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 Lillian Clute

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 5/31 10:00

Church, Chapel, Graveside Chapel of the 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 37 Grave 9 Row ____ Section MP5 Division/Block T

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

30 Days MD

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 Ruth M. Crawford

Address 5174 Cassandra

State San Diego Zip Code 92109

Telephone 274-0658

Invoice [redacted]

Acct [redacted]

Work Order # E 8101

PY-883 (REV. 8-85)

W.O. # E-8101

NOTE

$ 712.25 San Diego, California May 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 Seven hundred twelve 25/100 DOLLARS with interest from 7/31 89 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Ruth M. Crawford SIGNATURE Ruth M. Crawford

ADDRESS 5174 Cassandra Lane, San Diego 92109

CALIF. DRIVERS LIC. # B0475400

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-8101

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	MILDRED	CLUTE	09-18-1894	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	Ruth Crawford - daughter 5174 Casandra Lane San Diego, CA 92109

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 ICB	5/30/89

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 30 1989	Ronald 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
	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 5-31-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy De Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 37-9-MAS-T Vault/Batteville - 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 5/30/89

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

in a Concrete Vault Funeral, date, time Friday 6/2 10:30

Vault/Liner

Church, Chapel, Graveside Graveside ; Beardsley-Mitchell Mortuary

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

Lot 78 Grave 12 Row ____ Section 1 Division/~~Block~~ 11

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

Mortuary provide

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8102

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E-8102

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
FREDERICK	---	LEON	7-31-[illegible]	5-28-[illegible]	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	FREDERICK R. LEON (SON) 2322 LUCERNE 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
BRADLEY-MITCHELL FUNERAL HOME, 1010 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]	MAY 30, 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.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 85222, SAN DIEGO, CA 92138-5222	$4.00	MAY 30 1989	Donald L. Russell, 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 HOLY HOPE CEMETERY, 3751 SUNSET STREET, SAN DIEGO, CA 78-12-1-H	11B. DATE INTERRED 6-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Ash Vault Mortuary GREENWOOD CREMATORY, 1-805 & IMPERIAL AVENUE SAN DIEGO, CA	12B. DATE CREMATED JUN 01 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Adolfo Perez	
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-8102
No 38134

Date: 6-8 , 19 89

From: Garcia - Mitchell Address: 1116 Seventh Ave D

Two Interment Opt - Tot 2/100 Dollars ($ 242.20)

In Payment of Interment Fees CITY AUDITOR

Lot 78 Grave 12 Row Section 1 Division/Block JUN 15 1989

Invoice No.

Acct. No.

W.O. E-8102

BALANCE DUE —

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

AC-212 (Rev. 10-87)

8774

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

ISSUED BY Linda Neal

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	6	00
Recording & Misc. Fees	100 77183	2	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	20
TOTAL PAID	$	242	20

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/30/89

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

in a ____ Vault/Liner Funeral, date, time Wed 5/31 11:00

Church, Chapel, Graveside Delivery Only; Merkley-Mitah Mortuary.

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

Lot 93 Grave 2 Row ____ Section 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	

Susan Gidley PP 10 73907

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

[redacted]

Work Order # E 8103

PY-583 (REV. 8-85)

E-8103

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
EARL	RAY	ATKINS	5-5-05	5-16-89	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 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,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	5-30-89

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 31 1989	▶ Ronald L. Powers, 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
	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 HAWLEY STREET SAN DIEGO, CA	11B. DATE INTERRED 5-31-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 93-28-1-12 Nolinea/Pressed wood	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 5/30/89

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Merle P Brown 1:00

in a Vault (Vault/Liner) Funeral, date, time Thurs 6/1 11:30

Church, Chapel, Graveside Delaney Park; Express View Mortuary.

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

Lot 60 Grave 6 Row ____ Section 2 Division/~~Block~~ 4

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	424.39
Balance due	287.86

Bill Bob to - Union Bank attn: Louise Morgan Vice President P.O. 109, SD CA 92112

Express View

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8104

Invoice # ____

Acct. # ____

PY-693 (REV. 8-88)

E-8104

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
Merle	P.	Brown	6-08-03	5-26-89	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	Self, By Pre-Arrangement

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Cypress View/Bonham Brothers 3933 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	5-30-89

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	JUN 01 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
	San Diego County - Vital Records 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: 6-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: Vault/Not 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.

E-8104
No. 38576

OFFICIAL RECEIPT

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

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

Date: 11-16, 19 89

From: Union Bank Address: P.O. Box 85, San Diego, CA 92112

Two hundred eight dollars and 86 Dollars ($ 208.86)

In Payment of Perpetual Care Interest

Lot Grave Row Section Division Block

CITY AUDITOR
NOV 20 1989

Invoice No.

Acct. No.

W.O. E-8104

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 680877

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

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	70	61
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63003 9022		
Sales Tax	60101 78380	12	25
TOTAL PAID	$	287	86

OFFICIAL RECEIPT

E-8104

№ 38174

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

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

Date: 6-20, 19 89

From: Cypress View Address: 3953 Imperial Ave. SD

Four hundred Twenty-four 20/100 Dollars ($ 424.29)

In Payment of Niche # Interment

CITY AUDITOR
JUN 24 1989

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8104

BALANCE DUE 287.86

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

AC-212 (Rev. 10-87) 087381

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

ISSUED BY Sandi Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	104	29
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	424	29

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-30-89

Pruned Lot

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

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 96 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

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

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

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

_____
Signature of recorded holder of deed

Larry G. Denson
Signature
546 MT. DELL DR.
Address
CLAYTON CA. 94517
State Zip Code
415- 672-1436 (H)
Telephone

Invoice # _____

Work Order # E 8105

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
264-3151

No 39500

Date: 7-19, 19 90

From: Larry Lucas Address: 5[illegible]14 Lull Dr., Clayton, Ca 94517

Thirty-two 100 Dollars ($ 31.00)

In Payment of Cruder Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-9105

BALANCE DUE

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

AC-212 (Rev. 10-87) 143

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

ISSUED BY Walt

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

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

№ 39574

Date: 8-6-, 1920

From: Susan Larry A Address: 546 NT Bell Dr. Clayton Calif. 94517

Twenty and 00/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-4105

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #161

AC-212 (Rev. 10-87)

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

ISSUED BY Robert J Jones

CREDIT 20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

OFFICIAL RECEIPT

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

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

№ 39707

Date: 9-17, 19 90

From: Larry Dixon Address: 54[illegible] Hall Ln, Clayton Ca

Forty 710/00 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-2105

BALANCE DUE

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

AC-212 (Rev. 10-87) 194

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

ISSUED BY J. Vitt

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

OFFICIAL RECEIPT

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

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

№ 39839

Date: 10-11-, 19 90

From: DUSON LARRY A Address: 546 NT Dell Dr. Clayton, Ca 94517

TWENTY ONE AND 00/100 Dollars ($ 21.00)

In Payment of CREDIT acct

Lot 96 Grave 1 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8105

BALANCE DUE

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

#241

AC-212 (Rev. 10-87)

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

ISSUED BY Kelt Jose

CREDIT	67007	21 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 *77189*	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	21 00

OFFICIAL RECEIPT

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

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

№ 40012

Date: 12-13, 1950

From: Lara C Dunn Address: 546 M Dell Dr Santee Ca

Twenty + 00/100 Dollars ($ 20.00)

In Payment of

Lot 76 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-2105

BALANCE DUE 130.00

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

AC-212 (Rev. 10-87) 273

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

ISSUED BY H Engum

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

OFFICIAL RECEIPT

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

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

№ 40081

Date: 12-19, 1990

From: [illegible] Address: 546 Mt. [illegible] Ln. Clayton CA 94517

[illegible] Dollars ($ 21.00)

In [illegible] Payment of Cemetery Lot cover #18

Lot 940 Grave 7 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-8105

BALANCE DUE 129.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 300

AC-212 (Rev. 10-87)

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

ISSUED BY Nora Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	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	$	21 00

OFFICIAL RECEIPT

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

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

No 38213

Date: 7-3, 19 89

From: Larry Dunson Address: 346 Mt Hope Dr, Vista, CA

Receipt, refund

Dollars ($ 20.00)

In Payment of Canyon 1 Credit Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. C-8105

BALANCE DUE 475.00

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

AC-212 (Rev. 10-87) 589

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

ISSUED BY

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	JUL 10 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	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

No 38366

Date: Aug 4, 1989

From: Jerry Dunn Address: 546 Mt. Dell Drive
Dollars ($ 20.—)

In part Payment of

Lot 96 Grave 7 Row — Section 2 Division Block 12

Invoice No.
Acct. No.
W.O. 58105
BALANCE DUE 1455.—

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 Rykowski

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

CITY AUDITOR
AUG 12 1989

OFFICIAL RECEIPT

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

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

No 37926

Date: 9-11, 1989

From: LARRY A. DUSON Address: 546 MT Dell DR CLAYTON CA 94517

Twenty Dollars & NO/100 Dollars ($ 20.00)

In PART Payment of CREDIT LOT Coupon # 3

Lot 96 Grave 7 Row — Section 2 Division Block 12

Invoice No. E 8105

Acct. No. E 8105

W.O.

BALANCE DUE 435.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X] 629

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	20 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	SEP 18 1989
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

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

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

No 38022

Date: 10-6 19 89

From: Larry DeSan Address: 576 14th Sel (Sunny Chula Vista

Twenty Dollars 20.00 Dollars ($ 20.00)

In _____ Payment of Cancellation of Unused Lot

Lot 96 Grave 7 Row _____ Section 2 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-805

BALANCE DUE 415.00

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

653

AC-212 (Rev. 10-87)

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

ISSUED BY _____

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

CITY AUDITOR
OCT 16 1989

OFFICIAL RECEIPT

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

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

No 38560

Date: 11-13 19 89

From: Larry Dixon Address: 346 Mt Dell Dr, Vista, Ca. 92

County parks

Dollars ($ 20.00)

In Payment of Vaughan 5 Unit Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-2105

BALANCE DUE 395.00

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

666

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Wade

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	NOV 20 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

№ 38673

Date: 12 11, 19 89

From: Mary Sweet Address: 96 NT Del Sr, Chula Vista CA
Dollars ($ 20.00)
In 1 Payment of Coupon & Grant Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.
Acct. No.
W.O. 2-8105
BALANCE DUE 275.00

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

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

CITY AUDITOR
DEC 18 1989

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

AC-212 (Rev. 10-87) 00084545 ISSUED BY Rachel Ward

OFFICIAL RECEIPT

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

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

CITY AUDITOR

JAN 22 1990

N2 38782

Date: 1-17 19 90

From: Jerri A. Dewan Address: 546 Mt Hell Dr, Chula, CA

Forty & dollars 20/00 Dollars ($ 40.00)

In _____ Payment of Cheque # 1 Mt Hope

Lot 76 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-8105

BALANCE DUE 255.00

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

725

AC-212 (Rev. 10-87)

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

ISSUED BY Judy Ward

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-8151

No 38885

Date: 2-13, 1990

From Lauge Nuson Address: 546 Mt Hebron Dr., Cleyton, Ca 94517

Twenty Dollars 70/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 96 Grave 7 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-8105

BALANCE DUE $335.00

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

AC-212 (Rev. 10-87) 00015315

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

CITY AUDITOR

FEB 20 1990

ISSUED BY

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

OFFICIAL RECEIPT

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

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

CITY AUDITOR NO 39108

APR 16 1990

Date: 4-11, 19 90

From: Lucy Duran Address: 46 Merrill St, Chula Vista 92011

Twenty Dollars and no/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 96 Grave 7 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-8105

BALANCE DUE

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

AC-212 (Rev. 10-87) 8605

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

ISSUED BY Auditor

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

OFFICIAL RECEIPT

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

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

CITY AUDITOR

APR 2 1990

No 39040

Date: 3-27, 1990

From: Lo y Rusa Address: 546 Mc Kee Dr, Chula Vista 92011

Dollars ($ 21 00)

In Payment of Cash-Lot

Lot 96 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7105

BALANCE DUE

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

AC-212 (Rev. 10-87) 1004

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	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	$	21	00

OFFICIAL RECEIPT

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

CITY AUDITOR

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

MAY 29 1990

No 39250

Date: 5-21, 1990

From Larry Nunn Address: 546 Mt Hebron Dr, Chula Vista 92011

Twenty-One Dollars Dollars ($ 21.00)

In Payment of Cedar Lot

Lot 96 Grave 4 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-2105

BALANCE DUE

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

AC-212 (Rev. 10-87) 101

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

ISSUED BY J Weis

CREDIT	67007		
20% Sales Cars	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	$	21	00

OFFICIAL RECEIPT

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

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

№ 40268

Date: 2-5, 19 71

From: Lorna Duran Address: 541 Mt. Dell Drive Clayton, Ca

Twenty-one 00/100 Dollars ($ 21.00)

In ____ Payment of Credit Lot

Lot 96 Grave 7 Row ____ Section 2 Division 12 ~~Block~~

Invoice No. ____

Acct. No. ____

W.O. E-8165

BALANCE DUE 103.00

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

AC-212 (Rev. 10-87)

8033 00163 82

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

ISSUED BY M. Fenger

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

OFFICIAL RECEIPT

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

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

Nº 39352

Date: 6-12, 1990

From: Larry Dyson Address: 546 Mt Hull Dr, Clayton Ca

Twenty 20/100 Dollars ($ 20.00)

In Payment of Cedar Lot

Lot 96 Grave 7 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-1105

BALANCE DUE

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

AC-212 (Rev. 10-87) 103

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

ISSUED BY Lewis

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

CITY AUDITOR JUN 18 1990

OFFICIAL RECEIPT

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

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

No 40360

Date: 2-22, 19 71

From: Sandra Dixon Address: 5746 Mt. Dell Dr. La Mesa Ca 92041

Two Hundred Dollars ($ 200)

In Payment of Double Lot

Lot 76 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8105

BALANCE DUE $87.00

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 M. Ferguson

CREDIT			
20% Sales Care	67007 77184	12	00
80% Sales of Lots	100 77184	9	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

OFFICIAL RECEIPT

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

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

№ 40404

Date: 3-7, 19 91

From: Laura Duran Address: 546 Mt. Dell Drive Clayton ca

Twenty ~~Too~~ Dollars ($ 20.00)

In Payment of Credit Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8105

BALANCE DUE #67.00

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

AC-212 (Rev. 10-87) 94

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

ISSUED BY

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

OFFICIAL RECEIPT

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

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

Nº 40615

Date: 4-25, 19 94

From: Kay Lynn Address: 546 Mt. Hope Dr. San Diego, CA 92114

Twenty Dollars Dollars ($ 20.00)

In Payment of Cedar Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-1105

BALANCE DUE

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

AC-212 (Rev. 10-87) Yellow

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

ISSUED BY Judit

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

№ 40658

Date: 5-6, 19 91

From: Lois Dunn Address: [illegible]

[illegible] Dollars ($ 20.00)

In Payment of Order Lot

Lot 96 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-9105

BALANCE DUE

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

AC-212 (Rev. 10-67) 1038

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

ISSUED BY [illegible]

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

OFFICIAL RECEIPT

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

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

№ 40948

Date: 7-6, 1921

From: Larry A Dunn Address: 5746 N 3rd Dr. Clinton CA 94-17

Thirty Five and 00/100 Dollars ($ 35.00)

In Part Payment of Credit for

Lot 76 Grave 7 Row ____ Section 2 Division ____ Block 12

Invoice No. ____

Acct. No. ____

W.O. E-8105

BALANCE DUE ____

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

AC-212 (Rev. 10-87) # 1119

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

ISSUED BY Robt Howard

CREDIT 20% Sales Care	67007 77184	86 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	$	86 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8105 ▲ Credit Lot

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 21.00

Amount Received $ 20.00

NAME LARRY DUSON

ADDRESS 546 MT. DELL DR.

