due	

Payment before burial

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8037

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8037

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
CYNTHIA	LYNN	THRASH	3-6-1951	4-16-1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego, CA	Sandra Thrash (Sister) 714 N. Euclid Ave. #25 San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA	F-1357

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
		▶ Melissa A. Haas	4-19-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 20 1989	▶ Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 1-24-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2517-10 Leneda Inc. 14065 Old Hwy. 80 El Cajon, CA	12B. DATE CREMATED 4/20/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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
264-3151

№ 38801

Date: 1-24, 1990

From: Calif. Crem. & Burial Address: 5602 El Cajon Blvd.

two hundred forty-two 80/100 Dollars ($ 242.80)

In _____ Payment of Cynthia Lynn Thrash's Cremains

Lot 2517 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8037

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1958

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Vaul

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	80
TOTAL PAID	$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

A. Hegwood 4018 - DIV - 10 Date 4-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Hegwood

in a Bell Liner (Vault/Liner) Funeral, date, time Mon. 2pm

Church, Chapel, Graveside _____; Rogosdale Mortuary.

All Funeral cars must 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 4043 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1202.00
Paid receipt number _____	
Balance due	

VOID

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 Zip Code

_____
Telephone

Work Order # E 8038

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

W.O. # 8038

NOTE

$_____ San Diego, California _____ 19____

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of _____ DOLLARS with interest from _____ 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 _____

ADDRESS _____

CALIF. DRIVERS LIC. # _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chuong Kim Nguyen

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot ~~4905~~ 4904 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... 2 @ 695	1390.00
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	1390.00
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

Chuong Nguyen
Signature
4865, 54th ST SANDIEGO
Address
CA 92115
State Zip Code
583-8607
Telephone

Work Order # E 8039

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

DEED ISSUED 2/25/91
Records Updated

NAME Nguyen, Chuong Kim ACCT. NO. E-8039

ADDRESS 4865 54th Street, San Diego, Ca 92115 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible] 89	Lots 4904 & 4905, Division 10	1390 00			1390 00
5-16 89	Coupon 1 Receipt 37827			57 00	1333 00
6-20 89	Coupon 2, Receipt 38181			57 00	1276 00
7-17 89	Coupon 3, Receipt 38295			57 00	1219 00
8-2-89	Coupon 4			57 00	1162 00
9-8 89	Coupon 5, Receipt 37916			57 00	1105 00
10-10 89	Coupon 6, Receipt 38034			57 00	1048 00
11-7 89	Coupon 7, Receipt 38533			57 00	991 00
12-7 89	Coupon 8, Receipt 38652			57 00	934 00
1-2-90	Coupon 9, Receipt 38720			57 00	877 00
2-13-90	Coupon 10, Receipt 38889			57 00	820 00
3-5-90	Coupon 11, Receipt 38943			57 00	763 00
4-3-90	Coupon 12, Receipt 39064			57 00	706 00
5-7-90	Coupon 13, Receipt 39157			57 00	649 00
[illegible] 90	Coupon 14, Receipt 39324			57 00	592 00
6-25-90	Coupon 15, Receipt 39416			57 00	535 00
8-6-90	Coupon #16 Receipt 39570			57 00	478 00
9-11-90	Coupon #17 Receipt # 39690			57 00	421 00
10-12-90	Coupon # 18 Receipt # 39835			57 00	364 00

PAID
FEB 25 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

AIGNER FORM NO. 25-204 Nguyen, Chuong Kim 4904 & 4905 - 10 PRINTED IN US

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
11-8 90	Coupon #19 receipt # 39913			57 00	30[illegible]00
12-13 90	Coupon 20, Receipt # 40014			57 00	2500
1-3 -91	Coupon 21 receipt # 40129			57 00	193 00
2-1 91	Coupon 22 receipt 40247			57 00	136.00
2-25-91	Coupon 23 Receipt 40343			136 00	-0-

PAID
FEB 25 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

AIGNER FORM NO. 25-204 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37827

Date: 5-16, 1989

From: Chuang Kim Nguyen Address:

Fifty Seven No/100 Dollars ($ 57.00)

In Payment of Coupon 1 Credit Lot

Lot: 4904 & 4905 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. 2-8039

BALANCE DUE 1333.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1864

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57 00

CITY AUDITOR
MAY 19 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8039

№ 38181

Date: 6-22, 1989

From: Chuong Nguyen Address: 4865 54th Street, SD

Fifty Seven 70/100 Dollars ($ 57.00)

In Payment of Oregon 2 Credit Lot

Lot 49098 & 4905 Grave Row Section Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-8039

BALANCE DUE 1276.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1889

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
JUN 24 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38344

Date: Aug. 2, 1989

From: Chuong Nguyen Address: 4865 54th Street
Fifty-Dollars 00/100 Dollars ($ 57 00/100)

In part Payment of Credit Lot Coupon 4

Lot 4094 & 4095 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 85-8039

BALANCE DUE [redacted] 1162.-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 10-87)

1918

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R. Lawson

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57 —

CITY AUDITOR
AUG 07 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38295

Date: 7-17, 1989

From: Chuang K. Nguyen Address: 4865 54th Street, SD
fifty-seven 20/100 — Dollars ($ 57.00)

In _____ Payment of Coupon 3 Credit Lot

Lot 4904 & 4905 Grave _____ Row _____ Section _____ Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8039

BALANCE DUE 1219.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1906

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	57.00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37916

Date: 9-8, 1989

From: Kim Kruger Address: 4865 54th Street, SD

Fifty-Seven no/100 Dollars ($ 57.00)

In Payment of Caugen's, Credit Lot

Lot 4904 & 4905 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8039

BALANCE DUE 1105.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1947

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
SEP 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38034

Date: 10-10, 1989

From: Chuong Nguyen Address: 4865
Fifty-seven no/100 Dollars ($ 57.00)

In Payment of Coupon 6 Credit Lot

Lot 4904 & 4905 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-2039

BALANCE DUE 1046.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1967

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
OCT 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38533

Date: 11-7, 1989

From: Chuang K. Nagaoka Address: 4865 Sulu Street SD
Fifty-Seven No 100 Dollars ($ 57.00)

In _____ Payment of Canyon 7 Create Lot

Lot 4904 & 4905 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. 2-8039

BALANCE DUE 991.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1991

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 38652

Date: 12-7, 19 89

From: Chuang K. Nguyen Address: 4865 34th Street, SD

Fifty-seven - no Tax Dollars ($ 57.00)

In Payment of Coupon & Credit Lot

Lot 4904 & 4905 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. 2-8039

BALANCE DUE 934.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2011

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
DEC 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38720

Date: 1-2, 1990

From: Chuong Nguyen Address: 4865 54th Street, SD

Fifty-Seven 00/100 Dollars ($ 57.00)

In _____ Payment of Company & Credit Lot

Lot 4904 & 4905 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. 8-8039

BALANCE DUE 877.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2042

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
JAN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
MAR 12 1990

№ 38943
e-8039

Date: 3-5, 1990

From: Chuong Nguyen Address: 4665 54th St. SD 92115

Fifty Seven Dollars [illegible] Dollars ($ 57.00)

In _____ Payment of Cash - Lot

Lot 4904 4905 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8039

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	57	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-6151

No 38889

Date: 2-13 , 19 90

From: Chuong Kim Nguyen Address: 4665 54th St. SD 92115

Fifty-Seven Dollars 00/100 Dollars ($ 57.00)

In _____ Payment of Cedar Lots

Lot 4904 & 4905 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7039

BALANCE DUE $ 120.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 2018

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 20 1990

ISSUED BY _____

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	57 00

CITY AUDITOR

APR 9 1990 № 39064

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4 3, 1990

From: Chuong Kim Nguyen Address: 4865 54th St. SD 92115

Fifty-Seven Dollars Mo Dollars ($ 57.00)

In _____ Payment of Credit Lots

Lot 4904 - 4905 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8039

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2130

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	57	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39197

Date: 5-7, 19 90

From: Chung D Nguyen Address: 4105 54th St SD 92115

Fifty-Seven Dollars + .. 11/100 Dollars ($ 57.00)

In Payment of Cash Lot

Lot 4904, 4905 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-7039

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) E-7039

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	57 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	57 00

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

e-8039 № 39324

Date: 6-6, 1990

From: Chung Nguyen Address: 4965 54th St SD

Fifty-Seven Dollars Mos Dollars ($ 57.00)

In _____ Payment of _____

Lot 4904 & 4905 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-9039

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 2187

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	57	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

CITY AUDITOR
JUN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39570

Date: 8-6, 1920

From: Ogreen Chong Kim Address: 4265 54th San Diego California 92115

Fifty-~~Seven~~ and 00/100 Dollars ($ 57.00)

In _____ Payment of Credit Lot

Lot 4904 & 4905 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. S-8039

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2244

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robert J Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 39416

Date: 6-29, 19 90

From: Chung Nguyen Address: 4165 54th St, SD 92115

Fifty-Seven Dollars ($ 57.00)

In Payment of Cash

Lot 4904 - 4905 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-1139

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 2214

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Vale

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
JUN 30 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39690

Date: 9 — 11 —, 1990

From: Phuong K Nguyen Address: 4865 54th ST San Diego, CA. 92115

Fifty Seven and 00/100 Dollars ($ 57.00)

In _____ Payment of CREDIT LOT

Lot 4904; 4905 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8039

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #2281

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39835

Date: 10-12-, 1990

From: NGUYEN, CHUONG K. Address: 4865 54th ST SAN DIEGO CA 92115

FIFTY SEVEN AND 00/100 Dollars ($ 57.00)

In _____ Payment of _____

Lot 4904 & 4905 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8039

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 Robt Jones

CREDIT	67007	57	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39913

Date: 11-8, 19 90

From: Chiang Kim Nguyen Address: 4865 - 54th St. San Diego, CA 92115

Fifty-Seven dollars & 00¢ Dollars ($ 57.00)

In Full Payment of Credit Lot

Lot 4404 - 4405 Grave — Row — Section — Division/~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8039

BALANCE DUE 30100

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2325

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lisa Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 40014

Date: 12/13, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 4 204 4 205 Grave [illegible] Row [illegible] Section [illegible] Division 10 Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. F-1035

BALANCE DUE [illegible]

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57 50
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	57 50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40129

Date: 1-3, 1991

From: Chuong Kim Nguyen Address: 4865 54th St S.D. 92115

fifty-seven 00/100 Dollars ($ 57.00)

In Payment of Credit Lot

Lot 4904 & 4905 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8039

BALANCE DUE #193.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2365

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	57	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40247

Date: 2-1, 1991

From: Chuong Kim Nguyen Address: 4865 54th St. S.D. 92115

Fifty-seven 00 Dollars ($ 57.00)

In _____ Payment of Credit Lot

Lot 4704 + 4705 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8039

BALANCE DUE 136.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2392

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Lequen

CREDIT 20% Sales Care	67007 77184	57	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40343

Date: 2-25, 19 91

From: Chung T Nguyen Address: 4765 54th St. 92115

One Hundred thirty-six 36/100 Dollars ($ 136.00)

In Payment of Credit Lot

Lot 4704 & 4705 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-8039

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.

5

ISSUED BY

CREDIT	67007	136	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	136	00

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. ▶ $ 57.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 58.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 58.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. ▶ $ 57.00

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-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. ▶ $ 57.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$.

Amount Received $ 57.—

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-8039 **Credit Lot**

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. $ 57.00

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 this coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8039 **Credit Lot**

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 57.00

Amount due if paid more than 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-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. ▶ $ 57.00

Amount due if paid more than ~~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-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 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-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10		10					

Amount due when paid on, or before, due date above ▶ $ 57.00

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 this coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on or before due date above. ▶ $ 57.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME

STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 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-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 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-9039 Credit Lot

Cheng Kia Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. ▶ $ 57.00

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-8039 Credit Lot

Cheong Kin Ryuyer
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 37.00

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. B-8039 **Credit Lot**

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 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-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. ▶ $ 57.00

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-9039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above ▶ $ 57.00

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 payment. COUPON 18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 57.00

Amount due if paid more than 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-8039 Credit Lot

Cheong Kin Nguyen
4865 54th Street
San Diego, CA 92115

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 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-6039 Credit Lot

Chaong Kin Nguyen
4863 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

r bring one coupon with each rem[illegible] COUPON 21

NOT MAIL ENTIRE BOOK

ACCOUNT No. B-0039 "Credit Lot

Chuong Kim Nguyen
4365 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above. $ 57.00

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. E-8039 Credit Lot

Chuong Kim Nguyen
4865 54th Street
San Diego, Ca 92115

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 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-8039 Credit Lot

Chueng Kin Nguyen
4865 54th Street
San Diego, Ca 92115

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 ▶ $ 37.00

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 4-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Seth Shepard

in a Bell Liner (Vault/Liner) Funeral, date, time Sat 4/22 12:00

Church, Chapel, Graveside Sunset Hills, Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 131 Grave 7 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	475.00
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	1082.00
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 8040

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

Pioneer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David & Adela Przeslawski

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 43/49 Grave 9/3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	2 @ 300	600.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 320	640.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee		
Recording and filing fee	2 @ 35	70.00
Sales taxes		23.10
Total Due		1983.10
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 8041

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

NAME Rzeslawski, David & Adela ACCT. NO. E-8041

ADDRESS 2812 K Street, San Diego, Ca 92102 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted] 89	Lots 43 & 44, Graves 9 & 3, Section 2, -11				
	Division 11	600 00			
	2 Opening/Closing, Double Crypt, 2 Recording	1383 10			1983 10
5-1 89	Coupon 1, Receipt 37718			8200	190 10
6-7 89	Coupon 2, Receipt 37830			8200	18 10
7-7 89	Coupon 3, Receipt 38269			8200	1737 10
8-2 89	Coupon 4, Receipt 38345			80-	1655 10
9-8 89	Coupon 5, Receipt 37911			8200	1573 10
10-4 89	Coupon 6, Receipt 38002			8200	1491 00
11-7 89	Coupon 7, Receipt 38535			8200	1409 00
12-1 89	Coupon 8, Receipt 38613	PAID IN FULL 4-5-91		8200	1327 00
1-4-90	Coupon 9, Receipt 38733			8200	1245 10
2-6-90	Coupon 10, Receipt 38855			82 00	1163 10
3-5-90	Coupon 11, Receipt 38947			82 00	1081 00
[redacted] 90	Coupon 12, Receipt 39072			82 00	999 00
5-7-90	Coupon 13, Receipt 39198			82 00	917 00
6-5 90	Coupon 14, Receipt 39317			820	835 00
7-2-90	Coupon 15, Receipt 39438			82 00	753 00
8-3-90	Coupon 16, Receipt 39553			82 00	671 00

AIGNER FORM NO. 25-204 Rzeslawski, David & Adela 43/44 - 9/3 - 2 - 11 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					6 7 [illegible] 10
9-7-90	Coupon 17, Receipt #39781			82 10	589 10
10-3-90	Coupon # 18, RECEIPT # 39781			82 00	507 10
11-5-90	Coupon #19 RECEIPT # 39892			82 00	425 10
12-5-90	Coupon 20 receipt 40026			82 00	343 10
1-4-91	Coupon 21 receipt 40135			82 00	261 10
2-5-91	Coupon 22 reciept 40271			82 00	179 10
3-5-91	Coupon 23 reciept 40390			82 00	97 10
4-5-91	Coupon 24 Reciept 40498			97 10	-0-

AIGNER FORM NO. 25-204

PRINTED IN USA

Pressed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David & Adela Rzeslawski

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 43/49 Grave 9/3 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	2 @ 300	600.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 320	640.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee		
Recording and filing fee	2 @ 35	70.00
Sales taxes		23.10
Total Due		1983.10

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 8041

Invoice # _____

Acct. # _____

PY-963 (REV. 3-86)

8041

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 20 day of April, 1989, between Donald F. Adela Rzeshuski, 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 43/44, Grave 9/3, Row ____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $983.10, payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $82.00 on the 10 day of May, 1989; and the balance in installments of $82.00 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.