CITY CLAYTON STATE CA ZIP 94517

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8105 Credit Lot

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

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 LARRY A. DUSON

ADDRESS 546 MT. DELL DR.

CITY CLAYTON STATE CA ZIP 94517

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-9185 → Credit Lot

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8105 Credit Lot

Larry A. Duson
546 Mt. Dell Drive,
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance COUPON 3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8105 , Credit Lot

Larry A. Dueon
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 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-8105 Credit Lot

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 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-8105 Credit Lot 2

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

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-0105 Credit Lot

Larry A. Dusen
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

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-8105 **Credit Lot**

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 20.00

Amount due if paid more than 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-8105 → Credit Lot

Larry A. Dusen
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 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-8105 **Credit Lot**

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 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-8105 Credit Lot

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8103 Credit Lot

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

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

$ _____

Amount Received $ 21.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8105 Credit Lot

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca 94517

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

$ _____

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-8105 Credit Lot

Larry A. Duson
546 Mt. Dell Drive
Clayton, Ca - 94517

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6105 **Credit Lot**

Larry A. Dunon
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 21.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-8103 Credit Lot

Larry A. Dueen
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than 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-8105 Credit Lot

Larry A. Dunon
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send ordering one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-8165 Credit Loc

Larry A. Dyson
546 Mt. Bell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

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-8105 Credit Lot

Larry A. Duson
546 Mt. Dail Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-5105 Credit Loc

Larry A. Ivson
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 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-8105 Credit Loc

Larry A. Dusom
546 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 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 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-5105 Credit Loc

Larry A. Dixon
346 Mt. Dell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 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. M-8109 Credit Lot

Larry A. Dupon
546 Mt. Bell Drive
Clayton, Ca 94517

Month and Day Due Indicated Below

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

[redacted]

$ 35.00

10 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 5/30/89

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

in a Dble Vault/Liner Depth Funeral, date, time Mon. 6/5 11:00

Church, Chapel, Graveside Chapel & 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 4339 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup Disenter - Dig Deeper	700.00
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	1408.10
Paid receipt number 6/21/89	1408.10
Balance due	0

30 days paid

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

James L Lincoln
Signature

3466 Westside Ave
Address

Los Angeles, 90008
State Zip Code

213-299-2607
Telephone

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

Signature of recorded holder of deed

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 8106

PY-593 (REV. 8-86)

W.O. # E-8106

NOTE

$ 1408.00 San Diego, California May 30 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Fourteen hundred eight 00/100 DOLLARS with interest from 8/5/89 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 JAMES E. LINCOLN SIGNATURE James E. Lincoln

ADDRESS 3866 Westside Ave, Los Angeles, CA 90008

CALIF. DRIVERS LIC. # V0298910 CA.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8106

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

June (MONTH) 1989 (YEAR)

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

Martin Lincoln

from Lot 4339 Grave ___ Section ___ Row ___ Block ___ Div 10
and to remove the same to and reinter said remains in Lot 4339 Grave ___
Section ___ Row ___ Block ___ Div 10 .

Grave will be dug deeper to allow for double burial - Martin and Bertha Lincoln

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.

LaVelle Mills		
Signature	Signature	Signature
Daughter		
Relation to deceased	Relation to deceased	Relation to deceased
4901 Reynolds St. S.D.		
Address	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

E-8106

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
Bertha		Lincoln	10-20-94	5-29-89	Female

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	La Velda Naulls - Daughter 4901 Reynolds 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	FD329

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
		▶ Wm Anderson	6-1-89

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
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		4.00	JUN 2 1989	▶ Harold 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	

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	Mt. Hope Cemetery 3751 Market Street San Diegocmp CA	6-5-89	▶ Wendy Jeague
	12A. NAME AND ADDRESS OF CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY**
CREMATION	Double Crypt / Metal 4339-19 section N/A		▶
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A		▶
	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**
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	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.

E-8/06

DATE: 06/27/89
TIME: 224351
PAGE: 6

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/27/89

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	PAYM REF NO	FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
085466	06/06/89	030833	JAMES E. LINCOLN			77162	000072	06/21/89	CK	0968		1,408.10	1,408.10	0.00
			100	072		77183	000072					330.00		
			100	072		77185	000072					735.00		
			100			78390						320.00		
			60101									23.10		

PAID IN FULL

E-8/06

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/30/89

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

in a Bell Davis Vault/Liner Funeral, date, time ~~Friday~~ 6/2 2:00

Church, Chapel, Graveside Greenside ; Moved to Mortuary.

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

Lot 97 Grave 10 Row ____ Section 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
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 8107

Invoice # _____

Acct. # _____

PY-503 (REV. 9-85)

E-8107

TO Sandy

DATE 5-30-89 TIME 1:15

WHILE YOU WERE OUT

M Pat Williams

OF PA's office

PHONE 694-3506 EXT.

TELEPHONED	✓	PLEASE CALL	✓
RETURNED YOUR CALL		WILL CALL AGAIN	
WAS IN TO SEE YOU		WILL COME IN AGAIN	

MESSAGE Needs info on lot prices & locations

FORM BD-70 (Rev. 6-86) RECEIVED BY NCB

E-8107

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
Perry	Emerson	Smith	July 6,1947	May24,1989	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 ▶ John Mayer	8B. DATE SIGNED 6-1-89

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 4.00	9B. DATE PERMIT ISSUED JUN 2 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 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
3851 Rosecrans Av. 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 3751 Market San Diego, CA	11B. DATE INTERRED 6-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Segura	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner/metal/sealer 97-10-2-11 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

E-8107

No 38197

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

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

Date: 6/28 19 87

From: City of SD Address: 5201-A Euclid Av, SD

Mrs. Richard Lewis No 11085 Dollars ($ 907.00)

In Payment of Perry Emerson Smith's interment

Lot 97 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8107

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 03.413

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

ISSUED BY Linda L. Wells

CREDIT 20% Sales Care	67007 77184	60	00
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	80101 78380	7	00
TOTAL PAID	$	907	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-31-89

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

in a top of Dble Cpt Vault/Liner Funeral, date, time Mon 6/5 1:00

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 2 Grave 2-ABC Row ____ Section 1 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	355.00
Paid receipt number 37875	355.00
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.

Saundra Tizenor
Signature

7083 Luther St Apt
Address

San Diego
State Calif. Zip Code 92114

Telephone (619) 264-4189

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

Signature of recorded holder of deed

Work Order # E 8108

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

E-8108

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
LaVarr	Burge	Tizenor	02/05/05	05/30/89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Saundra Tizenor - Daughter 7083 Tuther Way San Diego, Calif. 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]	06/1/89

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	JUN 2 1989	▶ Harold 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 Cemetary 3751 Market St., San Diego, Ca. 92102	11B. DATE INTERRED 6-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Double Cupt top / 2-2ABC-1-7 / 8 gauge steel sides 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.

E-8100
NO 37875

OFFICIAL RECEIPT

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

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

Date: 5-31, 1989

From: Sandra Tiers Address: 7082 Lotus Way San Diego

Interment Rights Site - Unit 1 Dollars ($ 355.00)

In Payment of Adult Interment

Lot 4 Grave 2 Row Section 1 Division Block

CITY AUDITOR
JUN 02 1989

Invoice No.

Acct. No.

W.O. E-8100

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	320	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-31-89

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

in a Double Crypt Vault / Urn Funeral, date, time Mon 6/5 10:00

Church, Chapel, Graveside Church of Divine 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 113 Grave 12 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container #380 Solitude Series	330.00
Handling Fees	320.00
Flower vases - Marker setting fee extra	
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1523.10
Paid receipt number 37880	500.00
Balance due	1023.10

Paid 5/24/89

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

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

Signature of recorded holder of deed

Virginia F. Dunphey
Signature
5327 Cm to Mindy 152.
Address
92105
City Zip Code
619-264-3690
Telephone

[redacted]

Work Order # E 8109

PY-583 (REV. 8-85)

W.O. # 2-8109

NOTE

$ 1023.10 San Diego, California June 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 One Thousand Twenty three DOLLARS with interest from 8-1-89 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 Virginia Hughey SIGNATURE Virginia Hughey

ADDRESS 5329 Caminito Mindy

CALIF. DRIVERS LIC. # B1407659

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8109

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
CYNTHIA	ANNE	HUGHEY	NOV 12,1950	MAY 30,1989	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	VIRGINIA HUGHEY -MOTHER 5327 CAMINITO MINDY 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,	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
		▶ Jack P. Swanson	June 2,1989

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	JUN 2 1989	Harold 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 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 Mt. Hope Cem., 3751 Market Street San Diego, CA. 92102	11B. DATE INTERRED 6-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 11-12-1-11 Dbl Crypt (B) Poplar-Wood 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.

E-8109

OFFICIAL RECEIPT

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

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

No 37880

Date: 6-1 , 19

From Virginia Hughes Address: 5327 Conrad Ave, CA 92105

Five Hundred 00/100 Dollars ($ 500.00)

In Payment of Cynthia Care Hughes Grave-S

Lot 113 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8109

BALANCE DUE 1024.10

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

AC-212 (Rev. 10-87)

3109

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

CITY AUDITOR
JUN 09 1989

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	99	10
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	3	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

OFFICIAL RECEIPT

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

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

No 38162

Date: 6-15 19 89

From: Virginia Hurley Address: 5327 Caminito Mirada SD
Lifton 92120

Dollars ($ 15.95)

In Payment of Plaque Dep for G. Tillie Hurley

Lot 113 Grave 12 Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. 2-6109

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 Sandy Ward

CREDIT	87007		
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	83033 9022		
Sales Tax	60101 78390		35
TOTAL PAID	$	15	95

CITY AUDITOR
JUN 19 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
085467	06/06/89	030834	VIRGINIA HUGHEY											
E-8109				100			77163		07/24/89	CK	2966	523.10	1,023.10	0.00
				100	072		77181	000072				17.90		PAID IN FULL
				100	072		77182	000072				161.06		
				100	072		77185	000072				168.73		
				60101			78390					163.61		
												11.80		

NUMBER OF INVOICES PAID

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/10/89

DATE: 07/10/89
TIME: 214607
PAGE: 12

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
085467	06/06/89	030834	VIRGINIA HUGHEY											
E-8109				100			77183		07/03/89	CK	2953	500.00	1,023.10	523.10
				100	072		77181	000072				17.10		PARTIAL PAYMENT
				100	072		77182	000072				153.94		
				100	072		77185	000072				161.27		
				60101			78390					156.39		
												11.30		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deed Transfer

Date 6-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean Howard Gaston to Robert Gaston

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 509 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 37879	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.

Robert H. Gaston

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

_____
Signature of recorded holder of deed

Signature

6202 Fawnview Rd

Address

Bonita, Oregon 97487

State Zip Code

Telephone

Invoice # _____

Work Order # E 8110

Acct. # _____

PY-693 (REV. 8-86)

OFFICIAL RECEIPT

E-811D

No. 37879

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

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

Date: 6-1, 19 89

From: Howard Sutton Address: 26202 Fairview Rd, Santa Ana

Thirty-five Dollars ($ 35.00)

In Payment of Last Month

Lot 509 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-811D

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

376

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Sonia Ward

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

E-8110

OFFICIAL RECEIPT

№ 40011

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

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

ELOUISE O'NEIL (SEE BACK)

Date: 12-13, 1970

From: Sandra Chavez Address: 5470 Kinfield [illegible] 92114

[illegible] Dollars ($ 36.00)

In [illegible] Payment of [illegible]

Lot 111 Grave 11 Row [illegible] Section 2 Division Block 11

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-8110

BALANCE DUE 35.00

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

CREDIT	67007	36	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	36	00

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

AC-212 (Rev. 10-67) 733

ISSUED BY [illegible]

E-8110

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 1 day of June, 19 89, between Mabsee Garrett, 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 90, Grave 5, Row ____, Section 1, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 450.00, payable as follows: $ 0 cash herewith, the receipt of which is hereby acknowledged; $ 20.00 on the 10 day of July, 19 89; and the balance in installments of $ 20.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E-8110

WITNESS our hands this day and year above written.

Deed to be issued to: Walsie S. Garrett
Name

23 @ 20.00
1 @ 35.00
495

2466 54th St.
Address

San Diego, Ca. 92105

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Loretta Wood

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Walsiel Garnett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 21.00

Amount Received $ 20 00

NAME Walsiel S. Garrett

ADDRESS 2466 56th St.

CITY San Diego, STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Walsiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 21.00

Amount Received $ 21.—

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-8111 Credit Lot

Walsiel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME Walsiel Garrett

ADDRESS 2466 56th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Walsiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 20.00

Amount Received $ _____

NAME Walsiel S. Garrett

ADDRESS 2466 56th St.

CITY San Diego STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Walsiel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 20 00

Amount Received $

NAME Walsiel L. Garrett

ADDRESS 2466 56th St.

CITY San Diego, STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Walsiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 20 00

Amount Received $

NAME Walsiel S. Garrett

ADDRESS 2466 56th St

CITY San Diego STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot & Pre-Need Trust

Eléuise O'Neil
4215 Epsilon St.
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. $ 36.00

Amount due if paid more than _____ days after due date above. $ 36.00

$ _____

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-8111 **Credit Lot**

Walsiel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 20 00

Amount Received $ _____

NAME Walsiel S. Garrett

ADDRESS 2466 56th St.

CITY S.D. Ca STATE ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Walsiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

$

Amount Received $

NAME Walsiel S. Garrett

ADDRESS 2466 56th St.

CITY San Diego, STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Waleiel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 20.00

Amount Received $

NAME Waleiel Garrett

ADDRESS 2466 56th St.

CITY San Diego STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6111 Credit Lot

Walsiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 20 00

Amount Received $

NAME Walsiel S Garrett

ADDRESS 2466 56th St.

CITY San Diego STATE CA ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Valsiel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME Valsiel L. Garrett

ADDRESS 2466 56th St.

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6111 Credit Lot

Walsiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 20 00

Amount Received $

NAME Walsiel S. Garrett

ADDRESS 2466 56th St.

CITY San Diego, STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6111 Credit lot

Walalel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Walalel Garrett

ADDRESS 2466 56th St.

CITY San Diego, STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Walaiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 20 00

Amount Received $

NAME Walaiel S. Garrett

ADDRESS 2466 56th St.

CITY San Diego, STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6111 Credit Lot

Walsiel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 20.00

Amount Received $ _____

NAME Walsiel D. Garrett

ADDRESS 2466 56th St.

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8111 Credit Lot

Weisiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Weisiel S. Garrett

ADDRESS 2466 56th St

CITY San Diego, STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0111 Credit Lot

Waleiel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 20.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 20 00

Amount Received $

NAME Waleiel D. Garrett

ADDRESS 2466 56th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6111 Credit Lot

Waleiel B. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 20 09

Amount Received $

NAME Waleiel B. Garrett

ADDRESS 2466 56th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6111 Credit Lot

Walstel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 20.00

Amount Received $

NAME Walstel S. Garrett

ADDRESS 2466 56th St.

CITY San Diego, STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8111 Credit Lot

Walafiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 20.00

Amount Received $

NAME W Garrett

ADDRESS 2466 56th St

CITY San Diego STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-5111 Credit Lot

Valsiel Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 20 00

Amount Received $

NAME W Garrett

ADDRESS 2466 56th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-0111 *Credit Lot

Daniel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.60

$ 2000

Amount Received $

NAME D Garrett

ADDRESS 2466 56th St

CITY San Diego STATE Ca, ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0111 Credit Log

Valeial Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 20 00

Amount Received $

NAME Valeial Garrett

ADDRESS 2466 56th St.

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-Sill Credit Lot

Waisiel S. Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on or before, 10th day of June: $ 35.00

Amount due if paid after 10th day of June: $ 1.05

$ 3540

Amount Received $ _____

NAME W. Garrett

ADDRESS 2466 56th St.

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-1-89

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 90 Grave 5 Row _____ Section 1 Division/~~Block~~ 11

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

Paid in full 2/5/91

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

Walsie S. Garrett
Signature
2466 56th St.
Address
San Diego, CA. 92105
State Zip Code
(619) 264-8679
Telephone

Work Order # E 8111

Invoice # _____

Acct. # _____

PY-593 (REV. 9-88)

FORM 61

LEGAL DESCRIPTION E-8111

LOT 90 SECTION 1 DIVISION 11

	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	
1	ALLEN, Mabel Adams ALLEN, Horace Wakefield	Horace W. & ALLEN, Mabel M.	DOUBLE DEPTH CRYPT (D.I.P.) 3/21/1973 250.00	05/29/1987 01/02/1987	E-6680 E-6332 D-2861	
2	SIMON, Elbert	SIMON, Charlsie	4/1/1974 165.00	4/4/1974	D-4285	
3	Simon, Charlsie Ann	Garrett, Walsiel S.	08/02/1988 $495.	08/05/1988	E-7564	DEED #i Top Se
4	ROSEBOURGH, OLLIE	Garrett, Walsiel S.	05/01/1989 $495.	10-27-99	E-15310 E-15110 E-7175	Over DEED #:
5		Garrett, Walsiel S.	6-1-89 495.		E-8111	DEED #
6	TURNTINE, DOROTHY L. TURNRINE, MONNS	MELROSE LEWIS	3/1/99 $2044.45	3/4/99 09-30-2004	E-14920 E-18726	Double- dept
7						
8						
9	FRANKE, Murray	FRANKE, Kent R.	2/5/1974 165.00	2/7/1974	D-4068	
10	WILLIAMS, John Fletcher	WILLIAMS, Kenneth	08/22/1985 $495.	08/27/1985	E-5177	
11	LINDSAY, Norman B.	LINDSAY, Florence	8/26/1976 200.00	8/30/1976	D-7300	
12	LINDSAY, FLORENCE ANN	LINDSAY, Florence	4/30/1979 230.00	02-05-1997	E-13416 E-279	Liner

1	
2	
3	
4	06-23-99 E-15110 Pre-need trust for Ollie Rosebourgh paid in full. Trust includes opening/closing, liner, handling fee, recording fee, tax on liner.
5	This gravesite is reserved for Ibrahim Fardan 6/2/2008 Charles T Bassett
6	For Monns Turntine, Jr.
7	
8	
9	
10	
11	
12	

OFFICIAL RECEIPT

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

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

No 38258

Date: 7-7, 19 89

From: Mabel Garrett Address: 2466 36th Street, SD

Rec'd, Dollars ($ 20.00)

In Payment of Cancel 1 Adult Lot

Lot 90 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8111

BALANCE DUE 475.00

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

AC-212 (Rev. 10-87) 5949

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

ISSUED BY Sandy

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	CITY AUDITOR
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	JUL 14 1989
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

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

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

No 38350

Date: Aug 2, 19 89

From: Orval Garrett Address: 2116 56th Street

Twenty Dollars ($ 20.00)

In Part Payment of Credit for Coupon D

Lot 90 Grave 5 Row — Section 1 Division 11 Block

Invoice No.

Acct. No. 0-8111

W.O.

BALANCE DUE 14.55

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

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

CITY AUDITOR
AUG 07 1989

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

ISSUED BY R. Lund

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 37906

Date: 9-8, 19 89

From: Melvin D. Smith Address: 2966 36th Street, SD

Twenty x 50 Dollars ($ 20.00)

In Payment of Canyon 3 Grave Lot

Lot 90 Grave 5 Row Section 1 Division/Block 11

Invoice No.

Acct. No.

W.O. 21-6111

BALANCE DUE 435.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 5995

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	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	SEP 18 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

No 37996

Date: 10-4 19 89

From: Velsie L. Smith Address: 2466 56th Street SD

Twenty no/100 Dollars ($ 20.00)

In Payment of Coupon 4 Quadruple Lot

Lot 90 Grave 5 Row Section 1 Division 11 Block

Invoice No.

Acct. No. E-8111

W.O.

BALANCE DUE 415.00

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

AC-212 (Rev. 10-87) 6021

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

ISSUED BY Linda Ward

CREDIT 20% Sales Care	57007 77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
OCT 10 1989

OFFICIAL RECEIPT

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

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

No 38505

Date: 11-2 19 89

From: Volsied Gratt Address: 2966 56th Street SD

twenty dollars no/100 — Dollars ($ 20.00)

In Payment of Coupon 5 Unit 1 Lot

Lot 90 Grave 5 Row Section 1 Division/Block 2

CITY AUDITOR
NOV 2 1989

Invoice No.

Acct. No.

W.O. 21-6111

BALANCE DUE 395.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	20 00

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

ISSUED BY Linda J. Wood

AC-212 (Rev. 10-87) 6052

OFFICIAL RECEIPT

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

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

№ 38622

Date: 12-4 19 89

From: Lloyd Jarratt Address: 2466 36th Ave, D
Vista, Calif 92083 Dollars ($ 20.00)

In Payment of Cemetery Lot

Lot 70 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8111

BALANCE DUE 312.00

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

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	DEC 11 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 6079

ISSUED BY Debra Ward

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

№ 38729

Date: 1-2, 19 90

From: Walrick Garrett Address: 2466 56th St, S.D. 92105

Twenty Dollars and 7/100 Dollars ($ 20.00)

In Payment of Canyon 7-Child Lot

Lot 90 Grave 5 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-8111

BALANCE DUE 835.00

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

AC-212 (Rev. 10-87) CH6117

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

ISSUED BY J. Garrett

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	JAN 08 1990
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

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

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

No 38845

Date: 2-5 , 1990

From: Walter Garrett Address: 2466 56th St, S.D. 92105

Twenty Dollars 00/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 90 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-9111

BALANCE DUE $335.00

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

AC-212 (Rev. 10-87) 6142

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

ISSUED BY J. McWalt

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

CITY AUDITOR
FEB 12 1990

OFFICIAL RECEIPT

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

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

CITY AUDITOR

MAR 12 1990

No. E-8111 38936

Date: 3-5, 19 90

From: Edward Jones Address: 2462 54th St. SD 92105

Twenty Dollars Dollars ($ 20.00)

In Payment of Cash-Lot

Lot 90 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8111

BALANCE DUE

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

AC-212 (Rev. 10-87)

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

ISSUED BY

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

No 39194

Date: 5-7, 1990

From: Walter Garrett Address: 2466 54th St 92105

Twenty-Dollars 710/100 Dollars ($ 20.00)

In _____ Payment of Credit Lot

Lot 90 Grave 5 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-9111

BALANCE DUE _____

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

AC-212 (Rev. 10-87) L229

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

CITY AUDITOR

MAY 14 1990

ISSUED BY _____

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

OFFICIAL RECEIPT

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

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

CITY AUDITOR

APR 9 1990

№ 39074

Date: 4-3 , 1990

From: Charles Edward Gillett + Roland Address: 2466 56th St. SD 92105

Dorothy Gillett

Dollars ($ 20.00)

In Payment of Cash Lot

Lot 90 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. F-2111

BALANCE DUE

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

AC-212 (Rev. 10-87) 6192

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

ISSUED BY John Watt

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

OFFICIAL RECEIPT

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

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

No 39307

Date: 6-4, 1952

From Walter Grant Address: 2466 54th St

Dollars ($ 20.00)

In Payment of Cash-Lot

Lot 50 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7111

BALANCE DUE

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

AC-212 (Rev. 10-87) 6265

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

ISSUED BY Waite

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

CITY AUDITOR
JUN 08 1990

OFFICIAL RECEIPT

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

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

No 39479

Date: 7-12, 19 90

From: Dalsie Garrett Address: 2[illegible] 54th St. S.D. 92105

Twenty Dollars and 00/100 Dollars ($ 20.00)

In Payment of Cedar Lot

Lot 90 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8111

BALANCE DUE

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

AC-212 (Rev. 10-87) 6299

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

ISSUED BY J. Watts

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

OFFICIAL RECEIPT

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

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

No 39555

Date: Aug 3, 1940

From: Walsie Gerts Address: 2401 34th St, S.D. 92105

Twenty Dollars Dollars ($ 20.00)

In Payment of Cedar Lot

Lot 90 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7111

BALANCE DUE

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

AC-212 (Rev. 10-87) 6324

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

ISSUED BY Smith

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
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

№ 39791

Date: 10 - 4 - , 19 90

From: Walter S. Garrett Address: 2160 54th St San Diego CA 92105

Twenty and 00/100 Dollars ($ 20.00)

In Payment of Credit Int

Lot 70 Grave 5 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-9111

BALANCE DUE

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

AC-212 (Rev. 10-87) #6381

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

ISSUED BY Rose Lopez

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

E-8111
№ 39889

Date: 11-5, 19[illegible]

From: [illegible] Address: [illegible]

Twenty and 00/100 Dollars ($ 20.00)

In Payment of For 2 graves lot

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8111

BALANCE DUE

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

#6417

AC-212 (Rev. 10-87)

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

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

OFFICIAL RECEIPT

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

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

№ 39999

Date: 12-4, 1920

From: Waldrid S Garrett Address: 2466 54th St. S.D. Ca 92105

Twenty dollars 00 Dollars ($ 20.00)

In _____ Payment of Cradle Lot

Lot 20 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-2111

BALANCE DUE 135.00

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

AC-212 (Rev. 10-67) 6449

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

ISSUED BY A. Ferguson

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

OFFICIAL RECEIPT

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

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

No 39714

Date: 5-17, 19 50

From: Charles Gavitt Address: 3466 56th St.

Twenty 11/100 Dollars ($ 20.00)

In Payment of Adult Int.

Lot 90 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6356

BALANCE DUE

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

AC-212 (Rev. 10-87) 6356

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

ISSUED BY L. A. Z

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

OFFICIAL RECEIPT

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

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

No 40127

Date: 1-3, 1991

From: Waleid Tarott Address: 2466 54th St S.D. 92105

Twenty 00/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 90 Grave 5 Row Section 1 Division/Block 11

Invoice No.

Acct. No.

W.O. E-8111

BALANCE DUE 115.00

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

AC-212 (Rev. 10-87) 6481

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

ISSUED BY A Ferguson

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	53033 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

№ 40267

Date: 2-5, 19 91

From: Charles Garrett Address: 2466 56th S.D. 92105

One hundred fifteen 00/100 Dollars ($ 115.00)

In Payment of Credit Lot

Lot 70 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8111

BALANCE DUE Ø

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

AC-212 (Rev. 10-87) 0441

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

ISSUED BY M. Enquez

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	16	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	115	

NAME Garrett, Walsiel S. ACCT. NO. E-8111

ADDRESS 2466 56th Street, San Diego, Ca 92105 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6/1/89	Lot 90, Grave 5, Section 1, Division 11	495 00			495 00
[redacted]/89	Coupon 1 Receipt 38258			20 00	475 00
8-2 89	Coupon 2, Receipt 38350			20 00	455 00
9-8 89	Coupon 3, Receipt 37906			20 00	435 00
10-4 89	Coupon 4, Receipt 37996			20 00	415 00
11-2 89	Coupon 5, Receipt 38525			20 00	395 00
12-4 89	Coupon 6, Receipt 38622			20 00	375 00
1-2-90	Coupon 7, Receipt #38729			20 00	355 00
2-5-90	Coupon 8, Receipt 38845			20 00	335 00
3-5-90	Coupon 9, Receipt 38936			20 00	315 00
4-3-90	Coupon 10 Receipt 39074			20 00	295 00
5-7-90	Coupon 11, Receipt 39194			20 00	275 00
6-4-90	Coupon 12 Receipt 39307			20 00	255 00
7-12-90	Coupon 13, Receipt 39479			20 00	235 00
8-3-90	Coupon 14 Receipt 39555			20 00	215 00
[redacted]-90	Coupon 15, Receipt 39714			20 00	195 00
10-4-90	Coupon #16, RECEIPT #39791			20 00	175 00
11-5-90	Coupon #17 Receipt #39889			20 00	155 00
12-4-90	Coupon #18 Receipt # 39999			20 00	135 00

Paid in full 2-5-91

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1-3 91	Coupon #19 Receipt # 19			90 00	115 00
2-5 91	Coupon 20, 21, 22, 23, 24, rec't 40267			115 00	[redacted]

AIGNER FORM NO. 25-204

PRINTED IN USA

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11780

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Walsiel S. Garrett for the sum of $ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 90; grave 5; section 1; division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8111

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

Thea Tallman
Property Director

PY-204

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-1-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 6/2 2:00

Church, Chapel, Graveside Chapel & Pine Rosedale Mortuary.

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

Lot 30 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	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	

Pd 9/30/89

30 Dan Nick

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.

Irene L. Nickson
Signature

7440 Lester Ave M. Nickson
Address

San Diego CA 92113
City Zip Code

(619) 264-6785
Telephone

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

Signature of recorded holder of deed

Work Order # E 8112

Invoice # 085443

Acct. # 030824

PY-583 (REV. 9-85)

W.O. # E-8112

NOTE

$ 1207.25 San Diego, California June 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 twelve hundred seven 25/100 DOLLARS with interest from August 2, 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 Lena M. Nickson SIGNATURE Lena M Nickson

ADDRESS 4440 Keeler Avenue, San Diego, CA 92113

CALIF. DRIVERS LIC. #

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8112

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
Willard		Nickson	02/02/18	05/29/89	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	Lena Nickson - Wife 4440 Keeler 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
		▶ [signature]	6-1-89

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	JUN 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 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 Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 6-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 30-11-2-11 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.