8041

WITNESS our hands this day and year above written.

Deed to be issued to:

David & ADELA RZESLAWSKI
Name

2812 "K" STREET
Address

San Diego, CA 92102

23 @ $82 = $1886
1 @ 97.10 = 97.10
$1983.10

PURCHASER

David Rzeslawski

Adela Rzeslawski

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Ward

GWS:baa(2)62
2-14-86

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39781

Date: 10-3-1990

From: David & Adela Rzelawski Address: 2812 K St San Diego CA 92102

Eighty Two and 00/100 Dollars ($ 82.00)

In _____ Payment of _____

Lot #3 & 44 Grave 9 & 3 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #609

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	82.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	82.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37718

Date: 5-1, 1989

From: Adela Przeslawski Address: 2812 K Street, SD 92102

eighty-two no/100 Dollars ($ 82.00)

In _____ Payment of Coupon 1 Credit Lot

Lot 43/44 Grave 9/3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE 1901.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 418

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100 77184	82.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	82.00

CITY AUDITOR
MAY 08 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38130

Date: 6-7, 1989

From: David Kyslowski Address: 2812 K Street, SD

eighty-two 10/100 — Dollars ($ 82.00)

In _____ Payment of Caspian 2 Credit Lot

Lot 43/44 Grave 9/3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE 1819.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

0429

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 09 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	82	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

MAR 12 1990

№ 38947

Date: 3-6, 1990

From: David Rzeslawski Address: 2812 K St, SD 92102

Eighty-Two Dollars 70/100 Dollars ($ 82.00)

In _____ Payment of Pre-Need Trust

Lot 43 + 44 Grave 9 + 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-9041

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 539

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Ann Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	82	00
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39198

Date: 5-4, 1990

From: David Kowalewski Address: [illegible] R St, S.D. 92102

Eighty-Two Dollars 00/100 Dollars ($ 82.00)

In _____ Payment of Credit Lot & Pre-Need Trust

Lot 43.44 Grave 9.3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. F-8041

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 555

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	MAY 14 1990
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	82 00
Sales Tax	60101 78390	
TOTAL PAID	$	82 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39892

Date: 11-5-, 19 90

From: Adela Rzelawski Address: [illegible] San Diego CA 92102

Eighty Two and 00/100 Dollars ($ 12.00)

In _____ Payment of For Credit Lots & Trust

Lot 43, 44 Grave 9, 3 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9041

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #616

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	12.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	12.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39721

Date: 9-17, 1990

From: Adele Rzelawski Address: 2912 K St, SD 92102

Eighty-Two 00/100 Dollars ($ 82.00)

In _____ Payment of Credit Lots + Pre Need Trust

Lot 43 + 44 Grave 9 + 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-9041

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 596

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	82	00
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

APR 9 1990

№ 39072

Date: 4 3, 19 90

From: Adela Rzebowski Address: 2813 K St, SD 92102

Eighty-Two Dollars Dollars ($ 82.00)

In _____ Payment of Pre-Need Trust & Lot

Lot 43-44 Grave 9 & 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	82	00
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

AC-212 (Rev. 10-87) 546

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39317

Date: 6-5, 1990

From: Adela Rzeslawski Address: 2812 K Street, San Diego

eighty two no/100 Dollars ($ 82.00)

In Payment of Coupon 14 Pierced Trust

Lot 42144 Grave 2 & 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8041

BALANCE DUE 835,00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 563

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea Wach

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	82 00
Sales Tax	60101 78390	
TOTAL PAID	$	82 00

CITY AUDITOR
JUN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 40026

Date: 12-5, 19 76

From: Adela Rzelawski Address: 2812 K St. SD. 92102

Eighty two dollars Dollars ($ 82.00)

In Payment of Pre Need Trust

Lot 43 & 44 Grave 9 & 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8041

BALANCE DUE $343.10

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 626

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	82	00
Sales Tax	60101 78380		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38345

Date: Aug. 2 19 89

From: Adela Rzelowski Address: 2612 "K" Street

Eighty-two 82 Dollars ($ 82.00)

In part Payment of Credit Lot Crypt 4

Lot 43-44 Grave 9-3 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8041

BALANCE DUE $1655.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0449

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R. Rzelowski

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	82 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	82 —

CITY AUDITOR
AUG 07 1989

37911

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-8, 1989

From: Adela Rzeslawski Address: 2812 K Street, San Diego

eighty-two no/100 Dollars ($ 82.00)

In Payment of Clauson 5, Pre-need Lot & Trust

Lot 43/44 Grave 9/3 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-8041

BALANCE DUE 1573.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 37911 N8 0465

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	82.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	82.00

CITY AUDITOR
SEP 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38002

Date: 10-4, 1989

From: Adela Rzeslawski Address: 2812 K Street, SD

eighty-two Dollars ($ 82.00)

In _____ Payment of Vaughn 6

Lot 43/44 Grave 9/3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE 1491.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0472

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	12.00
80% Sales of Lots	100 77184	70.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	82.00

CITY AUDITOR
OCT 10 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39438

Date: 7-3, 1990

From: David Rzeslawski Address: 5112 R St, SD 92102

Eighty Two Dollars 00/100 Dollars ($ 82.00)

In _____ Payment of Credit Lot Trust

Lot 43, 44 Grave 9 & 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1041

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 5%

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	82	00
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39553

Date: Aug 3, 19 90

From: Adela Kozlowski Address: [illegible] R St, Sd. 92102

Eighty-Two [illegible] 110/100 Dollars ($ 82.00)

In _____ Payment of Pre Need Lot + Trust

Lot 43 + 44 Grave 9 + 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E 9041

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 595

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	82	00
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40135

Date: 1-4, 1991

From: Adela Rzelawski Address: 2812 K St. S.D. 92102

Eighty-two 54/100 Dollars ($ 82.00)

In _____ Payment of Credit Lot

Lot 43 & 44 Grave 9 & 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE $ 261.10

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 630

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	82	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 40390

Date: 3-5, 19 71

From: Adela Rzelewski Address: 2812 K St. S.D. Ca

Eighty-two 00/100 Dollars ($ 82.00)

In Payment of Credit Lot

Lot 43 & 44 Grave 7 & 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8041

BALANCE DUE 92.10

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

656

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY A. Ferguson

CREDIT 20% Sales Care	67007 77184	82	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-0151

№ 38535

Date: 11-7, 1989

From: David Rzeslowski Address: 2812 K Street, SD
eighty two 10/100 Dollars ($ 82.00)

In _____ Payment of Vaugn 7 Credit Lot

Lot 43/44 Grave 9/3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE 1409.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

504

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Nord

CREDIT 20% Sales Care	67007 77184	82.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 8022	~~82.00~~
Sales Tax	60101 78390	
TOTAL PAID	$	82.00

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38613

Date: 12-1, 1989

From: Adela Rzeslawski Address: 2812 K Street, SD 92102
Lighty - Thru 16/100 Dollars ($ 82.00)

In _____ Payment of Division 6 Credit Lot & Pre-need Trust

Lot 43/44 Grave 9/3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE 1327.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 514

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Reed

CREDIT 20% Sales Care	67007 77164	26.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	56.00
Sales Tax	80101 78390	
TOTAL PAID	$	82.00

CITY AUDITOR
DEC 11 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 38733

Date: 1-4, 19 90

From: Adela Rzelawski Address: 2812 K St., S.D. 92102

Eighty-Two Dollars 00/100 Dollars ($ 82.00)

In Payment of Crypt 9, Perpetual Trust

Lot 43+44 Grave 9+3 Row Section 2 Division 11

Invoice No.

Acct. No.

W.O. E-2041

BALANCE DUE $1245.10

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 523

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	82	00
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

CITY AUDITOR
JAN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38855

Date: 2-6, 1990

From: Rzeslawski, David Adela & Address: 2212 [illegible] St, SD 92102

Eighty-Two Dollars 00/100 Dollars ($ 82.00)

In _____ Payment of Credit Lot + Pre-Need Trust

Lot 43-44 Grave 9 & 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE $1163.10

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 528

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Ann Waite

CREDIT 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	CITY AUDITOR
Opening/ Closing	100 77181	
Burial Containers	100 77182	FEB 12 1990
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	82 00
Sales Tax	60101 78390	
TOTAL PAID	$	82 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 40498

Date: 4-2 , 1991

From: Adela Kozlowski Address: 2812 'K' St. San Diego, Ca 92102

Ninety-seven dollars 10/100 Dollars ($ 97.10)

In Payment of Pre-Need Trust

Lot 43:44 Grave 9:3 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8041

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
1658

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lisa Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	97	10
Sales Tax	60101 78390		
TOTAL PAID	$	97	10

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40271

Date: 2-5, 1971

From: David Rzeslawski Address: 2812 K St. S.D. CA. 92102

Eighty-two 00/100 Dollars ($ 82.00)

In _____ Payment of Pre Need Lot Trust

Lot 43, 44 Grave 9, 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8041

BALANCE DUE 179.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 648

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	82	00
Sales Tax	60101 78390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38264

Date: 7-7, 1989

From: Adela Rzeslawski Address: 2812 K Street, SD 92102

eighty-two no/100 Dollars ($ 82.00)

In _____ Payment of Coupon & Credit Lot

Lot 43/44 Grave 9/3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 2-5041

BALANCE DUE 1737.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0438

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	82 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	82 00

CITY AUDITOR
JUL 14 1989

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8041 Credit Lot &
David & Adeka RzeslawskiTrust
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. ▶ $ 82.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 83.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8041 Credit Lot & Trust

David & Adela Rzeslawski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. ▶ $ 82.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 83.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8041 Credit Lot &

David & Adela RzeslawskiTrust

2812 K Street

San Diego, Ca 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on or before due date above. ▶ $ 82.00

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-8041 Credit Lot & Trust

David & Adela Rzeslawski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 82.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$

Amount Received $ 83.-

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-8041 Credit Lot &

David & Adela Rzeslawski Trust

2812 K Street

San Diego, Ca 92102

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. ▶ $ 82.00

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** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8041 **Credit Lot & Trust**

David & Adela Rzeszewski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 82.00

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-8041 Credit Lot 6

David & Adela Rzeplawski Trust
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above ▶ $ 82.00

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-8041 Credit Lot & Trust

David & Adela Rzeslawski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 82.00

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. R-8041 Credit Lot &
David & Adela RzeBlawskiTrust
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above. $ 82.00

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. E-8041 Credit Lot & Trust

David & Adela Rugglawski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. ▶ $ 82.00

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-8041 Credit Lot &

David & Adela RzeslawskiTrust
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 82.00

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-8041

Credit Lot & Trust

David & Adela Rzeslowski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above. $ 82.00

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. [illegible] Credit Lot 6

David & Adele RneelgwskiTrust

2812 K Street

San Diego, Ca 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. $ 82.00

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-8041 Credit Lot & Trust

David & Adele Rzeslawski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 82.00

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-6041 Credit Lot 4

David & Adela Rzeslawski Trust

2812 K Street

San Diego, Ca 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. ▶ $ 82.00

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. E-8041 Credit Lot & Trust

David & Adela Rzeslawski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 32.00

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. H-8041 Credit Lot &
David & Adela RzeslewskiTrust
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. $ 82.00

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-8041 Credit Let & Trust

David & Adela Rzeplewski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 82.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8041 Credit Lot 6

David & Adela Rzeslawski Trust

2812 K Street

San Diego, Ca 92102

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 82.00

Amount due if paid more than 10 days after due date above. $ 2.00

$ _____

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. I-0041 Credit Lot & Trust

David & Adele Szeplaski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $2.00

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-3041 Credit Lot &
David & Adela RzeslawskiTrust
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above. $ 82.00

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. E-8041 Credit Lot 6 Trust

David & Adela Rzeslowski
2812 E Street
San Diego, Ca 92102

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 82.00

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. B-3041 Credit Lot 6

David & Adela Rzepelewski Trust

2812 K Street

San Diego, Ca 92102

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 82.00

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. B-3041 Credit Lot & Trust

David & Adela Raeslewski
2812 K Street
San Diego, Ca 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

[illegible] before, [illegible] $ 97.10

[illegible] days $ 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 4-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linnea Josephine Derickson

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 4/25 12:00

Church, Chapel, Graveside Chapel & Grove Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 858 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	195.00
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 37700	712.25
Balance due	—

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

JEROME DERICKSON
284-5887

Norman K. Stover
Signature

8751 CONNER DR
Address

HUNTINGTON BEACH
State Zip Code

CA. 92647
Telephone 714-848-6208

Invoice # _____

Acct. # _____

Work Order # E 8042

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8042

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
LINNEA	JOSEPHINE	DERICKSON	11-03-1894	04-21-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jerome P. Derickson - husband 2605 Bancroft St. San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Lewis Colonial/Boabough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

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
		▶ Melinda M. Stewart for LCB	4/24/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 24 1989	▶ Ronald L. Powers, M.D. M.P.H.

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
	VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 4-25 89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 858-3-8 Vault/18 gauge steel sealer n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37700

Date: 4-24 1989

From Jerome Dirickson Address: 2605 Bancroft Street, S

Seven hundred twelve 25/100 Dollars ($ 712.25)

In _____ Payment of Lennea Dirickson's interment

Lot 858 Grave _____ Row _____ Section 3 Division ~~Block~~ 8

CITY AUDITOR
MAY 01 1989

Invoice No. _____

Acct. No. _____

W.O. E-8042

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

178

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	712	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernst H. Brown

in a Bell Liner (Vault/Liner) Funeral, date, time ~~Mon~~ 4/25 2:00

Church, Chapel, Graveside Chapel & Home, Lewis Bros. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 1123 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	383
Additional spaces and care fund	
Opening/Closing & Setup	Burial D-5
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 37706	35.00
Balance due	-0-

Mortuary will bring check

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8043

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8043

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
ERNST	-	BRAUN	12-17-1899	04-21-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Brigitte Olson - daughter 116 Kalkar Drive Santa Cruz, CA 95060

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

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
		▶ Melinda M. Stewart for LCB	4/24/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 24 1989	▶ Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 4-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1173-10 Liner/Wood - Mahogany n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37706

Date: 4-25 19 89

From: Lewis Colonial Address: 3057 El Cajon, Unit D

Thirty-five 20/100 Dollars ($ 35.00)

In Payment of Recording fee for Trust Deed

Lot 1173 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-843

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

13720

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

CITY AUDITOR
MAY 01 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthulia Hill See

in a Bell Liner Vault/Liner Funeral, date, time Tues 4/25 12:00

Church, Chapel, Graveside Chapel & Grave ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 41 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	125.00
Recording and filing fee	35.00
Sales taxes	
Total Due	~~35.00~~ 160.00
Paid receipt number 37304	160.00
Balance due	

Mortuary will call when ready

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8044

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

8044
C-8094

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
ARCHELIA		HILL	Jan 5, 1907	Apr 19, 1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Huntington Park	Los Angeles	Gertrude Bowden (Cousin) 1712 W. 145th st Compton, Ca 90220

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Rogadale Mortuary 5050 Federal S.D Ca	1329

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: ▶ Connie Mcfang

8B. DATE SIGNED: 4-21-1989

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	APR 21 1989	▶ Robert. Gates KH

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
313 N. Figueroa St L.A Ca	1700 Pacific Higway San Diego, Ca

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY: Mt. Hope Cemetery 3751 Market San Diego, Ca	11B. DATE INTERRED: 4-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: 41-10 liner/metal non sealer	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37704

Date: 4-25, 19 89

From: Anderson - Kazdale Address: 5050 Federal Blvd. SD

One hundred sixty-five 1100 Dollars ($ 165.00) SW

In _____ Payment of Bethelia Hills recording fee and marker installation fee

Lot 41 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8044

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3754

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	165 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	165 00 SW

CITY AUDITOR
MAY 01 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2489

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Leibfarth

in a Bell liner (Vault/Liner) Funeral, date, time Wed 4/26 12:30

Church, Chapel, Graveside Graveside ; Casement Donatty Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran, WW II Military Detail

Lot 51 Grave 5 (Top Dip) Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	180.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	687.00
Paid receipt number 37708	687.00
Balance due	0

Monterey 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

Work Order # E 8045

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS e-8045

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
ROBERT	V.	LEIBFORTH	9-16-24	4-23-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CHERYL CAMPBELL - DAUGHTER 325 HUNTER ST. RONONA, CA 92065

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CLAREMONT MORTUARY 4266 W. ARIDIATY AVE SAN DIEGO, CA	F-1126

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
		▶ Curtis Lee	4-25-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4:00	APR 25 1989	Donald G. Romack, M.D. 9

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
	P.O. BOX 85222 SAN DIEGO, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3850 IMPERIAL AVE SAN DIEGO, CA	11B. DATE INTERRED 4-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 51-5-1-11 cloth covered/Liner	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8045

№ 37708

Date: 4-26, 1989

From: Cheryl W. Campbell Address: P.O. Box 1190, Ramona CA

Six hundred, Seven no/100 Dollars ($ 607.00)

In _____ Payment of Robert Leibforth's Interment

Lot 51 Grave 5 Row _____ Section 1 Division Block 11

CITY AUDITOR
MAY 01 1989

Invoice No. _____

Acct. No. _____

W.O. E-8045

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

133

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Guzman

in a _____ Vault/Liner Funeral date, time Wed 4/26 10:00

Church, Chapel, Graveside delivery 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 100 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number 5/09/89	145.00
Balance due	

PA 1072013 Dr Billing

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 8046

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8046

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
Carlos	A.	Guzman	June 15, 1964	Apr. 14, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Rd/ San Diego, Ca. 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Mayer Mortuary 2859 Adams Ave. San Diego, Ca.	Ca.# 1424

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
		▶ John Mayer	4/25/89

PERMIT, AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 25 1989	▶ Donald L. Powers, M.D.