E-8112-2

085443 06/05/89 030824 LENA M. NICKSUN

E-8112

100	072	07/17/89 CK	77181	000072	770.00
100	072		77182	000072	204.10
100	072		77183	000072	111.62
100	072		77184	000072	22.32
100	072		77185	000072	252.57
60101			78390		108.43
67007			77184		7.81
					63.15

1,207.25

437.25
PARTIAL PAYMENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-2-89

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

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 96 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup Veteran's Trust	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 37889	300.00
37890	607.00
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

James A. McSweary
Signature
1579 Sierra Dr
Address
Cottonwood AZ 86326
State Zip Code
(602) 646-6072
Telephone

Work Order # E 8113

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

E-8113
No 37889

Date: 6-2 89

From: [illegible] Address: [illegible]

Three Hundred 30/00 Dollars ($ 300.00)

In Payment of [illegible]

Lot 96 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8113

BALANCE DUE E

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

597

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUN 09 1989

ISSUED BY [illegible]

CREDIT	67007	240	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	300	00

OFFICIAL RECEIPT

E-8113

No 37890

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

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

Date: 6-2 , 19 89

From: Thelma McGuire Address: 5779 Soledad Mtn Rd La Jolla Ca 92037

Dollars ($ 607.00)

In Payment of Perpetual Trust for Lilly McGuire

Lot 96 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8113

BALANCE DUE -0-

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandra Mitchell

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	60700	
Sales Tax	60101 78390		
TOTAL PAID	$	60700	

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

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brenda Slaughter in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 6/6 11:00 Church, Chapel, Graveside Chapel Rose Hills Rosedale Mortuary.

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

✓ Lot 44 Grave 6 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	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	

Paid 7/18/89

30 day note

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

Signature Martha Flournoy

Address 4942 Date St

State San Diego Co Zip Code

Telephone 264-7515

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

Signature of recorded holder of deed

Invoice # 085606

Acct. # 03691

Work Order # E 8114

PY-593 (REV. 8-85)

W.O. # E-8114

NOTE

$ 1012.25 San Diego, California June 2 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of One thousand twelve 25/100 DOLLARS with interest from 8-2-89 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 HARthorne Flannoy SIGNATURE Harthorne Flannoy

ADDRESS 4942 Date St SAN Diego, Co 92102

CALIF. DRIVERS LIC. # EO 117007

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8119

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
Brenda	Marie	Slaughter	06/02/1969	06/01/1989	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	Esther Slaughter - Mother 942 Date Street San Diego, Calif. 92102

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
		▶ Jane A. Dark	06/06/1989

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	JUN 6 1989	▶ Harold E. Pomeroy, 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 St., San Diego, Ca. 92102	11B. DATE INTERRED 6-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy JoTeague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 44-6-2-11 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.

085606 06/08/89 030911	HARTHORNE FLOURNOY				07/18/89 LA	38302	1,012.25	1,012.25	0.00	PAID IN FULL
	100	072	77161	000072			320.00			
	100	072	77182	000072			175.00			
	100	072	77183	000072			35.00			
	100	072	77184	000072			240.00			
	100	072	77185	000072			170.00			
	60101		78390				12.25			
	67007		77184				60.00			

E-8114

A-118-3

OFFICIAL RECEIPT

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

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

7/25/89

E-6114

NO 38302

Date: 7-18 , 19 89

From: Mathurine Hou Address: 4942 Date Street SD

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

In _____ Payment of Grave Opening Interment

Lot 44 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. 015606

Acct. No 030911

W.O. 21-6114

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 Wold

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	$	1012 25

JUL 24 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/5/89

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

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 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	350.00
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	350.00
Paid receipt number	5-8-1991
Balance due	0

Paid in full 5-8-91

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

Jessee Green
Signature

2621 Blackstaw
Address

San Diego CA 92105
State Zip Code

Telephone

Work Order # E 8115

Invoice # _____

Acct. # _____

PY-663 (REV. 8-85)

Mailed refund appl. 09/6/07

E-8115

OFFICIAL RECEIPT

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

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

№ 40053

Date: 12-10, 1970

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 20.00)

In Payment of [illegible]

Lot 13 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8115

BALANCE DUE [illegible]

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

7513

AC-212 (Rev. 10-87)

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

ISSUED BY [illegible]

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

E-8115

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 5 day of June, 1989, between Jessie Green, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 68, Grave 1, 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 on the 10 day of July, 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-8115

WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ 12.00
1 @ 24.00

Jessie Trego
Name

2621 Clinton
Address

San Diego, Ca 92105

PURCHASER

T. J.

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By:

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

002214 38451

Date: 8-25, 19 89

From: Estie Meek Address: 2621 Blackton Ct, SD 92105

5/16, 18/10 Dollars ($ 50.00)

In Payment of Canyons 1-4 Cremt Lot

Lot 68 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8115

BALANCE DUE 250.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	SEP 05 1989	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

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

8981

ISSUED BY Linda Ortiz

AC-212 (Rev. 10-87)

E-8115

OFFICIAL RECEIPT

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

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

№ 39734

Date: 9-20-, 1990

From: Mrs. Jessie P. Green Address: 2631 Plackton Ln. E. Ch. 92105

One Hundred Fifty Six and 00 Dollars ($ 156.00)

In _____ Payment of Credit Lot

Lot 68 Grave 1 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8115

BALANCE DUE 9400

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

AC-212 (Rev. 10-87) #9409

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	156.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	156.00

E-8115

OFFICIAL RECEIPT

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

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

No 39876

Date: 4-9, 19 90

From: Jane Ryan Address: 237 Harbor Dr. West

Forty Dollars Dollars ($ 40.00)

In Payment of Cash Bet

Lot 62 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8115

BALANCE DUE

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

AC-212 (Rev. 10-87) 7030

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

ISSUED BY J Watts

CREDIT 20% Sales Care	67007 77184	14	00
80% Sales of Lots	100 77184	34	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8115 Credit Lot

Jessie Green
2621 Blackton
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 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** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8115 Credit Lot

Jessie Green
2621 Blackton
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 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** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8155 Credit Lot

Jessie Green
2621 Blackton
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. $ 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** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8115 Credit Lot

Jessie Green
2621 Blackton
San Diego, Ca 92105

Month and Day Due Indicated Below

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105

COUPON 6

DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $12.00

$

☐ Check (✓) if you have a new address and please attach

TOTAL RECEIVED $

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105 DUP. BOOK

COUPON 5

Month and Day Due Indicated Below

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

AMOUNT DUE $10.00

$

☐ Check (✓) if you have a new address and please attach

TOTAL RECEIVED $

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot COUPON 9

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105 DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot COUPON 8

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105 DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $20.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot COUPON 7

E-8115

Jessie Green

2631 Blackton DUP. BOOK

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 $12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance — DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot — COUPON 12

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105 — DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $ 12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance — DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot — COUPON 11

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105 — DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $ 10.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance — DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot — COUPON 10

E-8115

Jessie Green

2631 Blackton — DUP. BOOK

San Diego, Ca. 92105

Month and Day Due Indicated Below

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

AMOUNT DUE $ 12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance — DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot — COUPON 15

Jessie Green E-8115
2621 Blackton
San Diego, Ca. 92105

DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance — DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot — COUPON 14

Jessie Green E-8115
2621 Blackton
San Diego, Ca. 92105

DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $20.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance — DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-8115 — COUPON 13

Jessie Green
2631 Blackton
San Diego, Ca. 92105

DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot -COUPON 17

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105 DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $20.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot COUPON 16

E-8115

Jessie Green

2631 Blackton DUP. BOOK

San Diego, Ca. 92105

Month and Day Due Indicated Below

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

AMOUNT DUE $12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot COUPON 18

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105 DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $12.00

$

☐ Check (✓) if you have a new address and please attach

TOTAL RECEIVED $

Send

...nd or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

...OUNT No. Credit Lot E-8115

COUPON 19

Jessie Green
2631 Blackton
San Diego, Ca. 92105

DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $ 12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot

COUPON 20

Jessie Green E-3115

2621 Blackton

San Diego, Ca. 92105 DUE BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $ 10.00

$

Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON 21

ACCOUNT No. Credit Lot

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105

DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $ 12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot COUPON 23

Jessie Green E-8115

2621 Blackton

San Diego, Ca. 92105 DUP. BOOK

Month and Day Due Indicated Below

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

AMOUNT DUE $10.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot COUPON 22

E-8115

Jessie Green

2631 Blackton DUP. BOOK

San Diego, Ca. 92105

Month and Day Due Indicated Below

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

AMOUNT DUE $12.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

NAME Green, Jessie ACCT. NO. E-8115

ADDRESS 2621 Blackton, San Diego, Ca 92105 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
6/5	89	Lot 68, Grave 1, Section 2, Division 11	300 00			300 00
8-25	89	Coupons 1-4, Receipt 38457			50 00	250 00
9-20	90	Coupons 5-17, Receipt #39737			156 00	94 00
10-25	90	Coupon 18-21, Receipt 39876			48 00	46 00
12-10	90	Coupon 22,23, receipt 40053			20 00	26 00
5-8	91	Receipt 40682			26 00	0

PAID
MAY 8 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

AIGNER FORM NO. 25-204 Green, Jessie 68 - 1 - 2 - 11 PRINTED IN USA

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11775

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Jessie Green for the sum of $ 300.00 (DOLLARS)

LEGAL DESCRIPTION Lot 68, Grave 1, Section 2, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8115

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-4AA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-89

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 131 Grave 1 Row _____ Section 1 Division/Block 12

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

Glenda Watts

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

_____
Signature of recorded holder of deed

Signature _____

Address 6767 Los Ledios

State San Diego CA Zip Code 92114

Telephone _____

Work Order # E 8116

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

NAME Watts, Glenda ACCT. NO. E-8116

ADDRESS 6767 Las Lidia, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
6/5	89	Lot 131, Grave 1, Section 1, Division 12	495.00			495.00

AIGNER FORM NO. 25-204 Watts, Glenda 131 < 1 < 1 < 12 PRINTED IN USA

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

PRESORTED FIRST CLASS

SAN DIEGO CA MAR 10 '93 U.S.POSTAGE 029

Glenda Watts
6746 Las Lidia
S.D., CA 92114

Return to sender

cled paper

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Glenda Watts

Address 6767 Las Lidia, SD. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 131, Grave 1, Row —, Section 1, ~~Block~~/Division 12 in Mt. Hope Cemetery, entered into on June 5, 1989, by and between Mt. Hope Cemetery and Glenda Watts that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

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

E-8116

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-89

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

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 121 Grave 1 Row _____ Section 1 Division/~~Block~~ 12

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

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

_____
Signature of recorded holder of deed

Signature _____

Address 6767 Lake Loma

Lo Loma Ca 92114
State Zip Code

Telephone _____

Work Order # E 8116

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

E-8116

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 5 day of June, 1989, between Glenda Watts, 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 31, Grave 1, Row _____, Section 1, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 495.00, payable as follows: $ 0 cash herewith, the receipt of which is hereby acknowledged; $ 20.00 on the 10 day of July, 1989; and the balance in installments of $ 20.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E-8116

WITNESS our hands this day and year above written.

Deed to be issued to:

Gloria Watts
Name

6767 Los Teles
Address

San Diego, CA 92114

23 @ 20.00
1 @ 35.00

PURCHASER

T. J

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Ward

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

E-8126

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Glenda Watts

Address 6767 Las Lidia, SD. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 131, Grave 1, Row —, Section 1, ~~Block~~/Division 12 in Mt. Hope Cemetery, entered into on June 5, 1989, by and between Mt. Hope Cemetery and Glenda Watts that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-89

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

in a Vault (Vault/Liner) Funeral, date, time Wed. 6/7 1:00

Church, Chapel, Graveside Chapel-Deluxe Medley-Mitch (only) Mortuary. Mr Mitch

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

Lot 859 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Prepaid 8484
Burial Container	C-8
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 38132	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 8117

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

E-8117

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	O'BRIEN	TATUM	AUG 11, 1889	JUN 3, 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	SELF PRE-NEED RECORDS @ HERKLEY-KETCHELL MORTUARY 3605 FIFTH AVENUE SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
HERKLEY-KETCHELL MORTUARY, 3605 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	JUN 5, 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	JUN 6 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

- [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 1859-10	11B. DATE INTERRED: 6-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: Vault / metal seal	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.

E-8117

No 38132

OFFICIAL RECEIPT

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

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

Date: 6-7, 19 89

From: McKee-Mitchell Address: 3655 Fifth Ave, SD 92103

Thirty-five 00/100 Dollars ($ 35.00)

In Payment of Mary O Sullivan's interment fee

Lot: 18-9 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8117

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 8416

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandra Ward

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-89

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

in a None (Vault/Liner) Funeral, date, time 6-5-89 (Mon) 2:30pm

Church, Chapel, Graveside Graveside ; Mausum Mortuary.

All Funeral cars must 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 52A Grave ____ Row ____ Section ____ Division/Block MUS

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees late Service Chg	100.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	260.00
Paid receipt number 38148	260.00
Balance due	

130 day Mole

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 [signature]

Address P. O. Box 151316

State San Diego, CA Zip Code 92115

Telephone (619) 465-3471

Invoice # ____

Work Order # E 8118

Acct. # ____

PY-583 (REV. 8-85)

W.O. # 98118

NOTE

$ 260.00 San Diego, California June 6 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 sixty 00/100 DOLLARS with interest from August 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 FERDOUN MAHBOUNZ SIGNATURE [signature]

ADDRESS P.O. Box 151316 S.D., CA 92115

CALIF. DRIVERS LIC. # A2388575

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8118

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
Halma	-	Mahboudi	7-13-86	6-2-89	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	F. Mahboudi, Father 5757 Lk Murray Blvd #131 La Mesa Ca 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Iqbal Asad	None

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED 6-5-89

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 $4.00	9B. DATE PERMIT ISSUED JUN 05 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Pamrod, 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 San Diego Ca	11B. DATE INTERRED 6-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 52A Muslim (no 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.

E-8118

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
Halma	-	Mahboudi	7-13-86	6-2-89	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	F. Mahboudi, Father 5757 Lk Murray Blvd #131 La Mesa CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Iqbal Azad	None

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: ▶ [signature] CM 44806

8B. DATE SIGNED: 6/5/89

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	JUN 05 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 92238	-

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 Holy Cross Cemetery San Diego CA	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.

OFFICIAL RECEIPT

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

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

E-8118
No 38148

Date: 6-12 19 89

From: Freedom Mahoyde Address: 4810 Jolla #14, SD

Two hundred Sixty 00/100 Dollars ($ 260.00)

In Payment of Helen Mahoyde's Interment

Lot 52A Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8118

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 101

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

ISSUED BY Linda Reed

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	260	00

CITY AUDITOR
JUN 14 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-89

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

in a T.S. Vault (Vault/Liner) Funeral date, time Fri 6/9 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 2933 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 7/1/89	712.25
Balance due	0

30 days net

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

Lillian Scherbaum
Signature
3737 Keating St #11
Address
San Diego City
State Zip Code
Telephone
[redacted]
Inv. #
Acct. # 030749

Work Order # E 8119

PY-583 (REV. 8-86)

W.O. # E-8119

NOTE

$ 712.25 San Diego, California June 6 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 August 9, 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 LILLIAN SCHERBAUM SIGNATURE Lillian Scherbaum

ADDRESS 3737 Keating St #11 San Diego, Ca 92110

CALIF. DRIVERS LIC. # D0119435

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8119

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	HENRY	SCHERBAUM	1/13/1919	6/4/1989	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	Lillian Scherbaum wife 3737 Keating Street, Apt. #11 San Diego, CA 92110

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
		▶ Peggy L. Vance	6/7/89

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	JUN 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 92138-5222	

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	11B. DATE INTERRED 6-9-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2938 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.

E-8119

085728 06/12/89 030949 LILLIAN SCHERBAUM 07/01/89 CK 268322 712.25 712.25 0.00
PAID IN FULL

100	072	77181	000072	320.00	
100	072	77182	000072	175.00	
100	072	77183	000072	35.00	
100	072	77185	000072	170.00	
60101		78390		12.25	

E-8119

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,212.25

E-8119
No 38095

OFFICIAL RECEIPT

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

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

Date: 11-1, 1989

From: Lillian Peterson Address: 321 E. Marquita Ave. Fresno

One hundred thirty-five 00/100 Dollars ($ 135.00)

In Payment of Marker & Flat Setting for Lot 2933

Lot 2933 Grave Row Section Division Block 140

Invoice No.

Acct. No.

W.O. E-8119

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

1025

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

ISSUED BY Linda Lee

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

AUDITOR
NOV 06 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Arneed Trust

Date 6-6-89

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

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 52 Grave 12 Row ____ Section A Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	75.00
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	

Pd Trust 6-12-91

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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8120

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

№ 40022

Date: 12-5 , 19 90

From: Ruth Herring Address: 3686 Pershing ave S.D. 92104

Twenty-nine dollars Dollars ($ 29.00)

In Payment of Credit Lot

Lot 52 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8120

BALANCE DUE # 219.00

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

AC-212 (Rev. 10-87) 1580

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

ISSUED BY A. Ferguson

CREDIT	67007	29	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	29	00

E-8120

OFFICIAL RECEIPT

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

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

№ 39476

Date: 7-12-, 19 92

From: Ruth Hering Address: 3116 Pinking Ave, SD 92105

Twenty Two ——— Dollars ($ 22.00)

In ——— Payment of Pre Need Trust

Lot ——— Grave ——— Row ——— Section ——— Division ——— Block ———

Invoice No. ———

Acct. No. ———

W.O. E-8120

BALANCE DUE ———

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

AC-212 (Rev. 10-87) 1422

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

ISSUED BY (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	22 00
Sales Tax	60101 78390	
TOTAL PAID	$	22 00

E-8120

OFFICIAL RECEIPT

№ 39716

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

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

Date: 9-17, 19 92

From: Ruth Hering Address: 326 Perkins St. SA

Twenty Dollars and no/100 Dollars ($ 20.00)

In Payment of Perp. Care Trust

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-7150

BALANCE DUE ____

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

AC-212 (Rev. 10-87)

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

ISSUED BY J. Doe

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	20	00
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

E-8120
№ 39788

Date: 12-4-, 19 9?

From: Ruth C Herring Address: 2496 Pershing Ave San Dieg. 92104

Twenty Nine and 00/100 Dollars ($ 29.00)

In _____ Payment of Pre Need Trust

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

Invoice No. _____

Acct. No. _____

W.O. E-8120

BALANCE DUE _____

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

AC-212 (Rev. 10-87) # 1505

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

ISSUED BY Kirk Lowe

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		29.00
Sales Tax	60101 78390		
TOTAL PAID	$		29.00

OFFICIAL RECEIPT

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

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

№ 39910

Date: 11-7-, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot [illegible] Grave [illegible] Row [illegible] Section [illegible] Division [illegible] Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. [illegible]

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	[illegible]
Sales Tax	60101 78390		
TOTAL PAID	$	29	[illegible]

E-8120

OFFICIAL RECEIPT

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

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

No 39590

Date: 8 – 8 – , 1990

From: Herring Ruth C Address: 2686 Pershing Ave. S.D. CA. 92104

Twenty nine and 50 Dollars ($ 29.50)

In Payment of Use and Care

Lot 52 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8120

BALANCE DUE

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

AC-212 (Rev. 10-87) #1450

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	23.60
Sales Tax	60101 78390	
TOTAL PAID	$	29.50

NAME Herring, Ruth C. ACCT. NO. E-8120

ADDRESS 3686 Pershing Avenue, San Diego, Ca 92104 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6/19/ 89	Opening/closing, Top Seal Vault, Recording Fee	712.25			712.25
7-7 89	Coupon 1, Receipt 38217			29.00	683.25
8/10 89	Coupon 2, Receipt 38409			29.00	654.25
9/8 89	Coupon 3, Receipt 37908			29.00	625.25
10-4 89	Coupon 4, Receipt 37598			29.00	596.25
11-7 89	Coupon 5, Receipt 38529			29.00	567.25
12-6 89	Coupon 6, Receipt 38632			29.00	538.25
1-5-90	Coupon 7, Receipt 38746			29.00	509.25
2-5-90	Coupon 8, Receipt 38850			29.00	480.25
3-5-90	Coupon 9, Receipt 38976			29.00	451.25
4-3-90	Coupon 10 Receipt 39068			29.00	422.25
5-7-90	Coupon 11, Receipt 39244			29.00	393.25
* 7-12-90	Coupon 13, receipt 39496			29.00	364.25
8-8-90	Coupon 15, receipt 39590			29.00	335.25
9-7-90	Coupon 14, Receipt 39716			29.00	306.25
10-4-90	Coupon # 16 Receipt # 39786			29.00	277.25
11-9-90	Coupon #17, Receipt 39910			29.00	248.25
12-5-90	Coupon 18 receipt 40022			29.00	219.25
1-7-91	Coupon 19 receipt 40165			29.00	190.25

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
						190.25
2-5	91	Coupon #20 receipt 40270			29.00	161.25
3-5	91	Coupon 21 receipt 40393			29.00	132.25
4-5	91	Coupon 22 " 40522			29.00	103.25
5-2	91	Coupon 23 receipt 40640			29.00	74.25
★6-4	91	Coupon 12 receipt 39303			29.00	45.25
6-17-91		Coupon 24, receipt 40942			45.25	0

AIGNER FORM NO. 25-204 PRINTED IN USA

E-8120

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Arenea Trust Date 6-6-89

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

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 52 Grave 12 Row _____ Section _____ Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	75.00
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	

Pd-In-full 6/7/90

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8120

Invoice # _____

Acct. # _____

PY-5003 (REV. 8-85)

MRS. RUTH HERRING E-8120
3686 PERSHING AVE
S.D. CA 92104
295-7746
52-12-1-11

OPEN/CLOSING	320.00
VAULT	357.25
RECORD	35.00
	712.25

MAIL CONTRACT/SET UP
PRENEED TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Funeral Trust Date 6-6-89

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

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 52 Grave 12 Row _____ Section 1 Division/~~Block~~ 11

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

23.00 $ 29.00
45.25
10.00

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

X Ruth C Herring
Signature
3686 Persuing Ave
Address
San Diego 92104
State Zip Code
(619) 295-7746
Telephone

Work Order # E 8120

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E-8120

OFFICIAL RECEIPT

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

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

No 38247

Date: 7-7-89

From: Kath Hersen Address: 3686 Pershing Ave, SD

Twenty nine 00/100 Dollars ($ 29.00)

In Payment of Opening / Closed Trust

Lot 52 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8120

BALANCE DUE 683.25

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

AC-212 (Rev. 10-67) 1061

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

ISSUED BY Sandy

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	80101 78390		
TOTAL PAID	$	29	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

E-8120
No 38409

Date: Aug. 10, 19 89

From: Ruth Harring Address: 3686 Pinedale Ave.
Dublin-11180 Dollars ($ 21.00)

In part Payment of Planned Dust, Crypt 2

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

Invoice No. _____

Acct. No. _____

W.O. E-8120

BALANCE DUE Bal 4.25

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

AC-212 (Rev. 10-87) 1108

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	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	AUG 21 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	39	—
Sales Tax	60101 78390		
TOTAL PAID	$	39	—

OFFICIAL RECEIPT

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

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

No 37908

Date: 9-8 19 89

From: Ruth Herrin Address: 3686 Pershing Dr, SD

Twenty - nine 00/100 Dollars ($ 29.00)

In Payment of Perpetual Trust

Lot 52 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. 1-8120

BALANCE DUE 625.25

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

1126

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Ward

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	CITY AUDITOR
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	SEP 18 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	29 00
Sales Tax	80101 75390	
TOTAL PAID	$	29 00

OFFICIAL RECEIPT

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

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

No 37998

Date: 10-4 19 89

From: Ruth C. Herring Address: 2686 Pueblo Cir, D

Trust - mpc 5/26/89

Dollars ($ 29.00)

In _____ Payment of Marjorie J. Ingram Trust

Lot 52 Grave 12 Row _____ Section 1 Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. E-8120

BALANCE DUE $96.25

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

AC-212 (Rev. 10-87)

1143

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	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	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

No 38529

Date: 11-7 19 89

From: Ruth C. Herrin Address: 3686 Pershing Ave, SD

Twenty-one & no/100 — Dollars ($ 21.00)

In Payment of Oregon 5 Interest Trust

Lot 52 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. 2-8120

BALANCE DUE 567.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
1175

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	77164	
80% Sales of Lots	100 77164	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	21 00
Sales Tax	60101 78300	
TOTAL PAID	$	21 00

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

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

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

No 38632

Date: 12-6 19 89

From: Ruth Verrier Address: 3686 Louisiana Ln, SD

Twenty - 20.00 Dollars ($ 29.00)

In Payment of Cougar & Hand Dust

Lot 52 Grave 12 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. 2-8120

BALANCE DUE 538.25

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

1202

AC-212 (Rev. 10-67)

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	83033 9022	29 00
Sales Tax	80101 78390	
TOTAL PAID	$	29 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

№ 38746

Date: 1-5, 1990

From: Ruth Herring Address: 3676 Pershing Ave, 92104

Twenty-Nine Dollars and No Dollars ($ 29.00)

In Payment of Prepaid Trust

Lot 52 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-1120

BALANCE DUE $509.25

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

AC-212 (Rev. 10-87) 1233

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

CITY AUDITOR

JAN 16 1990

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	80101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

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

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

No 38850

Date: 2-5, 1990

From: Ruth Herring Address: 3666 Pershing Dr, 92104

Twenty Five Dollars No/100 Dollars ($ 29.00)

In Payment of Pre Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-812

BALANCE DUE $470.25

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

AC-212 (Rev. 10-87) 1261

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

ISSUED BY J Ann Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77154	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	FEB 2 1990	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	W
Sales Tax	60101 76390		
TOTAL PAID	$	29	W

OFFICIAL RECEIPT

CITY AUDITOR

No 38976

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

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

MAR 20 1990

Date: 3-9, 19 90

From: Kurt Herzog Address: 3616 Kensington Dr., 92104

Dusty Rhodes

Dollars ($ 29.00)

In Payment of Pre Need Instl

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-1102

BALANCE DUE

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

AC-212 (Rev. 10-87) 1252

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

ISSUED BY C. 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	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	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

NO 39068

Date: 4-3, 1990

From: Ruth Herring Address: 316 Parking Av 10 92104

Twenty-Nine Dollars Dollars ($ 29.00)

In Payment of Perpetual Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-1120

BALANCE DUE

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

AC-212 (Rev. 10-87) 1330

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

ISSUED BY Ann Wait

CREDIT	61037		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	80101 78390		
TOTAL PAID	$	29	00

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

№ 39244

Date: 5-17, 19 90

From: Kurt Heiny Address: 3616 Kirkway N 92105

Twenty Nine Dollars ($ 29)

In Payment of Perpetual Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-112

BALANCE DUE

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

AC-212 (Rev. 10-67) 134

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

ISSUED BY J 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	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

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

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

No 39303

Date: 6-4, 19 90

From: Ruth Heinz Address: 3616 Pickering Dr, 92154

Twenty-Two Dollars ($ 22.00)

In Payment of Perpetual Care

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E 812

BALANCE DUE

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

AC-212 (Rev. 10-87) 1367

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

ISSUED BY Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	22 00
Sales Tax	60101 78390	
TOTAL PAID	$	22 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

№ 40165

Date: 1-7 , 19 91

From: Ruth Herring Address: 3686 Paradise Ave S.D 92104

twenty-nine ^{00} Dollars ($ 29.00)

In Payment of Opening & Closing

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8120

BALANCE DUE $190.25

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.