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
	3851 Rosecrans St. San Diego, Ca. 921010	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY: Mt Hope Cemetery 3751 Market St. San Diego, Ca.	11B. DATE INTERRED: 4-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: N/A cardboard box or ash tray no liner 100-2B-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT: ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION: N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harrison Lee Smith

in a Cell Liner Vault/Liner Funeral, date, time Thurs 4/27 2:00

Church, Chapel, Graveside Chapel of the Lake Eagsdale Mortuary.

All Funeral cars must 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 112 Grave 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Over Size	125.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	8.75
Total Due	933.75
Paid receipt number 37705	300.00
Balance due	633.75

30 day note

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

Ursula Smith
Signature
3530 J St.
Address
Calif. San Diego 92102
State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 8047

PY-503 (REV. 8-86)

W.O. # E-8047

NOTE

$ 633.75 San Diego, California April 25 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 Thirty Three 75 DOLLARS with interest from 6-23-89 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 Vernela Smith SIGNATURE Vernela Smith

ADDRESS 3530 "J" St San Diego Ca. 92102

CALIF. DRIVERS LIC. # J0698-306

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-8047

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
Herrison	Lee	Smith	11-3-60	4-15-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Vernelia Smith - Mother 3530 "J" Street San Diego, Ca. 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Harold L. Ragsdale II	4-25-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 26 1989	Harold L. Ramsey, M.D. DB

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
	P.O. Box 85222 San Deigo, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca.92102	11B. DATE INTERRED 4-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy JoLeague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 112-8-2-1 Overage liner/cloth covered casket N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37705

Date: 4-25 , 19 89

From: Verda Smith Address: 3530 J Street, SD

three hundred 00/100 Dollars ($ 300.00)

In Payment of Harrison Lee Smith interment

Lot 112 Grave 8 Row Section 2 Division / Block 11

Invoice No.

Acct. No.

W.O. E-8047

BALANCE DUE 633.75

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 Verda Smith

CREDIT	87007		
20% Sales Care	77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 76300		
TOTAL PAID	$	300	00

CITY AUDITOR
MAY 01 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Brown Jr

in a Bell Liner (Vault Liner) Funeral, date, time Mon 5/1 1:30

Church, Chapel, Graveside Chapel & Grave Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 20 Grave 7 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	7.00
Total Due	907.00
Paid receipt number 38111	907.00
Balance due	0

Mathews will pick up 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. BARBARA FENRESS

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature 7131 Bollenbacher

Address San Diego, CA 92114

State Zip Code 238-9040

Telephone

Invoice # ____

Work Order # E 8048

Acct. # ____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT 48547

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

Date: 5-7 19 97

From: Anderson-Ragsdale Mort Address: 5050 Federal Blvd. SD 92102

One hundred twenty five and no/100 Dollars ($ 125.00)

In Full Payment of Marker installation fee for

Ivory Brown

Lot 20 Grave 7 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-8048

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-96)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Simpson

CREDIT			
20% Sales Care	87007 77164		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63053 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	125	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8048

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
Ivory	-	Brown, Jr.	2-21-19	4-24-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Barbara Fentress - Sister 1131 Bollenbacher Street San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Regadale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		Herbert W. Regadale	4-28-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 28 1989	Donald L. Ramos, M.D., D.A.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca.	11B. DATE INTERRED 5-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner/metal non-sealer 20-7-2-11 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37734

Date: 5-2 , 19 89

From Anderson-Fosdale Address: 5050 Federal Blvd, SD

Nine hundred seven 10/100 Dollars ($ 907.00)

In Payment of Vault, Liner, Ins & Interment

CITY AUDITOR
MAY 02 1989

Lot 20 Grave 7 Row Section 2 Division / Block 17

Invoice No.

Acct. No.

W.O. B-8048

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
3811

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	87007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	90101 78390	7	00
TOTAL PAID	$	907	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-26-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cesar Alexander-Lopez

in a ——— (Vault/Liner) Funeral date, time Thurs. 4/27 2:00

Church, Chapel, Graveside Delivery Only Call Burial Mortuary. Jackie

All funeral cars must arrive 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 2 Row ——— Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. 107463 Susan Lindsey

I hereby certify I am the ——— of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 83516

Work Order # E 8049

Acct. # [redacted]

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e8049

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
Cesar		Hernandez-Lopez	11-11-1923 (65)	3-13-1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego, CA	Public Administrator 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 3602 El Cajon Blvd. San Diego, CA	F-1357

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
		▶ [signature]	4-27-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.000	APR 27 1989	▶ Donald L. Remer, M.D. (MC)

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
P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 100-27-4-12 N/A no liner/cardboard box	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia C Munday

in a Dble Crypt (Vault/Liner) Funeral, date, time Thurs 12:00

Church, Chapel, Graveside Graveside ; Berge-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 56 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... 1979 _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 0

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8050

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8050

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
Virginia	Carolina	Munday	6/16/1910	4/26/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mr. Dwight Munday -Husband 3077 Boston Avenue San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	FD-284

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
		▶ Ernest L. Mellor	4/28/1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 2 1989	▶ Donald L. Powers, M.D.

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
P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE INTERRED 5-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 56-5-2-11 Del Cuppt (20gauge steel-sealer casket-	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38175

C-8050

Date: 6 20, 1989

From: Mr. Munday Address:
fifteen 95 [illegible]

Dollars ($ 15.95)

In Payment of Lower Cup for Virginia Munday

Lot 56 Grave 5 Row Section 2 Division Block 11

CITY AUDITOR
JUN 24 1989

Invoice No.

Acct. No.

W.O. C-8050

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	5 00
Handling Fee	100 77185	10 60
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	35
TOTAL PAID	$	15 95

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Earl Nolte III

in a Liner (Vault/Liner) Funeral, date, time Mon. 5-1-89 11:00

Church, Chapel, Graveside Graveside ; Pagedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 91 Grave 5 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	300.—
Additional spaces and care fund	
Opening/Closing & Setup	320.—
Burial Container	100.—
Handling Fees	145.—
Flower vases - Marker setting fee	
Recording and filing fee	35—
Sales taxes	7.—
Total Due	907.—
Paid receipt number	
Balance due	

Pd 5/10/89

30 days late

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

William Earl Nolte Jr
Signature
4555 Cochise Way
Address
SAN DIEGO, CA 92117
State Zip Code
581-3035
Telephone

Work Order # E 8051

Invoice [redacted]

Acct. # [redacted]

PY-583 (REV. 8-85)

W.O. # E-8057

NOTE

$ 907.80 San Diego, California April 28 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 Nine hundred seven 80/100 DOLLARS with interest from 7-12-89 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 WILLIAM EARL NOLTE JR SIGNATURE William Earl Nolte Jr.

ADDRESS 4555 cochise way San Diego ca 92117

CALIF. DRIVERS LIC. # H0735817

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8051

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
WILLIAM	EARL	NOLTE, III	5/20/64	4/27/89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	William Earl Nolte, Jr.-Father 4555 Cochise Way San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mort. San Diego, CA	F 1329

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
		▶ [signature]	4-30-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 1 1989	▶ Donald L. Ramos, M.D.

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
	P. O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St.: San Diego, CA	11B. DATE INTERRED 5-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 91-5-2-11 Liner/Cloth covered casket	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carolyn Marie Watts

in a Bell Cove Vault/Liner Funeral, date, time Tuesday 5/2 1:00

Church, Chapel, Graveside Chapel & Graveside Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 130 Grave 4 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1002.00
Paid receipt number 37715	1002.00
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

Suzette Marie Watts
Signature
3715 Highland St. #2
Address
San Diego California 92105
State Zip Code
(619) 563-0908
Telephone

Work Order # E 8052

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E-8052

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
Carolyn	Marie	Watts	7-5-1946	4-27-1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	James S. Watts (Husband) 3415 Highland Avenue #2 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL, 5602 El Cajon Boulevard San Diego, CA	F-1357

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
		▶ [signature]	5-1-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 1 1989	▶ Gerald L. Pomroy, M.D.

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
	P.O. Box 85222 San Diego, CA	N/A

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 5-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 130-1-1-12 Leiser / N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

e-8052

№ 37715

Date: 4-28, 1989

From: Lizette Watts Address: 3415 Highland Street #2, CA

One thousand two rs/100 — Dollars ($ 1002.00)

In _____ Payment of Carolyn Marie Watts' interment

CITY AUDITOR
MAY 08 1989

Lot 130 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8052

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Vera

CREDIT 20% Sales Care	67007 77184	79	00
80% Sales of Lots	100 77184	216	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78380	7	00
TOTAL PAID	$	1002	00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stanley Buchanan

in a I.S. Vault (Vault/Liner) Funeral, date, time Tues 5/2 1:00

Church, Chapel, Graveside Church & Grave Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 226 Grave 3 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 37719	1207.25
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.

Carolyn Buchanan
Signature

3073 Solola Ave
Address

San Diego, CA 92113
State Zip Code

264-5429
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 8053

Acct. # ____

PY-503 (REV. 6-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-80153

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
Stanley	Pierre	Buchanan	11-3-56	4-22-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carolyn Buchanan- Sister 5071 Solola Avenue San Diego, Ca. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA.	F-1329

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
		▶ [signature]	4-28-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 1 1989	▶ [signature]

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, Ca.	11B. DATE INTERRED 5-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 226-3-2-12 N/A Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37719

Date: 5-1, 1989

From: Carolyn Buchanan Address: 5073 Salala Ave, SD

Twelve hundred seven 25/100 Dollars ($ 1207.25)

In _____ Payment of Stanley Buchanan's Internment

Lot 226 Grave 3 Row _____ Section 2 Division ~~Block~~ 1

CITY AUDITOR
MAY 08 1989

Invoice No. _____

Acct. No. _____

W.O. E-8053

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	1207	25

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ella C. Larson

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 5/3 10:00

Church, Chapel, Graveside Delevan Only; 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 2126 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Prepaid E-238
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	287.00
Paid receipt number 37727	287.00
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.

Robert K. Larson

Signature

620 E. Lexington #10

Address

El Cajon, CA 92020

State Zip Code

440-5803

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8054

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8054

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
ELLA	CHRISTINE	LARSON	11-05-1895	04-29-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Robert K. Larson - son 620 E. Lexington Ave. #10 El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Lewis Colonial/Dembeugh 3051 El Cajon Blvd. San Diego, CA 92104	F-480

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
		▶ Melinda K. Stewart for LCD	5/2/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 2 1989	▶ Carroll L. Pomroy, M.D. mm

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
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 5-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2126-10 Liner/Cloth covered. n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-8054

№ 37727

Date: 5-2 19 89

From: Robert Larson Address: 620 E. Lexington #10, El Cajon

Two hundred eighty seven — Dollars ($ 287.00)

In Payment of Ella C. Larson's Interment

CITY AUDITOR
MAY 8 1989

Lot 2126 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-8054 C

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 Sonia Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	7	00
TOTAL PAID	$	287	00

Prepaid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harry & Helen Martens

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 70 Grave 23 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Ash Plat	215.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 105.	210.00
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee	2 @ 35	70.00
Sales taxes		
Total Due		495.00
Paid receipt number 37716		495.00
Balance due		

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Helen E. Martens
Signature
1546 Olkerton St
Address
Spring Valley Ca 92077
State Zip Code
Telephone (619) 463-9627

Work Order # E 8055

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

№ 37716

Date: 5-1 19 89

From: Helen Martens Address: 1546 Tollstone St. Lemon Grove

Four hundred ninety-five Dollars ($ 495.00)

In Payment of Granted Lot & Trust

Lot 70 Grave 23 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8055

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

740

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sondra Ward

CREDIT	67007	43	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	180	00
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	280	00
Sales Tax	80101 78390		
TOTAL PAID	$	495	00

EPT'D AUDITOR
MAY 08 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie McGregor

in a Bell Liner (Vault/Liner) Funeral, date, time Fri May 5, 11:00

Church, Chapel, Graveside Chapel & Grave, Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4068 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 5/15/89	607.00
Balance due	

30 day note

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: Jorge Bieber

Address: 1875 ALESSANDRO TRL.

State: Vista CA Zip Code: 92084

Telephone: 941-4875

Invoice # [redacted]

Acct # [redacted]

Work Order # E 8056

PY-583 (REV. 8-85)

W.O. # E-8056

NOTE

$ 607.00 San Diego, California May 1 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 seven no/100 DOLLARS with interest from 7-5-89 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 Joyce Biebers SIGNATURE Joyce Biebers

ADDRESS 1875 ALESSANDRO TRL. Vista CA 92084

CALIF. DRIVERS LIC. # G0309701

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-9056

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
ELSIE	—	MC GREGOR	7/10/1900	4/29/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
VISTA	SAN DIEGO	JOYCE BIEBERS-DAUGHTER 1875 ALESSANDRO TRAIL VISTA, CA 92084

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PACIFIC BEACH MORTUARY- 4710 CASS ST. SAN DIEGO, CA 92109	815

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
		▶ Mary Friedl	5/1/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY - 1 1989	Donald L. Pamral, M.D.