ISSUED BY M Ferguson

CREDIT 20% Sales Care	67007 77184	29	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	$	29	00

OFFICIAL RECEIPT

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

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

№ 40270

Date: 2-5, 1991

From: Ruth Herring Address: 3686 Panaline ave S.D. 92104

twenty-nine 00/100 Dollars ($ 29.00)

In Payment of Pre Need Trust

Lot 52 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8120

BALANCE DUE 161.25

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

AC-212 (Rev. 10-87) 1455

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

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

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

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

No 40393

Date: 3-5, 1991

From: Ruth Herring Address: 3686 Perlita ave S.D. CA 92104

twenty nine 00 Dollars ($ 29.00)

In Payment of Pre Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8120

BALANCE DUE 132.25

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

1672

AC-212 (Rev. 10-87)

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

ISSUED BY N. Lequeen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	80101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

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

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

№ 40522

Date: April 5, 19 91

From: Ruth Herring Address: 3680 Persing Ave S.D. 92104

Twenty-nine & 00/100 Dollars ($ 29.00)

In Part Payment of Pre-need Trust

Lot 52 Grave 11 & 12 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8120

BALANCE DUE $103.25

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

AC-212 (Rev. 10-67)

1709

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

ISSUED BY K. 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	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

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

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

№ 40640

Date: 5-2, 19 91

From: RUTH HEARING Address: 3686 PECKING AVE S.D. 92104

TWENTY AND 00/100 Dollars ($ 20.00)

In PAY Payment of PRE-NEED TRUST

Lot 12 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8120

BALANCE DUE

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

1738

AC-212 (Rev. 10-87)

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

ISSUED BY K. L. Sudell

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

OFFICIAL RECEIPT

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

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

№ 40841

Date: 6-17, 19 91

From: Lucia Herrera Address: 3616 Lindo Ave, SD 92105

Forty-five and 25/100 Dollars ($ 45.25)

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-912

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 J. Waite

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	45 25
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 25

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Preneed Trust

Ruth C. Herring
3686 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. $ 29.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 30.00

Amount Received $

NAME Ruth C Herring

ADDRESS 3686 - Pershing

CITY San Dieco STATE CA ZIP 9210[illegible]

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Preneed Trust

Ruth C. Herring
3686 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. ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 30.00

Amount Received $ _____

NAME Ruth C Herring

ADDRESS 3686 - Pershing Ave

CITY SD STATE Ca ZIP 92104

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Preneed Trust

Ruth C. Herring
3686 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Preneed Trust

Ruth C. Herring
3686 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. $ 29.00

Amount due if paid more then ~~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-8120 Preneed Trust

Ruth C. Herring
3686 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. $ 29.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Preneed Trust

Ruth C. Herring
3686 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. ▶ $ 29.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Preneed Trust

Ruth C. Herring
3686 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 29.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $: _____

NAME Mrs Ruth Herring

ADDRESS 3686 Pershing Ave

CITY San Diego STATE CA ZIP 92104

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Preneed Trust

Ruth C. Herring
3686 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. ▶ $ 29.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____

Ruth C. Herring
3686 Pershing
San Diego, CA 92104

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6120 Preneed Trust

Ruth C. Herring
3686 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. $ 29.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Ruth Herring

ADDRESS 3686 Pershing

CITY S.D. STATE Ca ZIP 92104

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Preneed Trust

Ruth C. Herring
3686 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 ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

COUPON

II

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4280

Preneed Trust

Ruth C. Herring
3686 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 ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Mrs. Ruth C. Herring
3686 Pershing Ave.
San Diego, CA 92104

ZIP

☐ Check (✓) if this is new address

...with each remittance COUPON 12

...ail MAIL ENTIRE BOOK

ACCOUNT No. E-8220 Penned Trust

Ruth C. Herring
3686 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 ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME

ADDR

CITY

Mrs. Ruth C. Herring
3686 Pershing Ave.
San Diego, CA 92104

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6120 Pressed Trust

Ruth C. Herring
3686 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. ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 29.00

NAME Ruth C Herring

ADDRESS 3686 - Pershing Ave

CITY S.D. STATE CA ZIP 92104

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Pressed Trust

Ruth C. Herring
3656 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. $ 29.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 29.00

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-8120 Pressed Trust

Ruth C. Herring
3686 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME [redacted]

ADDRESS

CITY

Ruth Herring
3686 Pershing Ave
San Diego, CA 92104

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6120 Prenead Trust

Ruth C. Herring
3686 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. $ 29.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-3120 Preneed Trust

Ruth C. Herring
3686 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 ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] - Irrevocable Trust

Ruth C. Herring
3686 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. ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Rees C Herring

ADDRESS 3686 - Pershing Ave

CITY San Diego STATE CA ZIP 92104

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Pruned Trust

Ruth C. Herring
3686 Pershing Avenue
San Diego, Ca 92104

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 29.00

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-8120 Pruned Trust

Ruth C. Herring
3686 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. ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6120 Pakseed Trust

Ruth C. Herring
3636 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 ▶ $ 29.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Pruneed Trust

Ruth C. Herring
3636 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. ▶ $ 29.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-3120 Pressed Trust

Ruth C. Herring
3686 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. $ 29.00

Amount due if paid more than ~~10~~ days after due date above. $ 4.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8120 Pranced Trust

Ruth C. Herring
3666 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					

[redacted]

re. ▶ $ 45.25

days ▶ $ 1.20

$ 45.25

Amount Received $ Final

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/6/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sakae Kamiura in a Fog Blue Cupt Vault/Liner Funeral, date, time Sat 6/10 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 5233 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	~~350.00~~
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Saturday Service	380.00
Recording and filing fee	35.00
Sales taxes	
Total Due	~~385.00~~ 735.00
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

Hatsune Mukai
Signature
1207 Holly St.
Address
Spring Valley 92077
State Zip Code
466-2265
Telephone

Work Order # E 8121

Invoice # _____

Acct. # _____

PY-503 (REV. 8-86)

E-8121

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
SAKAE	-	KAMIURA	04-22-1899	06-05-1989	F

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	Katsuko Nukai @ daughter 1207 Felix St. Spring Valley, Ca 92077

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	6/7/89

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	JUN 7 1989	▶ Donald L. Romack 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
	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 6-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5233-10 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.

E-8121

OFFICIAL RECEIPT

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

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

No 38173

Date: 6-20 , 19 89

From: Katsune Nukai Address: 354 Main Street, Chula Vista 92011

Seven hundred Thirty-five and no/100 Dollars ($ 735.00)

In Payment of Grave Opening & Interment

CITY AUDITOR
JUN 24 1989

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8121

BALANCE DUE 0

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 Linda Ward

CREDIT 20% Sales Care	67007 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	415	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	735	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-89

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

in a Asst Vault (Vault/Liner) Funeral date, time July 10 Mon 11:00

Church, Chapel, Graveside Graveside ; Lewis Calmsa Mortuary.

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

Lot 5265 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	tax 2.80
Recording and filing fee	recording 35.00
Sales taxes	242.80
Total Due	
Paid receipt number 3825	242.80
Balance due	0

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

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

Signature of recorded holder of deed

Judy Matsumoto
Signature
1844 Lake Dr.
Address
Cardiff, Ca. 92007
State Zip Code
(619) 753-3158
Telephone

Work Order # E 8122

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

E-8127
No 38125

Date: 6-6, 19 89

From: Maria Fajardo Address: 1231 Leimington Dr Encinitas

For Burial Lot - Loc 00/15 — Dollars ($ 242.20)

In Payment of Ten Minute Interment

Lot 5265 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8127

BALANCE DUE 0

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

CITY AUDITOR
JUN 09 1989

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	45	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	32	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	20
TOTAL PAID	$	242	20

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

AC-212 (Rev. 10-87) 1027

E-8122

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

#58071
Lewis Colonial

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]	[illegible]	[illegible]	12-26-1907	6-2-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Encinitas	San Diego	Marise Fujimoto-Husband 1231 Birmingham Drive Encinitas, CA 92024

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
3051 El Cajon Blvd. Lewis Colonial/Rosebough 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
		▶ Lewis Colonial/Rosebough Mortuary	6-5-1989

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	JUN 5 1989	▶ Harold L. Rambo, 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	11B. DATE INTERRED 7-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5-25-10 3953 Imperial Ave. Cypress View Crematory - San Diego, CA	12B. DATE CREMATED 6-8-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Suzanne Strader
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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-89

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

in a ____ (Vault/Liner) Funeral, date, time Fri 6/9 10:00

Church, Chapel, Graveside Greenvale ; Hemphill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ . 8 Chairs

Lot 303 Grave ____ Row ____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup Casket 20" X 8"	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 71789	199.00
Balance due	

Deliver to Neil

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 Jeffrey Lynn Abbott

Address 2105 E. Fourth St.

State National City, CA Zip Code 92050

Telephone (619) 470-1158

Invoice # 085636

Work Order # E 8123

Acct. # 030939

PY-883 (REV. 8-85)

W.O. # E-8123

NOTE

$ 199.00 San Diego, California June 6 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-ty nine 00 DOLLARS with interest from August 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 statutes 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 Jeffrey Lynn Abbott SIGNATURE Jeffrey Lynn Abbott

ADDRESS 2105 East Fourth Street, National City, CA 92050

CALIF. DRIVERS LIC. # C4268190

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8123

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
EMILY	VIRGINIA	ABBOTT	06-05-1989	06-05-1989	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	Jeffrey L. Abbott (Father) 2105 East Fourth 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
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	6-8-89

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	JUN 8 1989	Donald E. Romas, 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 Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 6-9-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3031-1-9 No 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.

E-8/23

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
085636	06/09/89	030939	JEFFREY L ABBOTT					07/07/89	CK	1147	199.00	199.00	0.00
			100	072		77181	000072				64.00		PAID IN FULL
E-8/23			100	072		77183	000072				35.00		
			100	072		77184	000072				80.00		
			67007			77184					20.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 199.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/6/89

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

in a Cash Vault (Vault/Liner) Funeral, date, time Tues 6/13 2:00

Church, Chapel, Graveside Graveside ; Humphrey Gaeta Mortuary.

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

Lot 92 Grave 9 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	205.00
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 38129	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.

Effie O. Lard
Signature of recorded holder of deed

Effie O. Lard
Signature
5377 Encina Dr.
Address
Ca
State
Zip Code
263-3266
Telephone

Work Order # E 8124

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E-8124

MOUNT HOPE CEMETERY

June 6 19 89

The undersigned hereby requests and authorizes the interment of the remains of Harvey White in Lot____ Gr____ Row_____ Sec._____ Block_____ Division_____ in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Effie O. Lord	Sister
Signature of relative or legal representative	Address & relationship to deceased or authority to sign authorization

Joyce R. Brown
Witness

Witness

E-8129

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
HARVEY	LEE	WHITE	May 9,1951	June 4,1989	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	Effie O. Lard (Sister) 5377 Encina 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
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: Judith E. King

8B. DATE SIGNED: 6-7-89

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	JUN 7 1989	Donald L. Ramos, 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 Mt. Hope Cemetery 92-9-1-11 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED ash Vault 6/13/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Lynda L. Wood
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda, Inc. 14065 Olde Hwy. 80 El Cajon, CA	12B. DATE CREMATED 6/11/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY Gary 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.

E-8129

OFFICIAL RECEIPT

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

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

No 38129

Date: 6-7 89

From: Effie Lord Address: 5377 Emma Dr

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

In Payment of Hadley & Effie's Interment

Lot 92 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8129

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 1209

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

CITY AUDITOR JUN 09 1989

ISSUED BY Andy Lord

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	60	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	3	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	2	80
TOTAL PAID	$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/7/89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 6/8 11:00

Church, Chapel, Graveside Graveside Featherfield Mortuary. ED

All Funeral cars must arrive 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 3 Division/~~Block~~ 5

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	110.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 38131	712.25
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

Marjorie B. Stone
Signature

Address

State Zip Code

Telephone

Work Order # E 8125

Invoice # ____

Acct. # ____

PY-593 (REV. 9-86)

E-8125

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
GLADYS	ELIZABETH	BROWN	8/31/1902	6/7/1989	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	Marjorie B. Stone Daughter 112 Nutmeg San Diego, CA 92103

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FEATHERHILL MORTUARY 6322 El Cajon Blvd. San Diego	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 Feuell	6-7-89

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	JUN 7 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 92138-5222	

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, CA	11B. DATE INTERRED 6-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 45-2-3-5 n/a Vault/cloth covered	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.

E-8125

MOUNT HOPE CEMETERY

Aug. 17, 1987

The undersigned hereby requests and authorizes the interment of the remains of GLADYS E. BROWN in Lot 45 Gr 2 Row _____ Sec. 3 Block Division 5 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.

	112 NUTMEG S.D. 92103
Signature of relative or legal representative	Address & relationship to deceased or authority to sign authorization

Marjorie B. Stone
Witness

Richard Litowe
Witness

E-8125

OFFICIAL RECEIPT

№ 38131

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

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

Date: 6-7, 19 89

From: Mexicali Store Address: 1730 3rd Ave, SD 92

Seven Hundred Twelve- 25/100 Dollars ($ 712.25)

In Payment of Burial Lot + Interment

Lot 45 Grave 2 Row Section 3 Division 5 Block

Invoice No.

Acct. No.

W.O. 2-825

BALANCE DUE

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUN 09 1989

ISSUED BY

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	712	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-89

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

in a _____ Funeral, date, time Thurs 6/8 1:00
Vault/Liner

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 93 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	50.00
Additional spaces and care fund	
Opening/Closing & Setup	40.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

B.A. #07490 3 Pat Williams

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 085637

Acct. # 000952

Work Order # E 8126

PY-663 (REV. 8-85)

E-8126

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
Diaiderio	unk	Villanueva	9-15-62	4-28-89	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	San Diego County Coroner 5555 Overland Av. 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 ▶ [signature]

8B. DATE SIGNED 6-8-89

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	JUN 08 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 Av. 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, CA	11B. DATE INTERRED 6-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy D. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 93-2T-1-12 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 6-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe CC88-2785

in a _____ Vault/Liner Funeral, date, time Fri 6/9 1:30

Church, Chapel, Graveside Veterans Southern Hill Mortuary.

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

Lot 93 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	50.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	105.00
Paid receipt number	
Balance due	

BA 107 495 4

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 085730

Work Order # E 8127

Acct. # [redacted]

PY-583 (REV. 8-86)

E-8127

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
JANE	---	DOE CC #88-2785		Fd. 12/24/88	F

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

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Featheringill Mortuary 8322 El Cajon Blvd. San Diego, CA 92115	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 Thau L	6-8-89

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	JUN 08 1989	Donald L. Pomrel, 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 Mt. Hope Cemetery 3751 Market St., San Diego CA 92102	11B. DATE INTERRED 6-9-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 87-28-1-12 Pressed wood-redline 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 6-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe CC#89-1071

in a _____ Vault/Liner Funeral, date, time Thurs 6/8 2:00

Church, Chapel, Graveside Delivery Only! Cash 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 87 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	7.00
Total Due	145.00
Paid receipt number	
Balance due	

P.A: 1074970

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8128

PY-693 (REV. 8-85)

E-8128

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		Doe CC#89-1071	Unknown	5-12-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oceanside	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
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]	5-8-1989

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	JUN 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	

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 6-9-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 87-271-12 Mortuary N/A 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	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 6/8/89

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

in a T-S Vault (Vault/Liner) Funeral, date, time July 6/13 1:30

Church, Chapel, Graveside Chapel & Grave (Mortuary) Finlayson-Mitchell

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

Lot 2656 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	70.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 38159	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

Invoice # ____

Work Order # E 8129

Acct. # ____

PY-583 (REV. 8-86)

E-8129

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
AVIS	B.	NULL	OCT 20, 1924	JUN 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	DOTTIE K. SANDOVAL, DAUGHTER 1210 5TH STREET IMPERIAL BEACH, CA 92032

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PIACENTE-MITCHELL MORTUARY, 808 13TH STREET, IMPERIAL BEACH, CA 92032	F-1178

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 Beale	JUN 12, 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	JUN 12 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	

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 JUN 13, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2656-10 Metal Seals	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-8129
No 38159

Date: 6-13, 1989

From: Leilani Mitake Address: 808 B D Street, SD

Seven hundred Twelve 25/100 Dollars ($ 712.25)

In Payment of Cost Sells Interment

CITY AUDITOR
JUN 19 1989

Lot 2656 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8129

BALANCE DUE 0

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

6701

AC-212 (Rev. 10-87)

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

013199

ISSUED BY

CREDIT	87007		
20% Sales Care	100 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	3	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78380	42	25
TOTAL PAID	$	712	25

CITY AUDITOR

E-8129

OFFICIAL RECEIPT

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

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

JAN 22 1990

No 38787

Date: 1-18, 1990

From: Pinkham-Mitchell Address: 208-13th St., Imp Beach, 92032

One Hundred Twenty-five Dollars — No/100 Dollars ($ 125.00)

In Payment of Marker Installation for Ann Hall

Lot 2656 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-8129

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 7271

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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12

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

in a Lawn Vault/Liner Funeral, date, time Wed 6/14 10:00

Church, Chapel, Graveside Chapel & Gate ; 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 762 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... ____

Additional spaces and care fund ..... ____

Opening/Closing & Setup ..... ____

Burial Container ..... ____

Handling Fees ..... ____

Flower vases - Marker setting fee ..... ____

Recording and filing fee 35.00

Sales taxes ..... ____

Total Due 35.00

Paid receipt number ____ ____

Balance due ____

Mortuary - Vault - Marker - Cross & Bell

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8130

Invoice # ____

Acct. # ____

PY-583 (REV. 9-65)

E-8130

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
ROSE	EVA	AUTRY	10-1-1890	6-11-1989	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	Marthana Caglielmo - Daughter 3577 Landis San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Conrad Lemon Grove Mortuary 2387 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
		[signature]	6-13-1989

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	JUN 13 1989	[signature]

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

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 6/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 362-1-8 metal	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.

E-8130

OFFICIAL RECEIPT

№ 38198

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

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

Date: 6/29, 1989

From: Grace Mortuary Address: 7327 Lockbury Lane Space
Three-fifty & 00/100 Dollars ($ 350)

In Payment of Rose Cutting & Handling Fee

Lot Grave Row Section Division Block/TY

Invoice No.

Acct. No.

W.O. E-8130

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

7627

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	3	50
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	3	50

AUDITOR
JUN 30 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Crockett in a Dbl Crypt (Vault/Urn) Funeral, date, time Wed 6/14 2:00 Church, Chapel, Graveside Chapel & Grave, 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 _____.

Lot 158 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

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

Received Jun 89 12 E

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8131

Invoice # _____

Acct. # _____

PY-593 (REV. 5-88)

E-8131

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	Henry	Crockett	08/10/1916	06/08/1989	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	Hester Stevenson - Sister 740 South 36th. St., Apt. #207 San Diego, Calif. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary	F1329

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
		Anderson-Ragsdale	06/13/89

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	JUN 13 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. 92138-85222	

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 6/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Sandra L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 158-3-17 Metal 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 6-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agnie Johnson in a Bell Liner (Vault/Liner) Funeral, date, time Fri 6/16 11:00 Church, Chapel, Graveside Chapel of the Pines; 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 56 Grave 8 Row ____ Section 3 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 38160	607.00
Balance due	-0-

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.

Helen Tate
Signature

2119 Harriman Dr.
Address

SD CA 92105
State Zip Code

262-4487
Telephone

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

____
Signature of recorded holder of deed

Invoice # ____

Acct. # ____

Work Order # E 8132

PY-883 (REV. 8-86)

E-8132

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
Annie	Laurie	Johnson	06/22/1900	06/11/1989	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	Helen M. Tate -Granddaughter 2119 Hamman Drive San Diego, Calif. 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. 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
		▶ Marshall W. Ragsdale	6/15/89

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	JUN 15 1989	▶ Donald E. 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, Calif. 92138-85222	

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 6-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal Seals 56-8-3-12	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.

OFFICIAL RECEIPT

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

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

E-8132 No. 38160

Date: 6-13 19 89

From: Mrs. M. Soto Address: 2119 Harrison Ave, SD 92105

Dollars ($ 607.00)

In Payment of Opening & Closing CITY AUDITOR

Lot 56 Grave 7 Row Section 3 Division Block JUN 29 1989

Invoice No.

Acct. No.

W.O. E-8132

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	325	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 6-13-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 6/16 11:00

Church, Chapel, Graveside Chapel & Glore; 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 ____. Emp Gate

Lot 493 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 6/26/89	712.25
Balance due	-0-

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

Teresa J. Watkins
Signature
3717 VISTA GRANDE DR
Address
SAN DIEGO CA 92115
State Zip Code
583-2604
Telephone

Inv[redacted]

Work Order # E 8133

Acct. # [redacted]

PY-593 (REV. 8-88)

W.O. # E-8133

NOTE

$ 712.25 San Diego, California June 13 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Seven hundred twelve 25/100 DOLLARS with interest from 8/16/89 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 LOREE J. WITHEM SIGNATURE Loree J. Withem

ADDRESS 3717 Vista Grande Dr San Diego Ca 92115

CALIF. DRIVERS LIC. # D0482178

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8133

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
MARION	G.	THOM	9-5-1913	6-12-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Roberta McCowen - Daughter 4224 Loma Del Sur La Mesa, CA 92041

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	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—General Director or Person Acting as Such	8B. DATE SIGNED
		▶ Donna Conrad	6-15-1989

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	JUN 15 1989	▶ Harold L. Conrad, 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

- ☒ 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 6-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sondra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 1493-10 Neptune Dealer	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.

E-8133
No 38327

OFFICIAL RECEIPT

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

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

Date: July 31, 1989

From: Loree Withem Address: 3717 Vista Grande

~~Sixteen~~ ninety-five ~~00~~ Dollars ($ 15 ~~00~~ 95)

In Full Payment of Flowerdesign

Lot 1493 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-8133

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 7464

AC-212 (Rev. 10-87)

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

CITY AUDITOR

AUG 02 1989

ISSUED BY

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	11
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		35
TOTAL PAID	$	15	95

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/13/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul Edward Lee-Mallory

in a Bell Jarien (Vault/Liner) Funeral, date, time Tues 6/20 1:00

Church, Chapel, Graveside Church of Chaos; 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 _____.

16 chairs

Lot 64 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 38172	300.00
Balance due	607.00

Pd 12/18/89

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

Signature

Address 5920 Kenwood

State San Diego CA Zip Code 92114

Telephone 527-1258

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

Signature of recorded holder of deed

Invoice [redacted]

Acct. # [redacted]

Work Order # E 8134

PY-693 (REV. 9-88)

W.O. # E-8124

NOTE

$ 607.00 San Diego, California 6-19 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 Six Hundred Seven Dollars DOLLARS with interest from 8-20-89 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 LINDA PRIDE SIGNATURE Linda Pride

ADDRESS 120 SN. Summit PASADENA CALIF. 91103

CALIF. DRIVERS LIC. # C0534555

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8134

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
Paul	Edward	Lee-Mallory	8-6-1971	6-9-1989	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	Ann Mallory- Mother 5920 Kenwood 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, 5602 El Cajon Blvd. San Diego, CA	F-1257

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
		▶ Nelsa A Yeas	6-16-89

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	JUN 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	

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 6-20-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 64-12-2-11 death amend	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.

E-8134

OFFICIAL RECEIPT

No 38172

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

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

Date: 6-19 , 1989

From: Erin Poole Address: 1205 N. Imperial Ave. #4

Three hundred no/100 Dollars ($ 300.00)

In Payment of Space & Services - Mathews' Interment

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. 1-8134

BALANCE DUE 607.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

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	60101 78390		
TOTAL PAID	$	300	00

CITY AUDITOR
JUN 24 1989

2 X157

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
086226	06/21/89	031201	LINDA PRIDE					07/18/89	CK	229	107.00	607.00	500.00
			100	072		77181	000072				56.41		PARTIAL PAYMENT
			100	072		77182	000072				17.63		
			100	072		77183	000072				6.17		
			100	072		77185	000072				25.56		
			60101			78390					1.23		

8-8/89

Denise Berryhill

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/14/89

Karey Sam Arthur

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

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 _____ .

~~4698~~ 4781E

Lot ~~4697~~ Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... 2 @ $695 ~~$1390.00~~ 2085.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes ..... $ 2085.00

Total Due ..... ~~$1390.00~~

Paid receipt number 38166 2085.00

38167 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

Karey Sam Russell
Signature
1271 LINCOLN AVE
Address
San Diego CALIF. 92103
State Zip Code
619 260 1347
Telephone

Invoice # _____

Work Order # E 8135

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

E-8135
No 38167

Date: 6-16 19 89

From: Louise Livingstone Address: 134 N Manchester, NC 28352

Dollars ($ 625.00)

In Payment of Burial Lot

Lot 4696 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8135

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 Sandra Nick

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	695	00

CITY AUDITOR
JUN 19 1989

E-8135

OFFICIAL RECEIPT

№ 38166

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

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

Date: 6-10 19 79

From: Kang Hon Lee Address: 1271 Lincoln Ave, SD 92103

Fifteen hundred 00/100 Dollars ($ 1390.00)

In Payment of 2 Burial Lots

Lot 467 & 470 Grave Row Section Division Block 10

Invoice No.

Acct. No. E-8135

W.O. E-8135

BALANCE DUE -0-

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

AC-212 (Rev. 10-67)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		278 00
80% Sales of Lots	100 77184		1112 00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$		1390 00

CITY AUDITOR
JUN 7 9 1979

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisco Ulloa in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 6/16 11:30 Church, Chapel, Graveside Church & Grave, 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 205 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 38161	700.00
Balance due	507.25

Paid 7/17/89

30 Date

NEPHEW

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

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

Signature of recorded holder of deed

Signature [redacted]

Address 2746 LOGAN AVE.

State CALIF Zip Code 92113

Telephone 235-9522

Invoice # [redacted]

Work Order # E 8136

Acct. # [redacted]

PY-583 (REV. 8-86)

W.O. # 1-8136

NOTE

$ 587.25 San Diego, California June 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 Five Hundred Seven 25/D DOLLARS with interest from 8-16-88 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME CARLOS G. ULLOA SIGNATURE Carlos G. Ulloa

ADDRESS 2746 LOGAN AVE.

CALIF. DRIVERS LIC. # E0086669

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8136

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
Francisco		Ulloa	10-4-22	6-13-89	M

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	Carlos Ulloa - Nephew 2746 Logan 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
Mayor 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
		▶ [signature]	6/15/89

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	JUN 16 1989	▶ Donald 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
	3851 Rosecrans Av. 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, CA.	11B. DATE INTERRED 6-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 205-7-2-12 N/A Metal	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-8136

No 38161

Date: 6-15 19 89

From: Carlos Ulloa Address: 2746 Leon Ave, S

Seven Hundred no/100 Dollars ($ 700.00)

In Payment of Interment Ulloa, Ernesto

Lot 205 Grave 7 Row Section 2 Division Block 7

CITY AUDITOR

Invoice No.

Acct. No.

W.O. E-8136

BALANCE DUE 587.25

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

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	376	19 1989
Opening/ Closing	100 77181	205	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	700	00

086133 06/19/89 031183	CARLOS ULLOA					07/17/89 CA	38291	400.00	507.25	0.00
	100	072	77181	000072				90.69		PAID IN FULL
	100	072	77182	000072				138.00		
E-8136	100	072	77183	000072				27.60		
	100	072	77185	000072				134.06		
	60101		78390					9.65		
086759 07/03/89 004821	CONTI AND SON MEMORIAL CO					07/18/89 CK	9609	1,105.00	1,105.00	0.00
	100	072	77183	000072				1,105.00		PAID IN FULL

E-8134

										PAID IN FULL
86133 06/19/89 031183	CARLOS ULLOA					06/26/89 CA		107.25	507.25	400.00
	100	072	77181	000072				24.31		PARTIAL PAYMENT
	100	072	77182	000072				37.00		
E-8136	100	072	77183	000072				7.40		
	100	072	77185	000072				35.94		
	60101		78390					2.60		

UMBER OF INVOICES PAID 2
OTAL AMOUNT PAID 2,257.25

E-8134

OFFICIAL RECEIPT

7/25

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

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

No 38291

Date: 7-17, 19 89

From: Carlos Ulloa Address: 2746 Logan Ave

Four hundred no Dollars ($ 400.00)

In _____ Payment of Graveside Mausoleum Interment

Lot 205 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. 026133

Acct. No. 031163

W.O. E-026

BALANCE DUE E

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 Wood

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	400 00

CITY AUDITOR
JUL 24 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-15-89

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

in a _____ Funeral, date, time Fri 6/16 11:00 Date 6-20

Vault/Liner

Church, Chapel, Graveside Oceanview Chapel ; 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 106 Grave 4 Row _____ Section JOOF ~~Division~~/Block 43

Grave space & Care Fund	28.00
Additional spaces and care fund	
Opening/Closing & Setup	45.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	73.00
Paid receipt number	
Balance due	

P.A. 107483.0

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 # [redacted]

Acct. # [redacted]

Work Order # E 8137

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8187

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
Kaishauna	Chenelle	Smith	06/02/1989	06/02/1989	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	Sharhonda M. Moreau-Mother 3889 Hemlock Street San Diego, Calif. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Rogedale 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
		▶ Tomiko Hampton	6/20/89

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	JUN 19 1989	▶ Ronald 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
San Diego, P. O. Box 85222 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. 92102	11B. DATE INTERRED 6-20-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 606-4-IOOF-43 Glade Cross	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 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 6-15-89

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

in a T. Vault (Vault/Liner) Funeral date, time Fri 6/16 2:00

Church, Chapel, Graveside Church & Shaw ; 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 96 Grave 1 Row _____ Section 2 Division ~~Block~~ 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1012.25
Paid receipt number 6/20/89	102.00
Balance due	910.25

Pd 9/8/89

30 days 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

Lamont Brooks
Signature
4346 47TH St. Apt. #5
Address
S.D. Calif 92105
State Zip Code
563-5093
Telephone

Invoice # [redacted]

Work Order # E 8138

Acct. # [redacted]

PY-503 (REV. 8-86)

W.O. # E-8138

NOTE

$ 10125 San Diego, California June 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 6-16-89 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 Earnest Brooks SIGNATURE Earnest Brooks

ADDRESS 4346 47TH ST Apt #5

CALIF. DRIVERS LIC. # A1853144

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

F-8139

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
Jerome		Brooks	11/27/44	6/10/89	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	Ernest Brooks - Son 4346 47th. Street Apt. #5 San Diego, Calif. 92115

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	6/13/89

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

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, Calif. 92102	11B. DATE INTERRED 6-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Weed
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 96-1-2-11 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

6/28

E-8138

No. 38176

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

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

Date: 6 20 19 89

From: Forest Lawns Address: 4346 47TH ST #15 SD

One hundred two Dollars ($ 102.00)

In Payment of crypt Burial Agreement

Lot 96 Grave 1 Row Section 2 Division Block 11

Invoice No. 86131

Acct. No. 03162

W.O. E-8138

BALANCE DUE 110.25

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
JUN 27 1989

ISSUED BY Cindy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	102	00

E8130

086131 06/19/89 031182	EARNEST BROOKS							BALANCE
	100	072			450.00	1,012.25	PARTIAL PAYMENT	460.25
E8138	100	072	07/11/89 CA		142.26			
	100	072	77181	000072	77.80			
	100	072	77182	000072	15.56			
	100	072	77183	000072	106.69			
	60101		77184	000072	75.57			
	67007		77185	000072	5.45			
			78390		26.67			
			77184					
NUMBER OF INVOICES PAID		1						
TOTAL AMOUNT PAID		450.00						

086131 06/19/89 031182	EARNEST BROOKS							
	100	072			102.00	1,012.25	PARTIAL PAYMENT	910.25
E8138	100	072	06/20/89 CA	38176	32.24			
	100	072	77181	000072	17.63			
	100	072	77182	000072	3.53			
	100	072	77183	000072	24.18			
	60101		77184	000072	17.13			
	67007		77185	000072	1.23			
			78390		6.06			
			77184					
NUMBER OF INVOICES PAID		2						
TOTAL AMOUNT PAID		1,510.10						

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/16/89

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

in a Dble Crypt (Vault/Liner) Funeral date, time Mon 6/19 1:00

Church, Chapel, Graveside Church of Deliv. 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 56 Grave 9 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	169.10
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	204.10
Paid receipt number 38171	204.00
Balance due	0

Mothers will bring check

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 8139

Acct. # ____

PY-503 (REV. 9-86)

INTERMENT ORDER AND AUTHORIZATION E-8139

Contract No. _____ Interment No. _____ Date June 16, 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

In accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT Asa Duarte Age 77 Sex Male

Date of Birth 4-24-1912 Date of Death 6-15-89 Veteran? No

in the following described interment space: _____

Purchased PN ☐ AN ☐

Funeral Home Greenwood Director _____ Tel. 964 3131

Address _____

Place of Service Jericho Road Baptist Ch Day Thur Date 6-19- Time of Service 1 00

Type of Cemetery Service Graveside - As wit Day Mon Date 6-19 Time of Service 2 00 ?