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
	VITAL RECORDS-P. O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY-3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO CO.	11B. DATE INTERRED 5-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4068-10 Liner/Hardwood	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

5/22

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37826

Date: 5-15 1989

From: Joyce Biebas Address: 7875 Alessandro, Vista CA

Six hundred seven 00/100 Dollars ($ 607.00)

In _____ Payment of Elsie McGregor

Lot 4068 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 084174

Acct. No. 030297

W.O. E-0056

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

450

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 19 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	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
264-3151

№ 38455

Date: 8-28, 1989

From: Jayne Bieber Address:

Fifteen 95/100 Dollars ($ 15.95)

In Payment of Elsie Mae Gregory Flower Cup

Lot 4068 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-8056

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	5 00
Handling Fee	100 77185	10 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	15 95

CITY AUDITOR
SEP 05 1989

AC-212 (Rev. 10-87) 14-7

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Raymond Gannott

in a Ash Vault (Vault/Liner) Funeral, date, time Mon 5/8 10:00

Church, Chapel, Graveside Delivery 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 4740 Grave under Row marker Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
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	937.80
Paid receipt number 317725	937.80
Balance due	0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Janice E Gannott
Signature

3752 Bancroft St
Address

City 92104
State Zip Code

2846125
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8057

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-85

#57958

Lewis Colon[illegible]

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
[illegible]	RAYMOND	GARRETT	10-21-1927	04-30-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Janice L. Garrett - wife 3752 Bancroft Street San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Lewis Colonial/Rosebough San Diego, CA 92104	F-[illegible]

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
		[illegible] for LCB	5/2/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 4 1989	Donald L. Rawles, M.D. /bo

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records...P.O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Ash Vault 4740-10 Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 5-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cypress View Crematory - San Diego, CA 3953 Imperial Ave.	12B. DATE CREMATED 5-5-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY [illegible]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37725

Date: 5-2, 1989

From: Jonice Gannatt Address: 3752 Bancroft, SD
nine hundred thirty-seven 80/100 Dollars ($ 937.80)

In _____ Payment of George Raymond Gannatt

CITY AUDITOR
MAY 08 1989

Lot 4740 Grave _____ Row _____ Section _____ Division/Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-8057

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
9/1

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wade

CREDIT 20% Sales Cars	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	80
TOTAL PAID	$	937	80

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Diley Nickson

in a Vault (Vault/Liner) Funeral, date, time ~~Ragsdale~~ Tues 5/9 10:00

Church, Chapel, Graveside ~~Church~~ Chapel G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 3026 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Reserve 3025-10 for 30 days	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number _____	
Balance due _____	

Pd 10/5/89

30 Cary note

I hereby certify I am the Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: [signature]

Address: 3151 F St

State: SAN DIEGO, CA

Telephone: 238-0509 Zip Code: 92102

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 8058

PY-893 (REV. 8-85)

W.O. # E-8058

NOTE

$ 1302.25 San Diego, California May 8 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 Two DOLLARS with interest from 7-9-89 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 Ivar Robinson SIGNATURE Ivar Robinson

ADDRESS 3151 F St SD. CA. 92102 (238-0509

CALIF. DRIVERS LIC. # D0190810

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8059

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
Dilcy		Nickson	7-8-06	4-30-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Ivan Robinson - Cousin 3151 "F" Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA	F-1329

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
		[signature]	5-2-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 3 1989	[signature] Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P. O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3752 Market Street San Diego, CA 92102	11B. DATE INTERRED 5-9-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3026-40 Vault/metal non-sealer N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norman S. Shelby

in a Liner (Vault/Liner) Funeral, date, time Fri. 5-5-89 1:30

Church, Chapel, Graveside Chapel, G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran YES .

Lot 127 Grave 1 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Preneed E7290	80.00
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	687.00
Paid receipt number 37749	687.00
Balance due	-0-

I hereby certify I am the SISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Ruthie Shelby Anderson
Signature
6363 Osler St.
Address
San Diego Ca 92111
State Zip Code
619 - 278-1831
Telephone

Work Order # E 8059

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8059

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
Norman	STeve	Shelby	3-8-37	4-30-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Ruthie Anderson - Sister 6563 Osler Street San Diego, Ca. 92111

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ [signature]	5-2-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 0 4 1989	[signature], M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market STreet San Diego, Ca. 92102	11B. DATE INTERRED 5-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Isaqua
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 127-1-2-11 Liner N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37749

Date: _____, 19 89

From MR. ARTHUR D. ANDERSON Address 6563 OLER ST, SAN DIEGO, C

SIX HUNDRED EIGHTY-SEVEN DOLLARS AND ^XX/100 Dollars ($ _____

In FULL Payment of INTERMENT OF NORMAN S. SHELBY

CITY AUDITOR
MAY 08 1989

Lot 127 Grave 1 Row _____ Section 2 Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. E 8059

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5180
5181

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

3

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	180	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380	7	00
TOTAL PAID	$	687	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Ethel Welver

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 5/5 11:00

Church, Chapel, Graveside Chapel & Grave Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 80 Grave 1 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	35.00
Total Due	35.00
Paid receipt number 37772	35.00
Balance due	-0-

Prepaid D-6705

STEP 3 ON

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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

6914 - 190TH SW
Address

Lynnwood WA 98036
State Zip Code

(206) 774-3465
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8060

PY-503 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8060

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
LAURA	ETHEL	WEAVER	05-26-1906	05-03-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	Joseph H. Weaver - husband 3130 Ivy Street San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Lewis Colonial/Sambough 3091 El Cajon Blvd, San Diego, CA 92104	F-480

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
		▶ Melinda K. Stewart for LCB	5/4/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 04 1989	▶ Donald L. Russell, M.D.

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
	VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 5-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 80-1-4-7 Line/Cloth covered n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37772

Date: 5-5, 1989

From: Joe Wewer Address: 3130 Ivy Street, SD

thirty-five no/100 Dollars ($ 35.00)

In Payment of Ethel Wewer's recording fee

Lot 80 Grave 1 Row Section 4 Division Block 7

Invoice No.

Acct. No.

W.O. 2-8060

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1424

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

CITY AUDITOR
MAY 12 1989

Preneed Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Kemp

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 8 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	
Balance due	

This lot forfeited for non-payment. See W.O. #10797 for new lot on preneed basis for Julia Kemp.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

3976 Epsilon
Address

San Diego, CA 92113
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8061

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41818

Date: 2/3, 1992

From: Julia Kemp / Ava Wiss Address: 8052 Amherst, Univ. City, Missouri

Fifty-Two Dollars 70/100 Dollars ($ 52.00)

In _____ Payment of Pre-Need Lot

Lot 68 Grave 8 Row — Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8061

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1117

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42948

Date: 11-06, 1992

From: Julia Kemp Address: 3976 Eastboro, S.D. CA 92113

One hundred and xx/100 Dollars ($ 100.00)

In part Payment of preneed lot

Lot 68 Grave 8 Row Section 2 Division 11 ~~Block~~

Invoice No.

Acct. No.

W.O. E 8061

BALANCE DUE 109.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1301

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wendy J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	100 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 —

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8061 Credit Lot

Julia Kemp
3976 Epslion
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. $ 12.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$

Amount Received $ 13.00

NAME Ava L. Williams

ADDRESS 8052 A

CITY St. Louis STATE Mo ZIP 63130

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8061 Credit Lot

Julia Kemp
3976 Epslion
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. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 13.00

NAME Ava L. Williams

ADDRESS 8052 Amherst

CITY St. Louis STATE Mo ZIP 63130

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8061 Credit Lot

Julia Kemp
3976 Epsilon
San Diego, Ca 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10			1/1			

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 $ 13.00

NAME Ava L. Williams

ADDRESS 8052 Amherst

CITY St. Louis STATE Mo. ZIP 63130

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8061 Credit Lot

Julia Kemp
3976 Epsilon
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. $ 12.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$.

Amount Received $ 13.00

NAME Ava L. Williams

ADDRESS 8052 Amherst

CITY St. Louis STATE Mo. ZIP 63130

☑ check (✓) if this is new address

NAME Kemp, Julia ACCT. NO. E-8061

ADDRESS 3976 Epslion, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted] 89	Lot 68, Grave 8, Section 2, Division 11	300 00			
6-5 89	Coupon 1, Receipt 38107			130	2870
10-18 89	Coupon 2, Receipt 38066			260	261 00
2-3-92	Coupons 3-4-5-6 Receipt 4/818			52 00	209 00
11-6-92	Receipt # 42948			100 —	109.00

AIGNER FORM NO. 25-204 Kemp, Julia 68 ~ 8 ~ 2 ~ 11 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vahakn L. Hart

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 5/9 11:00

Church, Chapel, Graveside Church & Grave, Lewis Mortuary. St. John Erickson-Anderson

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes. Detail - Novey

Lot 52 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1102.00
Paid receipt number 37693	92.00
Balance due	1010.00
37786	1010.00

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Diana Mueller
Signature

5090 Westminster Ter.
Address

San Diego, CA 92116
State Zip Code

280-6959
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8062

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8062

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
Vahakn	Lucas	Hart	July 23, 1914	May 6, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Afoki Hart (wife) 4750 Zelda Ave. La Mesa, CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Erickson-Anderson Mortuary 8390 Allison Ave., La Mesa, CA 92041	FD96

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
		▶ [signature]	May 8, 1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 4.00	MAY 8 1989	▶ Donald L. Rowe, M.D.

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
	Vital Records PO Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 52-11-2-11 Mt. Hope Cemetery 3751 Market St. San Diego, CA Vault/Gatesville Rgmgt sales	11B. DATE INTERRED 5-9-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37786

Date: 5-8, 1989

From: Leona Mueller Address: 5090 Westminster Dr, SD

One Thousand Ten no/100 Dollars ($ 1010.00)

In _____ Payment of Vahalin Hart's Interment

CITY AUDITOR
MAY 12 1989

Lot 52 Grave 11 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 81-8062

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4950

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	99.00
80% Sales of Lots	100 77184	304.00
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	100.00
Handling Fee	100 77185	195.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	7.00
TOTAL PAID	$	1010.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wallace A. Lewis

in a T. S. Vault (Vault/Liner) Funeral, date, time Thurs 5/11 2:00

Church, Chapel, Graveside Chapel & Grove Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 75 Grave 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 317784	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

Ralph McGillow
Signature

5075 FIR STREET
Address

SAN DIEGO
State Zip Code

619-263-2485
Telephone

Work Order # E 8063

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS e-8063

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
Wallace	A.	Lewis	7-4-06	5-6-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Ralph Artrie McGilton-Stepson 5075 Fir STreet San Diego, Ca. 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ J. Anderson	5-8-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 10 1989	▶ Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca.	11B. DATE INTERRED 5-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 75-5-2-11 Vault/metal-non-sealer N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37784

Date: 5-8, 19 89

From: Virgil McGilton Address: 5075 Fay Street SD

Seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of Wallace Lewis' Interment

Lot 75 Grave 5 Row Section 2 Division Block

CITY AUDITOR
MAY 12 1989

Invoice No.

Acct. No.

W.O. E-8063

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 0022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	712	25

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

№ 37934

Date: 9.12 , 1989

From: Ralph A. McGilton Address: 5075 Fir Street San Diego 92102

One Hundred Twenty Five & No/100 Dollars ($ 125.00)

In Full Payment of Government Marker for WALLACE A. Lewis

Lot 75 Grave 5 Row — Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-8063

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1723

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sally Smoot

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

CITY AUDITOR
SEP 18 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nina Burger

in a T.B. Vault (Vault/Liner) Funeral, date, time Thurs. 1pm 5-11-89

Church, Chapel, Graveside Chapel, G.S. 2:30 ; 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 58 Grave 10 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 37812	35.00
Balance due	

Presented C-9089

Humphrey to 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

Work Order # E 8064

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

8064
e-90-64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
NINA	LILLIAN	BURGER	11-27-1899	05-07-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	George T. Burger (Grandson) 1117 Melrose Avenue Chula Vista, CA 92011

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 92011	F-964

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
		▶ Judith E. King	5-9-89

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.	8A. AMOUNT OF FEE PAID	8B. DATE PERMIT ISSUED	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 9 1989	▶ Donald L. Ramos, M.D.

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
	Vital Records P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 5-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 58-10-16-7 Vault/cloth covered casket N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37812

Date: 5-11, 19 89

From: Humphrey Matuar Address: 855 Broadway, Chula Vista
Thirty Five 8no/100 Dollars ($ 35.00)

In _____ Payment of _____

Lot 58 Grave 10 Row _____ Section 16 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. 2-0064

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
170

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

CITY AUDITOR
MAY 19 1989

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/8/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Brady

in a Vault ~~Bell Liner~~ Vault/Liner Funeral, date, time Wed 5/10 1:00

Church, Chapel, Graveside Chapel & Grave; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Jean Emperial Lake

Lot 1721 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees Upgrade to Vault	100.00
Flower vases - Marker setting fee	
Recording and filing fee —	35.00
Sales taxes	5.25
Total Due	140.25
Paid receipt number 37787	140.25
Balance due	0

Mortuary will pay check

William E Brady

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

William E Brady
Signature

7236 Waite Dr.
Address

La Mesa Ca. 92041
State Zip Code

CA. 466-0912
Telephone

Work Order # E 8065

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8065

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
LILLIAN	ELIZABETH	BRADY	6-23-17	5-6-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WILLIAM BRADY-HUSBAND 7256 WAITE DRIVE LA MESA, CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY 6363 EL CAJON BLVD. SAN DIEGO, CA	[illegible]

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
		[signature]	5-8-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 09 1989	Donald L. Ramos, M.D. CF

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
	P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY [illegible] SAN DIEGO, CA 1721-10 Vault/18 gauge steel sealer	11B. DATE INTERRED 5-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38201

Date: 6-29, 1989

From: William Grady Address:

Fifteen 95/100 Dollars ($ 15.95)

In Payment of Lillian Grady's flowers Dup

Lot 1721 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. 8-8065

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1105

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	5 00
Handling Fee	100 77185	10 60
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	35
TOTAL PAID	$	15 95

CITY AUDITOR
JUN 30 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William E. Brady

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 1220 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	Upgrade Funeral
Handling Fees	100.00
Flower vases - Marker setting fee	To T.S. Vault
Recording and filing fee	
Sales taxes	5.25
Total Due	105.25
Paid receipt number 37789	105.25
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 # _____

Work Order # E 8066

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CT 8066 № 37787

Date: 5-8, 1989

From: William Brady Address: 7236 Waite Dr, La Mesa

Two hundred forty-five 50/100 Dollars ($ 245.50)

In _____ Payment of Lillian Brady's Interment and upgrade William Brady to F.S. Vault

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8065 & 8066

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1056

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	100.00	~~200.00~~
Recording & Misc. Fees	100 77183		35.00
Pre-Need Trust	63033 9022	105.25	~~35.00~~
Sales Tax	60101 78390	5.25	~~10.50~~
TOTAL PAID	$		245.50

CITY AUDITOR
MAY 17 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paula Hart

in a T.S. Vault (Vault/Liner) Funeral date, time Thurs. 5/11 11:30

Church, Chapel, Graveside Chapel of the Chimes Calif Funeral Bureau Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Vietnam E. Von William

Lot 156 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	12.25
Total Due	1207.25
Paid receipt number	
Balance due	

7d 7/6/89

30 days note

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

Dennis M Hart
Signature
624 Porter St.
Address
CA. 92114
State Zip Code
619-266-8436
Telephone

[redacted]
Invoice
Acct #

Work Order # E 8067

PY-893 (REV. 8-85)

W.O. # E-8067

NOTE

$ 1207.25 San Diego, California May 8 19 89

[illegible] 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 Seven 25/100 DOLLARS with interest from 7-11-89 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 Dessie N. Hart SIGNATURE Dessie N Hart

ADDRESS 624 Porter St San Diego Ca. 92114

CALIF. DRIVERS LIC. # E0823449

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-89-67

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
Paula	Jean	Hart	6-10-1949	5-8-1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego, CA	Dessie N. Hart (Husband) 624 Porter Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER (IF APPLICABLE)
CALIFORNIA BURIAL CHAPEL 3602 El Cajon Blvd. San Diego, CA	F-1337

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
		▶ Nelson A Haas	5-11-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 11 1989	Donald L. Ramos, M.D.

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
P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 5-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 56-7-2-11 N/A Vault/Hardwood Casket	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(X)

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MANUEL MARK YAMAGUCHI (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Fri 5/12 10:00

Church, Chapel, Graveside Graveside ; Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran YES WWII

Lot 164 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37777	242.80
Balance due	-0-

PAID
MAY 08 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jane Lakeshta
Signature
7647 Fulton St
Address
San Diego, CA 92111
Zip Code
277-1563
Telephone

Work Order # E 8068

Invoice # _____

Acct. # _____

PY-683 (REV. 8-85)

e-8068

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

#57972

Cypress View/Bonham

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
Mark	Manual	Yamaguchi	Dec. 20, 1921	May 6, 1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jane Tohsaku - Sister 7547 Fulton Street San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA.	670

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
		▶	5-09-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 09 1989	▶ Donald L. Russell, M.D. C.F.

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
San Diego County - Vital Records P.O. Box 85222, San Diego, CA. 92138	-

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 164-3 4-7 Grass Hill Park Mount Hope Cemetery 3751 Market Street, San Diego, CA. Vault 5-12-89	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cypress View Crematory 3953 Imperial Avenue, San Diego, CA.	12B. DATE CREMATED 5-9-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37777

Date: 5-8-, 1989

From: MARK/JANE TAKESHITA Address: 3676 BIRCH ST., S.D. CA 92113

Two hundred fourty-two dollars and 80/100 Dollars ($ 242.80)

In FULL Payment of Inurnment of MANUEL MARK YAMAGUCHI

Lot 164 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E 8068

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #405

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	MAY 10	
Opening/ Closing	100 77161	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 0022		
Sales Tax	90101 78390	2	80
TOTAL PAID	$	242	80

BY AUDITOR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donna Renee Griffin in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 5/12 11:00 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 70 Grave 1 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 6/3/89	1207.25
Balance due	0

30 days note

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.

Jerry L. Griffin
Signature
4120 Altadena Ave #110
Address
SAN DIEGO CA 92105
State Zip Code
281-1710
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[redacted]

Work Order # E 8069

Acct. [redacted]

PY-593 (REV. 8-86)

W.O. # 8-8069

NOTE

$ 1207.25 San Diego, California May 8 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 twelve hundred seven 25/100 DOLLARS with interest from 7-12-89 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 TERRY L. GRIFFIN SIGNATURE Terry L. Griffin

ADDRESS 4120 Altadena Ave #40 San Diego CA 92105

~~CALIF~~ MISSOURI DRIVERS LIC. # 428-31-4572

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9069

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
Donna	Renee	Griffin	1-23-66	5-7-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Terry Griffin - Husband 4120 Altadena Ave. San Diego, Ca. 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		Bonnie Hampton	5-9-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 10 1989	Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca.	11B. DATE INTERRED 5-12-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 90-1-2-12 Vault/Metal sealer N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40317

Date: FEB 1, 1991

From: AVALONA M. LONG Address: 3819 TEAK ST. S.D. 92113

FIFTEEN AND 95/100 Dollars ($ 15.95)

In FULL Payment of FLOWER VASE (DONNA RENE LONG GRIFFIN)

Lot 90 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8069

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

AC-212 (Rev. 10-87)

084424 05/15/89 030443	TERRY L. GRIFFIN			06/03/89	1620	1,207.25	1,207.25	0.00
	100	072	77181	000072		320.00		PAID IN FULL
	100	072	77182	000072		175.00		
	100	072	77183	000072		35.00		
	100	072	77184	000072		396.00		
	100	072	77185	000072		170.00		
	60101		78390			12.25		
	67007		77184			99.00		

E-8069

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,207.25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas Murray in a Bell Liner (Vault/Liner) Funeral, date, time Thurs. 5/11 10:00 Church, Chapel, Graveside Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 695 Grave ____ Row ____ Section 5 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number	
Balance due	

Pd 7/10/89

Called by Ed at Featheringills 30 days note

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

Kathleen Murray
Signature
3980 Eighth Ave
Address
San Diego, Ca. 92103
State Zip Code
299-9614
Telephone

[redacted]

Work Order # E 8070

PY-583 (REV. 9-85)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

2/19/1960

DEED

E-6070

OWNERSHIP AND INTERMENT PRIVILEGES

TO Glenna Litten for the sum of $ 125.00 (DOLLARS)

LEGAL DESCRIPTION Lot 695 Sec 5 Div 8

AS DESCRIBED ON PURCHASE ORDER NUMBER B-5555

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2 x 1 Flush Marker Only

Raymond W. Dehne
Cemetery Manager

Leo B. Callaway
Park and Recreation Director

FORM 584

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO

NAME Kathleen Murray
STREET ADDRESS 3980 Eighth Avenue-Apt.307
CITY STATE ZIP San Diego, Ca. 92103

Title Order No. _____ Escrow No. _____

e-8070

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $ NONE
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax Firm Name

(print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do___ hereby remise, release and forever quitclaim to KATHLEEN MURRAY

the following described real property in the City of San Diego
County of San Diego, State of California:

LOT 695, SECTION 5, DIVISION 8, MOUNT HOPE CEMETERY, IN THE CITY OF SAN DIEGO, COUNTY OF SAN DIEGO, STATE OF CALIFORNIA.

Assessor's parcel No. _____

Executed on May 10, 1989, at City of San Diego, State of California
(City and State)

Patricia Litten
PATRICIA LITTEN

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO } SS.

On this 10th day of May, in the year 1989 before me, the undersigned, a Notary Public in and for said State, personally appeared

Patricia Litten

_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it

WITNESS my hand and official seal.

Notary Public in and for said State

(This area for official notarial seal)

MAIL TAX STATEMENTS TO NOT APPLICABLE
NAME ADDRESS ZIP

WOLCOTTS FORM 790, Rev. 8-84
QUITCLAIM DEED (once class 3)

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

© 1984 WOLCOTTS, INC.

W.O. # E-8070

NOTE

$ 607.00 San Diego, California May 10 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 Seven no/100 — DOLLARS with interest from 7-11-89 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 KATHLEEN MURRAY SIGNATURE Kathleen Murray

ADDRESS 3980 Eighth Ave, San Diego, Ca. 92103

CALIF. DRIVERS LIC. #

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8070

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
THOMAS		MURRAY	5/21/43	5/8/89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kathleen Murray Mother 3980 8th Ave #307 San Diego, CA 92103

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FEATHERINGILL MORTUARY 4122 El Cajon Blvd San Diego, CA	1083

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: ▶ Edward Fegeli

8B. DATE SIGNED: 5-11-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAY 11 1989	▶ Donald L. Ramos, M.D.

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
P.O. Box 85222 San Diego San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope 3751 Market St. San Diego	11B. DATE INTERRED 5-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Tasque
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 645-5-8 n/a Liner/cloth covered casket	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Received Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnna Fargo (D)

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 1657 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37788	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

Jim B. Fargo
Signature
3742 Sarasota Way
Address
Bonita Ca. 92002
State Zip Code
475-5430
Telephone

Invoice # _____

Work Order # E 8071

Acct. # _____

PY-503 (REV. 9-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

C-8071 № 37788

Date: 5-8 19 89

From: Jerry Largo Address: 3742 Jacaranda Dr, Bonita CA

Two hundred forty-two 80/100 Dollars ($ 242.80)

In Payment of Perpetual Trust for

Jerry Largo

Lot 1657 Grave Row Section 3 Division 8 Block

Invoice No.

Acct. No.

W.O. C-8071

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 Linda Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	242	80
Sales Tax	80101 78390		
TOTAL PAID	$	242	80

CITY AUDITOR
MAY 12 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Grandy (X)

in a Ash Vault (Vault/Liner) Funeral, date, time June 13, Tues 11:00

Church, Chapel, Graveside Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 8 Grave 3 Row _____ Section TODF ~~Division~~/Block Q

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	2.80
Total Due	242.80
Paid receipt number 37818	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 8072

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO. 37818
e-8072

Date: 5-12, 1989

From: Jerome P. Loomis Address: Box 2463, La Jolla, Ca

Two hundred forty-two 80/100 Dollars ($ 242.80)

In _____ Payment of Julia T. Prantey's Enrollment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

CITY AUDITOR
MAY 19 1989

Invoice No. _____

Acct. No. _____

W.O. E-8072

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

6219

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	40 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2 80
TOTAL PAID	$	242 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8272

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
JULIA	DUNCAN STENHOUSE	PROUTY	6-25-02	4-13-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	JEROME LOOMIS: DAUGHTER 338 GRAVILLA STREET LA JOLLA, CA 92037

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE SAN DIEGO, CA	F-843

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
		▶ [signature]	4-17-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	APR 18 1989	▶ Donald L. Powers, M.D. MP

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
	P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 8-3-100F-Q MARKET STREET SAN DIEGO CA	11B. DATE INTERRED 6-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE SAN DIEGO, CA	12B. DATE CREMATED APR 18 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
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 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-9-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Archie Garrett

in a ~~F.S. Vault~~ Billsing Vault/Liner Funeral, date, time Thurs 5/11 1:00

Church, Chapel, Graveside Groveside ; 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 66 Grave 7 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	~~175.00~~
Handling Fees	145.00	~~170.00~~
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes	7.00	~~12.25~~
Total Due		~~1012.25~~
Paid receipt number 37796		907.00
		300.00
Paid 6/2/89 Balance due		607.00
		607.00

30 day note

I hereby certify I am the GRANDSON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Thomas Bush (THOMAS BUSH)
Signature

1512 MARY LOU ST, SAN DIEGO
Address

CA 92102
State Zip Code

262-1702
Telephone

[redacted]

Work Order # E 8073

PY-583 (REV. 8-85)

W.O. # E-8073

NOTE

$ 607.00 San Diego, California 5-9 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 seven 20/100 DOLLARS with interest from 7-1-89 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 THOMAS BUSH SIGNATURE Thos Bush

ADDRESS 1512 MARY LOU ST, SAN DIEGO, CA 92102

CALIF. DRIVERS LIC. # N3258101

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8073

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
Archie		Garnett	7-4-02	5-8-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego,	San Diego	Thomas Bush - Grandson 1512 Marylou Street San Diego, Ca. 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mortuary San Diego, Ca.	F-1329

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
		▶ Hunter R. Ragsdale	5-11-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 11 1989	▶ Carroll L. Pamer, M.D. mm

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
	P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca.	11B. DATE INTERRED 5-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 66-7-2-11 Liner/Cloth covered N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37796

Date: 5-9, 1989

From: Thomas Bush Address: 1512 Mary Lou Street

Tree hundred Dollars ($ 300.00)

In _____ Payment of Archie Garnett's interment

Lot 66 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. C-1073

BALANCE DUE 607.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

405

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

CITY AUDITOR
MAY 12 1989

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
084423	05/15/89	030442	THOMAS BUSH					06/02/89	CK	419	607.00	607.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
E-8073			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				145.00		
			60101			78390					7.00		

NUMBER OF INVOICES PAID 1

AMOUNT PAID 607.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-9-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rolando A. Lazobello

in a Bell Seal Vault/Liner Funeral, date, time Graveside 5/12 10:00

Church, Chapel, Graveside Graveside : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 42 Grave 8 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	7.00
Total Due	607.00
Paid receipt number 37805	307.00
Balance due	0

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Tamara Heredo
Signature
7523 Black Oak Rd
Address
SD. CA 92114
State Zip Code
619-697-0162
Telephone

Work Order # E 8074

Invoice # 6

Acct. # ____

PY-583 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS C-8074

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
Rolando		Lazcabeio	10-17-50	5-5-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tamara Acavedo - Sister 7523 Black Oak Street San Diego, Ca. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Richard W. Ragsdale	5-11-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 12 1989	Donald L. Romero, M.D.

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
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 5-12-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 42-8-2-11 Liner/Cloth covered N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37805

Date: 5-10, 1989

From: Tomasa Acevedo Address: 7523 Stark Rd, SD

Nine hundred seven no/100 Dollars ($ 907.00)

In _____ Payment of Rolando Lozo

CITY AUDITOR
MAY 12 1989

Lot 42 Grave 8 Row _____ Section 2 Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8074

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Cole

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	907	00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Rescheduled for Tues 5/16 10:00 Date 5-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cristobal C. Magbuyao

in a Dble Crypt Vault/Liner Funeral, date, time Fri 5/12 10:00

Church, Chapel, Graveside Church & Gone; Greenwood Mortuary.

Jerry Carr

All Funeral cars must 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 Military Detail

Lot 56 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1523.10
Paid receipt number 30799	1523.10
Balance due ~~0~~	

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Sofia R. Magbuyao

Address 4436 G Street

San Diego CA 92102

State Zip Code

264-7050

Telephone

Work Order # E 8075

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8075

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
CRISTOBAL	CALIZ	MACHUTOP	08-16-12	05-09-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SOFIA MACHUTOP-WIFE 4436 G STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
[illegible] MORTUARY I-805 & IMPERIAL AVENUE SAN DIEGO, CA	F-843

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
		[signature]	5-11-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 11 1989	Donald L. Ramos, M.D. EP

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
	P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY [illegible] CEMETERY [illegible] STREET SAN DIEGO, CA 56-10-2-K	11B. DATE INTERRED 5-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy de Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Dbl Crypt Copper Casket	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37799

Date: 5-10, 19 89

From: Lofie Mughuyop Address: 4426 G Street, San Diego

fifteen hundred twenty-three 10/100 Dollars ($ 1523.10)

In _____ Payment of Christobal Mughuyop's Interment

CITY AUDITOR
MAY 12 1989

Lot 56 Grave 10 Row _____ Section 2 Division ~~Block~~

Invoice No. _____

Acct. No. _____

W.O. E-8075

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	23	10
TOTAL PAID	$	1523	10

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

e-8075

№ 37857

Date: 5/26, 1989

From: Katherine Quinn Address:

Fifteen 95/100 Dollars ($ 15.95)

In Payment of Flower Cup for Cristobal Mayhuyap

CITY AUDITOR
JUN 02 1989

Lot 56 Grave 10 Row Section 2 Division Block

Invoice No.

Acct. No.

W.O. E-8075

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 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deed Transfer

Date 5-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Patricia Litton to Kathleen Murray

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 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	35.00
Sales taxes	
Total Due	35.00
Paid receipt number	
Balance due	

Void

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8076

PY-583 (REV. 8-85)

Deed Transfer and all prepaid Sewers

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tom Mitchell Foldman to

in a _____ Vault/Liner Funeral, date, time Elton G Hill

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 1951 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 37806	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

7830 Stalmer, Apt A-24
Address

San Diego, CA 92111
State Zip Code

560-0990
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8077

PY-593 (REV. 8-85)

10/23/1978

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

C-8071

ORIGINAL—DEED

Nº 9662

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mitchell Feldman for the sum of $ 285.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1951 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-9719

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

R. W. Dehne
Cemetery Manager

E. Marty Martin
Property Director

PY-564

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

e-8077 № 37806

Mitchell Feldman

Date: 5-11, 1989

From: ~~Elton C. Hall~~ Address:

Thirty-five 00/100 Dollars ($ 35.00)

In Payment of Deed Transfer

Lot 1951 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 8-8077

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

CITY AUDITOR
MAY 19 1989

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust

Date 5/11/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearl Christian

in a Ash Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 3983 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37808	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

1525 Felton St
Address

San Diego, CA 92102
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8078

PY-893 (REV. 8-85)

5-9-1989
8078

Mt. Hope Cemetery -

Enclosed check for $242.80 for pre-need services paid-in-full.

My ashes to be buried with my husband in Lot 3983 Division 10 in Mt. Hope Cemetery.

Two lots were paid for in 10/27/71 the remaining lot to be put in Shirley Ann & James Wm. Christian name. (Deed # 5864)
order D-977

Thank you -

Pearl Christian
1525 Felton St.
San Diego, Ca 92102

phone: 232-5558

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8078 № 37808

Date: 5-11, 1989

From: Pearl Christians Address: 1525 Felton Street, SD

Two hundred forty-two 00/100 Dollars ($ 242.80)

In _____ Payment of Pearl Christians pre-Trust pre-cash burial

Lot 3983 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. e-8078

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2637

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Landa Wall

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	242.80
Sales Tax	60101 78390	
TOTAL PAID	$	242.80

CITY AUDITOR
MAY 19 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Purvis

in a Bell Seal Vault/Liner Funeral, date, time Wed 5/17 10:00

Church, Chapel, Graveside Church of Hope, 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 no.

Lot 67 Grave 3 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	7.00
Total Due	907.00
Paid receipt number 37817	300.00
37828	607.00
Balance due	~~607.00~~ 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 Gilbert Purvis

Address 1697 Altadena Av.

State San Diego CA Zip Code 92102

Telephone (619) 264-2386

Work Order # E 8079

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2-8079

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
Gregory		Purvis	9-2-56	5-11-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Wilbert Purvis - Father 1647 Altadena Ave. San Diego, Ca. 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ Herbert A. Ragsdale II	5-15-89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	MAY 17 1989	Donald L. Camrud, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85222 San Diego, Ca. 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 67-3-2-11 Mt. Hope Cemetery 3951 Market Street San Diego, Ca.	11B. DATE INTERRED 5-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner/metal non sealer N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37828

Date: 5-16 19 89

From: Wilbert Purvis Address: 1647 Altadena Dr, D

Six hundred seven 2/100 Dollars ($ 607.00)

In Payment of Gregory Purvis' Interment

Lot 67 Grave 3 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. 2-8079

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 Linda Ward

CREDIT		
20% Sales Care	67007 77184	CITY AUDITOR
80% Sales of Lots	100 77184	320 00
Opening/ Closing	100 77181	MAY 19 1989
Burial Containers	100 77182	150 00
Handling Fee	100 77185	35 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	7 00
TOTAL PAID	$	607 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37817

Date: 5-12 1989

From: Wilbert Purvis Address: 1647 Altadena Ave, SD

Three hundred no/100 — Dollars ($ 300.00)

In _____ Payment of Gregory Purvis's Settlement

Lot 67 Grave 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8079

BALANCE DUE 607.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

CITY AUDITOR
MAY 19 1989

AC-212 (Rev. 10-87)

607

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Stockhouse Prouty

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8080

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/15/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olga Bauer

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 5/17 1:00

Church, Chapel, Graveside Church & Grove Pac 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 4219 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number 37831	400.00
Balance due	907.25

I hereby certify I am the GARDSON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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
900 W. Grove PARKWAY 2062
Address
Tempe AZ. 85283
State Zip Code
(602) 491-2246
Telephone

Invoice # [redacted]
Acct. # [redacted]

Work Order # E 8081

PY-583 (REV. 8-85)

W.O. # 2-8081

NOTE

$ 902.25 San Diego, California May 16 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 nine hundred two 25/100 DOLLARS with interest from July 17, 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.

PR[redacted] NAME MICHAEL R COMER SIGNATURE [signature]

ADDRESS 900 W. Grove Parkway #2062 Tempe Az. 85283

~~CALIF.~~ ARIZ. DRIVERS LIC. # 55406194?

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

e-828'

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
OLGA	HENRIETTA	BAYER	5/2/1920	5/13/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JACK D. SMITH-SON 9660 MARILLA DR., #21 LAKESIDE, CA 92040

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PACIFIC BEACH MORTUARY-4710 CASS ST., SAN DIEGO, CA 92109	815

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
		▶ Mary Friedl	5/15/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 15 1989	▶ Donald L. Ramos, M.D.

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
	VITAL RECORDS-P. O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY-3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO CO.	11B. DATE INTERRED 5-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4219-10 Vault/20 gauge steel-sealer	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37831

Date: 5-16, 1989

From: Michael R. Conner Address: 900 W. Grove Parkway, Simple Cr

four hundred no/100 — Dollars ($ 400.00)

In _____ Payment of Olga Sayers Interment

Lot 4219 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8081

BALANCE DUE 907.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0714

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Dowd

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	400.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400.00

CITY AUDITOR
MAY 19 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/15/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eva Lee Lyons

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 5/18 1:00

Church, Chapel, Graveside Church & Grove Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 67 Grave 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1012.25
Paid receipt number	
Balance due	

30 Day note

I hereby certify I am the Shirley Grove of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Shirley Grove
Signature

7953 LANSING DR
Address

LEMON GROVE CA
State Zip Code

92045
Telephone

Invoice # 084696

Acct. # 030513

Work Order # E 8082

PY-593 (REV. 8-85)

W.O. # 2-8082

NOTE

$ 1012.25 San Diego, California May 15 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 July 18, 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 SHIRLEY GOINS SIGNATURE Shirley Goins

ADDRESS 7953 LANSING DR LEMON GROVE CA 92045

CALIF. DRIVERS LIC. # N2567758

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

e-8082

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Eva	Lee	Lyons	3-25-30	5-13-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Shirley Goins - Daughter 7953 Lansing Dr. Lemon Grove, CA 92045

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca.	F-1329

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
		▶ [signature]	5-16-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		4.00	MAY 17 1989	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85222 San Diego, Ca.92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

* COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca.	11B. DATE INTERRED 5-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 67-5-2-11 ~~Vault/metal casket~~ N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/16/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Harper Collins (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs 6/8 10:00

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 _____ .

✓ Lot 82 Grave 10 Row _____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37850	242.80
Balance due	0

Call receive ashes

will pay when ashes are delivered

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

R E Harper
Signature

5455 San Onofre Terr
Address

Calif 92114
State Zip Code

(619) 264-0332
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8083

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

08083 № 37850

Date: 5-24, 1989

From: R.E. Harper Address: 5455 San Carlos, SD 92115

Two hundred forty-two 80/100 Dollars ($ 242.80)

In _____ Payment of Margaret Harper Collins

Lot 82 Grave 10 Row _____ Section 15 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-8083

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2545

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	80
TOTAL PAID	$	242	80

e-8089

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

C0-4C492

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
MARGARET	DELORES	HARPER AKA COLLINS	Oct. 7, 1939	May 14, 1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Inglewood	Los Angeles	Reginald Harper-Brother 5455 San Onofre Ter. San Diego, California 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Harrison-Ross Mortuary 1839 East Firestone Blvd L.A.,Ca.90001	F872

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 5/25/89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAY 26 1989	[signature]

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
313 North Figueroa Street L.A.,Ca. 90012	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 82-10-15-7 MT. HOPE CEMETERY, 3751 Market Street San Diego,California	11B. DATE INTERRED 6-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY ANGELES Abbey Crematory 1515 E.Compton Blvd Compton, California	12B. DATE CREMATED 6-1-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]	
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 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pioneer Trust Date May 17, 1989

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence B. Summers

in a T.S. Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 164 Grave 3 Row _____ Section 3 Division/Block 6

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 37833	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.

See attached letter

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 8084

Acct. # _____

PY-583 (REV. 8-88)

JIM CADMAN
PROFESSIONAL PROBATE SERVICES
P.O. BOX 566270
OCEANSIDE, CA 92056

(619) 724-7280

e-8084

May 15, 1989

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

Re: FLORENCE B. SUMMERS

Gentlemen:

Please find enclosed herein my check payable to your order in the amount of $712.25, to cover the costs of opening and closing of the grave at the time of death of Mrs. Summers.

Also enclosed is a copy of a letter from Allen Brothers Mortuary of Vista, CA, for your referenced.

Very truly yours,

James G. Cadman
Conservator

Encl.

164-3-3-6



C. ROBERT ALLEN
(619) 726-2555

ALLEN BROTHERS MORTUARY, INC.

1315 SO. SANTA FE AVE.
VISTA, CALIFORNIA 92083

e-8084

March 16, 1989

Mr. James Cadman
P.O. Box 566270
Oceanside, Calif. 92056

Dear Mr. Cadman,

Enclosed please find a pre-need funeral agreement and instructions form for Florence Summers. Each item or service associated with Mr. Summers' funeral is noted along with our present charges. There is also a signature card enclosed which will need your signature and initials as indicated by the red X's.

Mt. Hope Cemetery was contacted for the present charges for opening and closing, outer burial container, tax, and to verify Mrs. Summers did in fact have a grave reserved for herself. The total charges at the cemetery are $712.25. These charges are not included in Allen Brothers itemization. The cemetery did say they also have a trust program in which the $712.25 could be paid to them and there would be no additional charges at the time of need. Their trust program is a little different than the Totten trusts that Allen Brothers arranges for each individual. The cemetery said you may send a check to them and indicate who it is for and the charges would then be taken care of. I have noted the telephone number and the address for Mt. Hope should you need documentation for your records.

Payment received to open an irrevocable trust account for Mrs. Summers in the amount of $2689.46 will enable the charges noted to be guaranteed by Allen Brothers.

Sincerely,

Merrell E. Eacker, Manager

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37833

Date: 5-17, 1989

From: Jim Cadman Address: P.O. Box 566290, Cardiff, CA 92056

Seven hundred twenty-five 25/100 Dollars ($ 712.25)

In _____ Payment of Pre-need Trust for Florence C. Summers

Lot 164 Grave 3 Row _____ Section 3 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. 28084

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 126

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	712 25
Sales Tax	60101 78390	
TOTAL PAID	$	712 25

CITY AUDITOR
MAY 19 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Open back gate

Date 5-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joyce Cox

in a F. S. Vault Vault/Liner Funeral, date, time Wed 2:30 5-24

Church, Chapel, Graveside Chapel & Grave Cypress View Mortuary. Mike

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ . Imperial Gate

Lot 1125 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 37893	712.25
Balance due	0

I hereby certify I am the William H. Cox 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

William H. Cox
Signature
1826 Ridgeview Dr.
Address
San Diego 92105
State Zip Code
262-1412
Telephone

Work Order # E 8085

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

C-8085

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Joyce	Waller	Cox	7-03-31	5-21-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	William H. Cox - Husband 1826 Ridgeview Drive San Diego, CA. 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Cypress View/Bonham Brothers 3993 Imperial Ave. San Diego, CA.	670

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
		▶ C. Hughes	5-22-89

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAY 23 1989	▶ Donald L. Powers, M.D. EA

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
San Diego County - Vital Records P.O. Box 85222, San Diego, CA. 92138	-

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA. 92102	11B. DATE INTERRED 5-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wanda J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1125-10 Vault - Batesville 19 gauge steel/sealer N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

C-8085 № 37843

Date: 5-22, 1989

From: William A. Cox Address: 1826 Redgrave Dr, SD

seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of Joyce Cox's Interment

Lot 1125 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 21-8085

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

220

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	712	25

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37852

Date: 5-25, 1989

From: Vera E Waller Address:

fifteen 95/100 Dollars ($ 15.95)

In Payment of [illegible] for Joyce Cox

Lot 1125 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8085

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
MAY 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	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Curtis Lee Rodgers

in a R.S. Vault (Vault/Liner) Funeral, date, time Tues 5/23 2:00

Church, Chapel, Graveside Chapel & Grave, Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 4930 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 ____	
Balance due	

30 day note

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

Ollie Rodgers
Signature
3415 Highland ave #1
Address
San Diego, CA 92105
State Zip Code
(619) 563-8627
Telephone

Work Order # E 8086

PY-693 (REV. 8-85)

W.O. # 8-8086

NOTE

$ 1407.25 San Diego, California 5-19 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 7-23-89 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 Ollie Rodgers SIGNATURE Ollie Rodgers

ADDRESS 3415 Highland Ave #1 San Diego, CA 92105

CALIF. DRIVERS LIC. #G0051324

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-90 86

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
Curtis	Lee	Rodgers, Jr.	11-5-68	5-17-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Deigo	San Diego	Ollie O. Rodgers - Mother 3415 Highland Ave. Apt. #1 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 2050 Federal Blvd. San Diego, CA	F-1329

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
		Jay Anderson	5-23-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 23 1989	Gerald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, CA 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 5-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4920-10 Vault/Metal-non sealer N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deeded Lot

Date 5-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jewell Williams

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 68 Grave 8 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	
Balance due	

Paid in full 3/7/91

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address 2975 Clay

San Diego CA 92113
State Zip Code

Telephone _____

Work Order # E 8087

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

C-8087

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 22 day of May, 1989 between Jewell Williams, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 68, Grave 8, 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: $0 cash herewith, the receipt of which is hereby acknowledged; $12.00 on the 10 day of June, 1989; and the balance in installments of $12.00 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-8097

WITNESS our hands this day and year above written.

Deed to be issued to:

Jewell Williams
Name

2975 Clay
Address

San Diego, Ca 92113

23 @ $12.00
1 @ 24.00

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Ward

GWS:baa(2)62
2-14-86

C-8047

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40681

Date: 5-8, 1991

From: Jewell Williams Address: 2975 Clay St, SD 92113

Four Dollars 110/mo Dollars ($ 4.00)

In _____ Payment of Credit Lot - Paid In full

Lot 68 Grave 8 Row — Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8087

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 Wait

CREDIT 20% Sales Care	67007 77184	4	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	4	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38141

Date: 6-8, 1989

From: Powell William Address: 2915 Clay Street SD
Thirteen Dollars Nos/100 Dollars ($ 13.00)

In Payment of Crypt 1 Credit Lot

Lot 68 Grave 8 Row Section 2 Division ~~Block~~ 16

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 287.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

239-4310-902

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	13.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	13.00

CITY AUDITOR
JUN 15 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38253

Date: 7-7 19 89

From: Jewel Williams Address: 2975 Clay Street, SD

Thirteen no/100 Dollars ($ 13.00)

In Payment of Coupon-2 Credit Lot

Lot 68 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 279.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

239-9455-05

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	13 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	13 00

CITY AUDITOR
JUL 14 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38372

Date: August 7, 19 89

From: Jewell Williams Address: 2975 Clay street S.D. CA.

thirteen 00/100 — Dollars ($ 13.00)

In Payment of coupon 3, Credit 1st

Lot 68 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 261.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

29-9458.266

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sharon L Crain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182	CITY AUDITOR	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	AUG 12	1989
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38481

Date: 9-6, 1989

From: Jewell Williams Address: 2925 Clay Street, SD 92113

Thirteen 00/100 Dollars ($ 13.00)

In Payment of Canyon 4 Crescent Lot

Lot 68 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 246.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

229-8567-938

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	13	00

CITY AUDITOR
SEP 11 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38006

Date: 10-4, 1989

From: Jewell Williams Address: 2975 Clay Street SD

Thirteen dollars no/100 Dollars ($ 13.00)

In: Payment of Coupon 5

Lot 66 Grave 8 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 235.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 104-0099-860

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	13.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	13.00

CITY AUDITOR
OCT 10 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38542

Date: 11-9, 1989

From: Jewell O. Williams Address: 2975 Clay Street, SD

Thirteen no/100 Dollars ($ 13.00)

In: Payment of Coupon 6 Credit Lot

Lot 68 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 222.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	13.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	13.00

CITY AUDITOR
NOV 13 1989

AC-212 (Rev. 10-87) 792-0118-487

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38644

Date: 12-6 1989

From: Jewell Williams Address: 2975 Clay Street SD
Thirteen Dollars 00/100 Dollars ($ 13.00)

In Payment of Coupon 1 Credit Lot

Lot 68 Grave 6 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 209.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

192-6538-336

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

CITY AUDITOR
DEC 11 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38765

Date: 1-9 1990

From: Jewell Williams Address: 2975 Bay Street D

Thirteen 12/100 Dollars ($ 13.00)

In _____ Payment of Coupon 1 Credit Lot

Lot 68 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 21-6087

BALANCE DUE 196.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 192 0814439

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38858

Date: 2-6, 1990

From: Jewell Williams Address: 2975 Clay St 92113

Thirteen Dollars and 00/100 Dollars ($ 13.00)

In _____ Payment of Credit Lot

Lot 68 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7087

BALANCE DUE $183.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1931377517

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jan Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

CITY AUDITOR
FEB 12 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR № 38986

MAR 20 1990

Date: 3-9, 1990

From: Jewell Williams Address: 2975 Clay St, 92113

[illegible] Dollars ($ 13.00)

In _____ Payment of Credit Lot

Lot 68 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8087

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1931787625

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 9 1990

№ 39087
e-8087

Date: 4-4, 1990

From: Jewell Williams Address: 2975 Clay St, SD 92113

Thirteen Dollars 00/100 Dollars ($ 13.00)

In _____ Payment of Credit Lot

Lot 68 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8087

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 193 241 601

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ann Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	13	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39201

Date: 5-7, 19 90

From: Jewell Williams Address: 775 Clay St SD 92113

Thirteen Dollars and no/100 Dollars ($ 13.00)

In Payment of Credit Lot

Lot 68 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8077

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 94xw954

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	13 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	CITY AUDITOR
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	MAY 14 1990
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	13 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39318

Date: 6-5, 1990

From: Jewel Williams Address: 2975 Clay Street SD

Twenty - Six no/100 Dollars ($ 26.00)

In _____ Payment of Coupons 13 & 14 Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8087

BALANCE DUE 116.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	26 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26 00

CITY AUDITOR
JUN 08 1990

AC-212 (Rev. 10-87) 105-6124-494

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8081 № 39477

Date: 4-12, 1990

From: Jewell Williams Address: 2975 Clay St, S.D. 92113

Thirteen 71/100 Dollars ($ 13.00)

In: Payment of Credit Lot

Lot 68 Grave 7 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-8087

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 Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

K6-033-771

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39566

Date: 8-6, 19 90

From: [illegible] Address: 2975 Clay SD 92113

Thirteen Dollars 2 [illegible] Dollars ($ 13.00)

In _____ Payment of Credit Lot

Lot 68 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8087

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39682

Date: 4 - 10 - , 19 90

From: Terrell Williams Address: 2975 Clay ST San Diego Ca 92113

Twelve and 00/100 Dollars ($ 12.00)

In Payment of Credit Det

Lot 68 Grave 8 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-1087

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

M.O. 106-1824-647

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	12	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	12	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39817

Date: 10 - 10 - 1990

From: Jewell Williams, Address: 2975 Clay St San Diego CA 92113

Thirteen and 00/100 Dollars ($ 13.00)

In _____ Payment of _____

Lot 63 Grave 2 Row — Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-8087

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

M.C. # 52-01937554

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	13.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	13.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 39925

Date: 11-8, 1990

From: Jewel A Williams Address: 1975 Clay St San Diego Ca 92113

Thirteen dollars & 00/100 Dollars ($ 13.00)

In part Payment of Credit Lot

Lot 68 Grave 8 Row — Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. F-8087

BALANCE DUE 53.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

M.O. # 106-6428-350

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lisa Black

CREDIT 20% Sales Care	67007 77184	13 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	13 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
- [illegible]4-3[illegible]1

№ 40051

Date: 12-10, 1970

From: Jewell William Address: 2775 Clay St S.D. CA 92113

Twelve 00 Dollars ($ 12.00)

In: Payment of Credit Lot

Lot 68 Grave 8 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 41.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

MONEY ORDER

AC-212 (Rev. 10-67)

106 9128 200

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	13	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40219

Date: 1-24-91, 1991

From: Jewell Williams Address: 2775 Clay St S.D. 92113

Twelve 00/100 Dollars ($ 12.00)

In _____ Payment of Credit Lot

Lot 68 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8087

BALANCE DUE $27.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

107 0757 889

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

4

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	12	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	12	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40291

Date: 2-8, 1971

From: Jewell Williams Address: 2975 Clay St. S.D. Ca. 92113

Twelve & 00/100 Dollars ($ 12.00)

In Payment of Credit Lot

Lot 68 Grave 8 Row Section 2 Division/~~Block~~ 11

Invoice No.

Acct. No.

W.O. E 8087

BALANCE DUE 16.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67)
107 2252 645

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT 20% Sales Care	67007 77184	12	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	12	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40411

Date: 3-7, 1991

From: Lowell Williams Address: 2775 Clay St. S.D. Ca 92113

Twelve 00/00 Dollars ($ 12.00)

In Payment of Credit Lot

Lot 68 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8087

BALANCE DUE 4.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

171 4187 525

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY H. Ferguson

CREDIT	67007	12	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	12	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8087 Credit Lot

Jewel A Williams
2975 Clay 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. ▶ $ 12.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 13.00

Amount Received $ 13.00

NAME Jewel A Williams

ADDRESS 2975 Clay 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-8087 Credit Lot

Jewel A Williams
2975 Clay 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. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 13.00

Amount Received $ 13.00

NAME Jewel A. Williams

ADDRESS 2975 Clay 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-8087 Credit Lot

Jewel A Williams
2975 Clay 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. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 13.00

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-8087 Credit Lot

Jewel Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on, or before, due date above. $ 12.00

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ 13.00

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-8087 Credit Lot

Jewell Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 13.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8087 Credit Lot

Jewell Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 13.00

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-8087 Credit Lot

Jewell Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before, due date above ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 13.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8087 Credit Lot

Jewel[illegible] Will[illegible]ms
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 13.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8087 Credit Lot

Jewel A. Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 13.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8087 Credit Lot

Jewel A Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on, or before, due date above. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 13.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8087 Credit Lot

Jewel A Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 13.00

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-8087 Credit Lot

Jewell Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 13.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8087 Credit Lot

Jewel A Williams
2975 Clay 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. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 13.00

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-30357 Credit Lot

Jewell [illegible]
2975 Clay 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. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 13.00

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-8067 Credit Lot

Jewel A Williams
2975 Clay 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 ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 13.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8087 Credit Lot

Jewel A. Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on, or before, due date above. $ 12.00

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-8087 Credit Loc

Jewel[illegible] Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before, due date above ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 13.00

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-6067 Credit Lot

Jewell Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 13.00

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. [illegible] **Credit Lot**

Jewel A Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before, due date above ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 13.00

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-4057 Credit Lot

Jewel A [illegible]
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 13.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 1-8087 Credit Lot

Jewel A Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above. $ 12.00

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. 8-0067 Credit Lot

Jewel Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on, or before, due date above. ▶ $ 12.00

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. B-6067 Credit Loc

Jewel A Williams
2975 Clay Street
San Diego, CA 9211?

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. $ 12.00

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. 2-0047 Credit Lot

Jewell Williams
2975 Clay Street
San Diego, CA 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10						

Amount due when paid on or before due date above. ▶ $ 24.00

Amount due if paid more than ___ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E-8087

NAME Williams, Jewell Jewel A. ACCT. NO.

ADDRESS 2975 Clay Street, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
5/2 89	Lot 68, Grave 8, Section 2, Division 11	300 00			300 00
6-8 89	Coupon 1 Receipt 38147			13 00	287 00
7-7 89	Coupon 2 Receipt 38253			13 00	274 00
8-7 89	Coupon 3, Receipt 38372			13 00	261 00
9-6 89	Coupon 4, Receipt 38481			13 00	248 00
10-4 89	Coupon 5, Receipt 38806			13 00	235 00
11-9 89	Coupon 6, Receipt 38542			13 00	222 00
12-6 89	Coupon 7, Receipt 38644			13 00	209 00
1-9 90	Coupon 8, Receipt 38765			13 00	196 00
2-6-90	Coupon 9, Receipt 38868			13 00	183 00
3-9-90	Coupon 10, Receipt 38986			13 00	170 00
4-4-90	Coupon 11, Receipt 39087			13 00	157 00
5-7-90	Coupon 12, Receipt 39201			13 00	144 00
6-5 90	Coupon 13 & 14, Receipt 39318	Paid in full 5-8-91		26 00	118 00
7-12-90	Coupon 15, Receipt 39477			13 00	105 00
8-6-90	Coupon 16, Receipt 39566			13 00	92 00
9-10-90	Coupon #17, Receipt #39682			13 00	79 00
10-10-90	Coupon #18, Receipt #39817			13 00	66 00
11-8 90	Coupon #19, Receipt 39925			13 00	53 00

AIGNER FORM NO. 25-204 Williams, Jewell 68 ▽ 8 ▽ 2 ▽ 11 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
12-10	90	Coupon # 20 receipt # 40051				53.00
					13.00	40.00
1-24	91	Coupon 21 receipt 40219			13.00	28.00
2-8	91	Coupon 22 receipt 40291			12.00	16.00
3-7	91	Coupon 23 receipt 40440			12	4.00
5-9-91		Coupon 24, Receipt 40681			4.00	-0-

PAID
MAY 8 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

AIGNER FORM NO. 25-204

PRINTED IN USA

E-8987

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11776

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Jewel Williams for the sum of $ 300.00 (DOLLARS)

LEGAL DESCRIPTION Lot 68, Grave 8, Section 2, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9411

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

Property Director

PV-884

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathaniel Belcher

in a I.S. Vault (Vault/Liner) Funeral, date, time Tue 5/23 11:00

Church, Chapel, Graveside Chapel & Grave; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Korea

Lot 95 Grave 9 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1012.25
Paid receipt number	
Balance due	

Not paid as of total 95 11-16-95

30 days 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.

Ella R Belcher
Signature

3125 Clay Ave
Address

San Diego CA 92113
State Zip Code

233-6904
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[redacted]
Invoice #

[redacted]
Acct. #

Work Order # E 8088

PY-583 (REV. 6-85)

ID: 104978

W.O. # E-8088

NOTE

$ 1012.25 San Diego, California 5-22 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 7-23-89 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 Ella R Belcher SIGNATURE Ella R Belcher

ADDRESS 3125 Clay AVE. San Diego CA 92113

CALIF. DRIVERS LIC. #

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

C-8089

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Nathaniel		Belcher	8-30-24	5-16-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ella Rose Belcher- Wife 3125 Clay Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	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
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA	F-1329			Joy Anderson	5-19-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 22 1989	Donald L. Ramos, M.D.

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
	P.O. Box 85222 San Diego, CA92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 5-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy DeJesque	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/metal-not sealed N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sallie P. Crawford

in a T.S. Vault (Vault/Liner) Funeral date, time Fri 5/26 11:00

Church, Chapel, Graveside Chapel & Grove Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 41 Grave 6 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 ..... _____

Bal of Preneed Trust E-7788

Total Due 591.37

Paid receipt number 37842 591.37

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8089

PY-593 (REV. 9-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

C-889 № 37842

Date: 5-22, 1989

From: Ed Taylor Address: 4944 Monon St. SD

Five hundred ninety-one 37/100 Dollars ($ 591.37)

In _____ Payment of Julie Crawford Interment

Lot 41 Grave 6 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 2-8069

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
MAY 30 1989

ISSUED BY Sandra Ford

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	591	37
Sales Tax	60101 78390		
TOTAL PAID	$	591	37

AC-212 (Rev. 10-87)

C-8089

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Sallie		Crawford	8-9-13	5-21-89	female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ed. B. Taylor - Son-in-law 4944 Hanonet Street San Deigo, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego CA	F-1329

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
		▶ [signature]	5-23-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	MAY 26 1989	▶ Donald L. Powers, M.D.

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
	P.O. Box 85222 San Diego, CA 92138	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 5-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/metal-mersealer N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sheri Adell Gibson

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 5/23 1:00

Church, Chapel, Graveside Church & Home; Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 96 Grave 5 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	7.00
Total Due	907.00
Paid receipt number 37844	907.00
Balance due	0

I hereby certify I am the SISTERS of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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

3005 / 38th St
Address

SD / CA 92105
Suite / Zip Code

(619) 584-1450 / 528-9918
Telephone

Work Order # E 8090

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e-8090

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
Sheri	Adell	Gibson	11-13-1964	5-14-1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego, CA	Mary P. Jones (Mother) 2048 Franklin Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 3602 El Cajon Blvd. San Diego, CA	F-1337

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
		▶ Melissa A. Haas	5-18-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 4.00	MAY 19 1989	▶ Donald L. Ramos M.D.

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
	P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 5-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 96-5-2-11 Lined Cloth covered N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8090 NO 37844

Date: 5-22, 1989

From: R. Campos Address: 3005 36th Street, SD

Nine hundred seven 70/100 Dollars ($ 907.00)

In _____ Payment of Shire Cell Gibson Interment

Lot 96 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. e-8090

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
MAY 30 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	907	00

AC-212 (Rev. 10-87)

Open Imperial Hotel

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/22/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Williams Talley

in a Liner Vault/Liner Funeral, date, time Thurs 5/25 1pm

Church, Chapel, Graveside Church & Grave Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Imp State

Lot 994 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 37854	607.00
Balance due	-0-

Conrad 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

Work Order # E 8091

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

e-8091

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
FRANCES	ELIZABETH	TULLEY	9-9-1916	5-22-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Sandra L. Howell - Daughter 10763 Vista Del Sur Spring Valley, CA 92078

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Conrad Logan Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045-1533	F 941	▶ Sandra Howell	5-22-1989

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL 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.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAY 23 1989	▶ Donald L. Ramos, M.D. MS

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
San Diego Co. Dept. of Health Services VITAL RECORDS P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE INTERRED 5-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Liner/Oak Casket 9940	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37854
e-8091

Date: 5-25-, 1989

From: SANDRA L. HOWELL Address: 10763 VISTA DEL SUR, SPRING VALLEY 92078

Six hundred seven dollars and XX/100 Dollars ($ 607.00)

In FULL Payment of INTERMENT OF FRANCES WILLIAMS TULLEY

Lot 994 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E 8091

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2165

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY W. Jiteague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	—
TOTAL PAID	$	607	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Bremer Horm (X)

in a P.I.P. (Vault/Liner) Funeral, date, time Thurs 5/25 10:00

Church, Chapel, Graveside Graveside ; Treadsley-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 _____ .

4"x4"

Lot 1201 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	50.00
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	149.00
Paid receipt number 37851	149.00
Balance due	0

Mortuary will bring or bill

I hereby certify I am the Father + 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

Randall H[illegible]
Signature

2125 5th Ave #7
Address

S.D. 92101
State Zip Code

236-8593
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8092

PY-563 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8042

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
JAMES	BRINER	HORN	5-17-89	5-17-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RANDALL JAMES HORN (FATHER) 2125 FIFTH AVENUE SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
BERKELEY-MITCHELL FUNERAL HOME, 2828 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107	F-816

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
		[signature]	5-23-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 23 1989	▶ Donald L. Powers, M.D.

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
	P.O. BOX 85222, SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 1201-1-9 Power in Place Vault	11B. DATE INTERRED 5-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE SAN DIEGO, CA	12B. DATE CREMATED MAY 23 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Adelfo Reyes
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 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

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8092

№ 37851

Date: 5-25, 1989

From: Beardsley-Mitchell Address: 1818 Sunset Cliffs Blvd

one hundred forty-nine 00/100 Dollars ($ 149.00)

In _____ Payment of James Hart's Encrkment

Lot 1201 Grave _____ Row _____ Section 1 Division 9 Block

Invoice No. _____

Acct. No. _____

W.O. 8-8092

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8749

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 20% Sales Care	87007 77184	10	00
60% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181	64	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	149	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/23/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Wilkes

in a Bell Zenith Vault/Liner Funeral, date, time Thurs 5/25 1:30

Church, Chapel, Graveside Chapel Only 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 142 Grave 2 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1102.00
Paid receipt number 37855	1102.00
Balance due	0

Mortuary's fees

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8093

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

C-8043

MOUNT HOPE CEMETERY

MAY 23, 19 89

The undersigned hereby requests and authorizes the interment of the remains of MARY R. WITHERS in Lot 142 Gr #2 Row Sec. #1-VETERANS SEC. Block Division #1 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.

Daughter

Theri R Reed

Signature of relative or legal representative

12323 TEXAS AVE #21, LA, CA 90025

Address & relationship to deceased or authority to sign authorization

Witness

Witness

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37855

Date: 5-25-, 19 89

From: Sheri R. Beer DOR Mary Withers Address: 1149 Van Nuys St. S.D. 92109

One thousand one hundred two dollars and 1X/100 Dollars ($ 1102.00)

In Full Payment of Interment of Mary S. Withers

Lot 142 Grave 2 Row Section 1 Division 11 Block 11

Invoice No.

Acct. No.

W.O. E 8093

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY W.J. Teague

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Vault Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	7	00
TOTAL PAID	$	1102	00

8093
e-8093

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
MARY	RENEE	WITHERS	5/31/1917	5/23/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHERI REES-DAUGHTER 12323 TEXAS AVE., #21 LOS ANGELES, CA 90025

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
PACIFIC BEACH MORTUARY-4710 CASS ST. SAN DIEGO, CA 92109	815

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
		▶ Mary Friedl	5/23/89

PERMIT
AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAY 24 1989	▶ Donald L. Rowe, M.D.

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
VITAL RECORDS-P. O. BOX 85222- SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY
- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY-3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO CO.	11B. DATE INTERRED 5-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1422-1-11	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Effie R Primos

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 52 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	Paid in Full 7/20
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Effie R. Primos
Signature
10193 Webster Ave
Address
San Diego, Ca 92113
State Zip Code
234-9055
Telephone

Work Order # E 8094

Invoice # _____

Acct. # _____

PY-663 (REV. 8-86)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50205

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-20 19 98

From: Effie Primap Address: 3193 Webster Ave SD 92113

Twenty two & 50/100 Dollars ($ 22.50)

In Full Payment of pre need LOT

Lot 52 Grave 5 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-8094

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184	22 50
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	22 50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3909694

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-80

№ 39866

Date: Oct 25, 19 90

From: Eff. R. Primus Address: 3193 Wester Avenue S.D. CA 92113

One hundred and no/cents Dollars ($ 100.00)

In Part Payment of Pre-need Lot

Lot 52 Grave 5 Row Section 3 Division Block 2

Invoice No.

Acct. No.

W.O. E-8094

BALANCE DUE 295.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) E 001 0089472

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47019

Date: 7-12 19 96

From: Effie Primas Address: 3193 Webster Ave. S.D., Ca 92113

In part Payment of pre-need lot Twenty two and 50/100 Dollars ($ 22.50)

Lot 52 Grave 15 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-8094

BALANCE DUE 22.50

Pre-Need Lot X At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 6-8q)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Ingram

CREDIT	67007	22	50
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	22	50

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43435

Date: 3-5-, 19 93

From: EFFIE R. PRIMAS Address: 3193 Webster Ave, S.D. Ca 92113

Fifty and 00/100 Dollars ($ 50.00)

In part Payment of Preneed Lot

Lot 52 Grave 5 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E 8094

BALANCE DUE 45.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4788436306

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007	50	—
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43141

Date: 12/18, 1992

From: Effie Primos Address: 3193 Webster Ave S.D 92113

Fifty & 00/100 Dollars ($ 50.00)

In Part Payment of Pre need lot

Lot 52 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-8094

BALANCE DUE 95.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91) M.O. 4722594031 1

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR 006589 DEC 24 1992

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184	4	00
80% Sales of Lots	100 77184	46	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42505

Date: 7-10, 19 92

From: Effie R. Primas Address: 3193 Webster Ave.

One hundred fifty and XX/100 Dollars ($ 150.00)

In part Payment of Preneed Lot

Lot 52 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 8094

BALANCE DUE 145

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 823

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	150	—
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	$	150	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8094 № 38041

Date: 10-10, 1989

From: Effie Brinas Address: 2193 Webster Ave, SD

Forty Dollars no/100 Dollars ($ 40.00)

In _____ Payment of Credit Lot

Lot 52 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8094

BALANCE DUE 395.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0082233

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	40	00

AUDITOR
OCT 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8094

№ 38300

Date: 7-18 1989

From: Effie Primas Address: 3193 Webster Ave, SD 92113

Twenty dollars no/100 — Dollars ($ 20.00)

In _____ Payment of Credit Lot Sale

Lot 52 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8094

BALANCE DUE 435.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
MP21-648-400

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e-8094

№ 37848

Date: 5-23, 1989

From: Mrs R. Premus Address: 3193 Webster Ave, SD
Conty

Dollars ($ 40.00)

In _____ Payment of June & July Payment on
Pre-need lot

Lot 52 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8094

BALANCE DUE 455.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	40	00

AC-212 (Rev. 10-87)

Send or bring this coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8094 Credit Lot

Effie R. Primas
3193 Webster 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. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 35.00

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-8094 Credit Lot

Effie R. Primas
3193 Webster 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. ▶ $ 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond & Olivia Jacquet

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 52 Grave 10 & 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	2 @ 495.00	990.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		990.00
Paid receipt number 37847		140.00
Balance due		850.00

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

Raymond + Olivia Jacquet
Signature
3163 Webster Ave
Address
California 92113
State Zip Code
232-1377 -9
Telephone

Work Order # E 8095

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42001
E-8095

Date: 3-10, 19 92

From: Oliver Jacquet Address: 3163 Webster Ave, SD

Two Hundred ( ) Dollars ($ 200.00)

In Payment of Pre-Need Lot

Lot 52 Grave 10 & 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-8095

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
1104/0P6252334

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42012
E-8045

Date: 3/0, 1992

From: Oliver Jacquet Address: 3163 Webster Ave, SD

Three Hundred 00/100 Dollars ($ 300.-)

In Payment of Pre-Need Lot

Lot 52 Grave 10 & 11 Row Section 3 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-8045

BALANCE DUE $315.-

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 Davis

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	300	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	W

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37847
e-8045

Date: 5-23, 1989

From: Ivan Jacquet Address: 3163 Webster Ave, SD 92113

One hundred forty no/100 Dollars ($ 140.00)

In _____ Payment of deposit on pre-need lots

Lot 52 Grave 10 & 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E - 8095

BALANCE DUE 650.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	140	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	140	00

MC-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

№ 38301
e-8095

Date: 7-18, 1989

From: Olivia Jacquet Address: 3163 Webster Ave, SD

Thirty & five No 100 Dollars ($ 35.00)

In _____ Payment of Credit Lot Sale

Lot 52 Grave 10 & 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8095

BALANCE DUE 815.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

239-9455-[illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	35 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Letitia Ross & Kaufman,

in a ____ (Vault/Liner) Funeral, date, time Fri 6/2 #45

Church, Chapel, Graveside Direct : Glenhaven Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 236 Grave ____ Row ____ Section 4 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Panel 2277
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 37881	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 8096

Invoice # ____

Acct. # ____

PY-583 (REV. 8-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37881
C-8096

Date: 6-1 19 89

From: Ann K Crockett Address: 205 I Ave, Coronado, CA 92118

thirty-four 20/100 Dollars ($ 35.00)

In Payment of Letitia Ross Lauffman

Lot 236 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. C-8096

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1176

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 09 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

C-8096

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
LETITIA	ROSS	KAUFFMAN	02-17-1903	05-22-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Coronado	San Diego	Ann K. Crooker (Daughter) 1701 Manor Drive Visalia, CA 93291

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 92011	F-964

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
		Judith E. King	5-24-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 24 1989	Donald L. Rowe, M.D. CO

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
	Vital Records P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 236-4-8 Mt. Hope Cemetery 3751 Market St.-San Diego, CA 92102	11B. DATE INTERRED 6-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda, Inc. 14065 Olde Hwy. 80 El Cajon, CA	12B. DATE CREMATED 5/26/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY Sally Stevens
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John S. Vialek

in a T.S. Vault/Liner Funeral, date, time Fri 5/26 10:00

Church, Chapel, Graveside Graveside ; Louis-Fred Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4058 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 37856	712.25
Balance due	-0-

Mortuary will Write check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8097

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

012600 NO 37856 C-8047

Date: 5-26, 19 89

From: Wanda Moorer Address:

Seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of John J. Wicks Interment

CITY AUDITOR
JUN 02 1989

Lot 4058 Grave Row Section Division Block 15

Invoice No.

Acct. No.

W.O. C-8097

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
06186 80

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Dick

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	22	25
TOTAL PAID	$	712	25

C-8097

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
John	Sylvester	Ciolek	12-31-09	5-23-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Phyllis M. Riedel-Sister 1546 Jackson Street N.Chicago, IL. 60064

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
374 E.Magnolia Ave. Parig-Frederick Mortuary El Cajon, CA 92020	795

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	8B. DATE SIGNED
		▶ Diana Roberts	5/26/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 26 1989	▶ Donald L. Rimrod, M.D.

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
	3851 Rosecrans Street San Diego, CA 92110	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE INTERRED 5-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Vault/metal-sealer 4058-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-25-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Craig

in a Bell Lines Vault/Liner Funeral, date, time Tues 5/30 11:30

Church, Chapel, Graveside Delivery Only Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 18 Grave 10 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	7.00
Total Due	907.00
Paid receipt number 37873	907.00
Balance due	0

check

Mortuary will bring

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8098

PY-583 (REV. 8-88)

e-8098

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
HELEN	—	CRAIG	AUG 3, 1909	MAY 24, 1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HENRY BUDD (POWER OF ATTY) 1534 FRONT STREET #16 SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA	F-119

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
		John C Mitchell	5-26-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 26 1989	Donald L. Romrell, M.D.

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
P.O. BOX 85222, SAN DIEGO, CA 92138-5222	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA	11B. DATE INTERRED 5-30-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 18-10-2-11 liner/metal-non sealer	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

e8098

№ 37873

Date: 5-30, 1989

From: Merkley - Mitchell Address: 3655 Fifth Ave, SD

10 ne hundred seven 00/100 Dollars ($ 90 00)

CITY AUDITOR
JUN 02 1989

In _____ Payment of Helen Orkin's Interment

Lot 18 Grave 10 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. C-8098

BALANCE DUE $

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

6310

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	907	00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deed Transfer from Colleen Letter To Gene Whittle Agency

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 691692 Grave _____ Row _____ Section S Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 39853	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 8099

Invoice # _____

Acct. # _____

PY-553 (REV. 8-86)

C-8099

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5/2/1960

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Glenna A. and Patricia A. Litten for the sum of $ 250.00 (DOLLARS)

LEGAL DESCRIPTION Lot 691 and 692 Section 5 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER B-6040

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2' X 1' Flush Marker Only

Raymond W. Detwe
Cemetery Manager

Leo B. Callaway
Park and Recreation Director

FORM 584

GENE E. WHATLEY AGENCY

C-8099

P.O. BOX 178
BONITA, CALIFORNIA 92002

Cemetery Broker

Telephone:425-4860

TRANSFER INFO FORM

Please transfer the following property described as:

Lots 691 and 692, Section 5, Division 8

in Deed/Certificate number B-6040 from Mount Hope Memorial Park

dated 5/2/60 to:

NEW OWNER

NAME: Gene E. Whatley Agency

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

FROM ASSIGNOR

NAME:

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

ACCOUNT NUMBER 852MH

e-8099

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Patricia Litten

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his 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 follows:

Lots 691, 692 and 695 In Section 5 of Division 8

at Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Patricia Litten
Signature

Signature

State of CALIFORNIA County of SAN DIEGO

On MARCH 29, 1989 before me, the undersigned, a Notary Public in and for said State personally appeared

** PATRICIA A. LITTEN **

Personally known to me (or proved to me on the basis of satisfactory evidence), to be the person/s whose name/s is/are subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

Annabelle N. Alfiler
Notary Public in and For Said State

CALIFORNIA

OFFICIAL SEAL
ANNABELLE N. ALFILER
Notary Public-California
SAN DIEGO COUNTY
My Comm. Exp. May 28, 1990

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8009 C-8096

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
GLENNA	ABBY	LITTEN	August 5, 1982	0430

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Female	Caucasian		January 13, 1894	88 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
IN	George W. Smith - unknown	Elizabeth Leaden -unknown

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	304-12-0115	widowed	—

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Homemaker	adult life	self-employed	homemaking

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1718 Rowan Street		San Diego

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	CA	Patricia Litten - daughter 1718 Rowan Street San Diego, CA 92105

21A. PLACE OF DEATH	21B. COUNTY	
Sharp Memorial Hospital	San Diego	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
#7901 Frost Street	San Diego	

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Respiratory Failure	
DUE TO, OR AS A CONSEQUENCE OF (B)	CVA	
DUE TO, OR AS A CONSEQUENCE OF (C)		

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
NO	NO	NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: NONE

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO DATE:

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.)	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
5/82	8/4/82	Solomon Rosenblatt	8/5/82	G33265

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Solomon I. Rosenblatt, M.D. 3939 Iowa Street, San Diego, CA

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST/INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	8-9-82	Mt. Hope Cemetery, San Diego, CA	6555 Joseph A. Faulkner

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Lewis Colonial/Benbough 480	Donald L. Powers M.D.	AUG 6 1982

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VR-11 (10-78)

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO COUNTY DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

SAN DIEGO COUNTY DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HWY., SAN DIEGO, CA 92101

Fee Paid: $3.00

DATED: AUG 6 1982

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37853 e-8090
8098

Date: 5-25, 1989

From: [illegible] Address: 294 [illegible] St, [illegible] Chula Vista

Thirty-five 70/100 Dollars ($ 35.00)

In Payment of [illegible]

Lot 691 & 692 Grave Row Section 5 Division Block 8

Invoice No.

Acct. No.

W.O. E1-8099

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 17597

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EVELYN MAE CASSARD Grave 6/1

in a Liner (Vault/Liner) Funeral, date, time ~~Wed 5-31-89~~ 1:00

Church, Chapel, Graveside Chapel Grave ; Humphrey Rose Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 141 Grave 12 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	7.00
Total Due	607.00
Paid receipt number 6/7/89	602.00
Balance due	5

Robert called from Humphreys family will pay at time of service

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

Signature Lynn A. Pritchard

Address 1316 First Ave.

City Chula Vista CA 92011

State Zip Code

Telephone 691-9494

Work Order # E 8100

Invoice # _____

Acct. # _____

PY-583 (REV. 8-88)

C-8100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
EVELYN	MAE	CASSARD	01-11-1902	05-27-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lynn Pritchard (Granddaughter) 1316 First Avenue Chula Vista, CA 92011

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 92011	F-964	Judith E. King	5-30-89

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	MAY 31 1989	Donald L. Powers, M.D.

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
Vital Records P.O. Box 85222 San Diego, CA 92138-5222	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 6-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 141-12-1-11 Linen/cloth covered N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

085135 06/01/89 030764 RUTH M. CRAWFORD

E-8101

100	072						
100	072						
100	072						
100	072						
60101							
		06/07/89 CK	1484				
		77181	000072		712.25	712.25	0.00
		77182	000072		320.00		PAID IN FULL
		77183	000072		175.00		
		77185	000072		35.00		
		78390			170.00		
					12.25		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 712.25

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38133

Date: 6-8, 19 89

From: Lynn Pritchard Address: 1316 First Ave, Chula Vista CA 92011

Six hundred seven no/100 Dollars ($ 607.00)

In _____ Payment of Evelyn Mae Cassara's Interment

Lot 141 Grave 12 Row _____ Section 1 Division Block 11

CITY AUDITOR
JUN 15 1989

Invoice No. _____

Acct. No. _____

W.O. E - 8100

BALANCE DUE —

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 6222

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00