Type of Outer Burial Container _____ Supplier _____

Memorial _____ Supplier _____ Memorial Base _____ Supplier _____

REMARKS _____

INTERMENT FEE	$							
OVERTIME CHARGES								
OTHER CHARGES								
TOTAL	$							

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. Further, the undersigned agree that cemetery shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

Signature Samuel Duarte (Authorized Representative) I SAMUEL DUARTE Print Name I Husb. Relationship to Deceased

Address _____ Street City State Zip Tel. No. _____

Signature Elizabeth A. Botten (Authorized Representative) I ELIZABETH A. BOTTEN Print Name I Daughter Relationship to Deceased

Address _____ Street City State Zip Tel. No. _____

Name of Interment Right owner, if different than Authorized Representative: _____

OFFICE USE ONLY

Order Taken By _____ Location Checked and Verified By _____

Superintendent's Verification _____ Family Verification _____ Date _____

Recorded By _____

Index Card _____ Lot Book _____ Lot Card _____ Map _____ Interment Record Book _____

FORM: 23 REV. 3/88

CEMETERY COPY

INTERMENT ORDER AND AUTHORIZATION

E-8139

Contract No. _____ Interment No. _____ Date June 16, 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

in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT Asa Duarte Age 77 Sex Male

Date of Birth 4-24-1912 Date of Death 6-15-89 Veteran? No

In the following described interment space: _____

Purchased PN ☐ AN ☐

Funeral Home Greenwood Director _____ Tel. 264 3131

Address _____

Place of Service Jericho Road Baptist Ch Day Mon Date 6-19- Time of Service 1 00

Type of Cemetery Service Lt McCarley-Graveside Day Mon Date 6-19 Time of Service 2 00 ?

Type of Outer Burial Container _____ Supplier _____

Memorial _____ Supplier _____ Memorial Base _____ Supplier _____

REMARKS _____

[redacted]

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 inter 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. Further, the undersigned agree that cemetery shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

Signature Samuel Duarte (Authorized Representative) I SAMUEL DUARTE Print Name I Husb. Relationship to Deceased

Address _____ Street City State Zip Tel. No. _____

Signature Elizabeth A. Botten (Authorized Representative) I ELIZABETH A. BOTTEN Print Name I Daughter Relationship to Deceased

Address _____ Street City State Zip Tel. No. _____

Name of Interment Right owner, if different than Authorized Representative: _____

OFFICE USE ONLY

Order Taken By _____ Location Checked and Verified By _____

Superintendent's Verification _____ Family Verification _____ Date _____

Recorded By _____

Index Card _____ Lot Book _____ Lot Card _____ Map _____ Interment Record Book _____

FORM: 23 REV. 3/88

SUPERINTENDENT'S COPY

INTERMENT ORDER AND AUTHORIZATION

E-8129

Contract No. _____ Interment No. _____ Date June 16, 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

in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT Asa Duarte Age 77 Sex Fem

Date of Birth 4-24-1912 Date of Death 6-15-89 Veteran? No

In the following described interment space: _____

Purchased PN ☐ AN ☐

Funeral Home Greenwood Director _____ Tel. 264 3131

Address _____

Place of Service Zion Hill Baptist Ch Day Mon Date 6-19- Time of Service 1 00

Type of Cemetery Service Lt Mc St. Day Mon Date 6-19 Time of Service 2 00 ?

Type of Outer Burial Container _____ Supplier _____

Memorial _____ Supplier _____ Memorial Base _____ Supplier _____

REMARKS _____

INTERMENT FEE	$	
OVERTIME CHARGES		
OTHER CHARGES		
TOTAL	$	

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 [illegible] 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. Further, the undersigned agree that cemetery shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

Signature Samuel Duarte (Authorized Representative) I SAMUEL DUARTE Print Name I Husb. Relationship to Deceased

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

Signature Elizabeth A. Botten (Authorized Representative) I ELIZABETH A BOTTEN Print Name I daughter Relationship to Deceased

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

Name of Interment Right owner, if different than Authorized Representative: _____

OFFICE USE ONLY

Order Taken By _____ Location Checked and Verified By _____

Superintendent's Verification _____ Family Verification _____ Date _____

Recorded By _____

Index Card _____ Lot Book _____ Lot Card _____ Map _____ Interment Record Book _____

FORM: 23 REV. 3/86

CUSTOMER COPY

E-8139

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
Osa	——	Duarte	04-24-1912	06-15-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	8. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Elizabeth A. Botten:Daughter 10793 Caminito Braveura San Diego, CA 92108

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 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
		[signature]	6/19/89

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	JUN 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 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	11B. DATE INTERRED 6/19/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 56-9-1-11 Metal	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.

E-8139

OFFICIAL RECEIPT

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

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

No 38171

Date: 6-19, 1989

From: Hempfrood Address: P.O. Box 86, San Luis

Two hundred four 10/100 Dollars ($ 204.10)

In Payment of Sta Duarte's Interment

Lot 56 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8139

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 14174

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

ISSUED BY Linda Vock

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	195	00
Handling Fee	100 77185	65	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300	9	10
TOTAL PAID	$	204	10

CITY AUDITOR
JUN 23 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/20/89

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

in a _____ (Vault/Liner) Funeral, date, time Fri 6/23 10:30

Church, Chapel, Graveside Veterans ; 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 81 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	

B.P. 10-25-89 Mark Chatterton 6-4-350

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

Work Order # E 8140

Acct. # [redacted]

PY-593 (REV. 6-86)

E-8140

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS (05-07-1920)

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
Samuel	Coleman	Fix	05-07-1920	06-19-1989	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	Mark Hofstetter-Public Admin. 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
Greenwood Mortuary I-805 & Imperial Avenue San Diego, CA	D-843

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 ▶ [signature]

8B. DATE SIGNED 6-20-89

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	JUN 22 1989	▶ Donald L. Powers, M.D. EHS

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 91-2-1-12 Mount Hope Cemetery Market Street San Diego, CA No Liner/Cloth Cover		11B. DATE INTERRED 6-23-89	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ryan Lee La Ganma (X)

in a Ash Vault Vault/Liner Funeral, date, time Tues 6/27 10:00

Church, Chapel, Graveside Chapel - Deluxe ; 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 1311 Grave ____ Row ____ Section ____ 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 38179	242.80
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

John W La Ganma
Signature
P.O. Box 2471
Address
Gig Harbor, WA 98335
State Zip Code
206-851-9993
Telephone

Invoice # ____

Work Order # E 8141

Acct. # ____

PY-883 (REV. 9-86)

E-8141

OFFICIAL RECEIPT

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

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

No. 38179

Date: 6 22 89

From: Susan Hiebert Address:

Two hundred forty-two 80/100 Dollars ($ 242 80)

In Payment of Vase Log & Installment

CITY AUDITOR
JUN 24 1989

Lot 1311 Grave Row Section Division Block

Invoice No.

Acct. No. E-8141

W.O.

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 2765

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

ISSUED BY M. Reid

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161	195	00
Burial Containers	100 77162	45	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77163	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300	2	80
TOTAL PAID	$	242	80

E-8141

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
ROSE	LEE	LA GAMA	APR. 1, 1914	JUNE 17, 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	SUSAN HIBBERT- DAUGHTER 8812 Gardena Way Lakeside, CA 92040

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LAKESIDE-SANTEE FUNERAL CHAPEL 9840 Maine Ave., Lakeside, CA 92040	FD-997

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
		▶ Virginia L. Bamett	6-19-89

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	JUN 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 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 7-3-89 6-30-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 65-4-2-12 Ash Vault/Brass Urn GREENWOOD CREMATORY I-805 & Imperial Avenue, San Diego, CA	12B. DATE CREMATED JUN 21 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Adolfo Rez	
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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/22/89

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

in a Cap Dbl Cupt Vault/Liner Funeral, date, time Wed 6/28 2:00

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 ____ .

Lot 8 Grave 5 Row ____ Section 5 Division/Block 6

PAID
JUN 28 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	355.00
Paid receipt number 38196	355.00
Balance due	0

Garnder Cruel Heart

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.

Darlene Ponce
Signature

603 NE 154th St
Address

Vancouver WA 98685
State Zip Code

(206) 573-3084
Telephone

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

Signature of recorded holder of deed

Work Order # E 8142

Invoice # ____

Acct. # ____

PY-883 (REV. 8-86)

E-8192

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
Judith	Irene	Kaluzi	6-3-11	6-19-89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	5. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Vancouver	Washington	Darlene Ponce - Daughter 603 N.E. 154th Street Vancouver, WA 98685

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Cypress View/Benham Brothers, 3955 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	6-26-89

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	JUN 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
	-	Vital Records, San Diego County, P.O. Box 85222, San Diego, CA.

TYPE OF DISPOSITION AUTHORIZED CHECK Transit Into California.

- [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 6-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jorgeuse	
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.

E-8142

OFFICIAL RECEIPT

№ 38196

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

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

Date: 6-28- 19 29

From: DARIENE F. POWELL Address: 6[illegible] NE 154th St Vancouver, WA 98685

Three Hundred Fifty-five dollars and No/100 Dollars ($ 355.00)

In Full Payment of Interment fees for Judith Pentland

Lot 8 Grave 5 Row ____ Section 5 Division Block 6

Invoice No. ____

Acct. No. ____

W.O. E 8142

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 [illegible]

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	300	—
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	55	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	—

E-8142

OFFICIAL RECEIPT

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

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

№ 38183

Date: 6-23 19 89

From: Irene Sutka Address: 1549 Waterwood Dr. Chula Vista 92015

Fourteen hundred Sixty-seven 25/100 Dollars ($ 1467.25)

In _____ Payment of Sutka / Hunyadi's Interment

Lot 4902 Grave _____ Row _____ Section _____ Division / Block 15

Invoice No. _____

Acct. No. _____

W.O. E-8142

BALANCE DUE -0-

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

AC-212 (Rev. 10-87)

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

ISSUED BY Andrea Ward

CITY AUDITOR
JUN 30 1989

CREDIT 20% Sales Care	87007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	175	00
	100		
Handling Fee	77185	170	00
Recording & Misc. Fees	100 77183	15	00
Pre-Need Trust	85053 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1467	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/23/89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Sat 6/24 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 ____ . Casket will be open

Lot 4902 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~~ Sat. Overtime	380.00
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1787.25
Paid receipt number 38183	1787.25
Balance due	0

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

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

Signature of recorded holder of deed

Stefan Hunyadi
Signature
7645 Corsica Dr #34
Address
Lemon Grove, CA 92045
State Zip Code

Telephone

Work Order # E 8143

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

E-8143

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
GIZELA	-	HUNYADI	1-30-1921	6-22-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Stefan Hunyadi - Husband 7645 Pacific Avenue/Apt. 34 Lemon Grove, CA 92045

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
[illegible] Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045-1533	F 541

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]	6-23-1989

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	JUN 23 1989	▶ Harold L. Ramos, M.D.

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 92186-5222	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 4902-10 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 Vault/cloth covered	11B. DATE INTERRED 6-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
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

Preneed Lot Deed Date 6-23-87

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

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 4903 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	695.00
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

Irene Sutka
Signature
1549 WATWOOD RD.
Address
LEMON GROVE CA 92045
State Zip Code
464-0128
Telephone

Work Order # E 8144

Invoice # _____

Acct. # _____

PY-883 (REV. 9-86)

E-8144

OFFICIAL RECEIPT

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

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

No 38397

Date: Aug. 9, 19 89

From: Iran Sitko Address: 1549 Walnut Drive

Twenty eight Dollars ($ 28.00)

In part Payment of Credit Lot Coupon

Lot 4403 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8144

BALANCE DUE

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

AC-212 (Rev. 10-87)

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

ISSUED BY R Yaun

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 —
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	$	28 —

NAME Sutka, Irene & Hunyadi, Steven for Stefan Hunyadi ACCT. NO. E-8144

ADDRESS 1549 Watwood Road, Lemon Grove, Ca 92045 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
6-23	89	Lot 4903, Division 10	695 00			695 00
8-9	89	Coupon 1, Receipt 38397			28.00	667 -
9-7	89	Receipt 3790			667 -	-00

AIGNER FORM NO. 25-204 Sutka, Irene 4903 - 10 PRINTED IN USA

E-8144

OFFICIAL RECEIPT

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

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

No 37900

Date: 9-7, 19 89

From: Irene Sutton Address: 1549 Notwood Rd, Lemon Grove

Dep. for Grd Opn - 2 Grs Dollars ($ 667.00)

In Payment of Payment in Full for CITY AUDITOR
Lot for Joan Hayashi

Lot 4903 Grave Row Section Division Block SEP 11 1989

Invoice No.

Acct. No.

W.O. E-8144

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 543

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

ISSUED BY Laura Vela

CREDIT	67007		
20% Sales Care	77184	133	00
80% Sales of Lots	100 77184	526	00
Opening/ 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	$	667	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8144 Credit Lot

Irene Sutka
1549 Watwood Drive
Lemon Grove, Ca 92045

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. ▶ $ 28.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 29.00

Amount Received $ 28.00

NAME IRENE SUTKA

ADDRESS 1549 WATWOOD RD.

CITY LEMON GROVE STATE CA ZIP 92045

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/23/89

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

in a I.S. - Vault (Vault/Liner) Funeral, date, time Wed 6/28 2:00

Church, Chapel, Graveside Church & Glen Lagsdale Mortuary.

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

Lot 97 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	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 38363	1012.25
Balance due	-0-

30 Days Note

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Acct #

Work Order # E 8145

PY-583 (REV. 8-85)

W.O. # E-8145

NOTE

$ 1012.25 San Diego, California 6-23 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 One thousand twelve 25/100 — DOLLARS with interest from 8-23-89 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 MARIE DISNEW SIGNATURE [signature]

ADDRESS 205 VISTA HORIZON ST. SAN DIEGO, CA. 92113

CALIF. DRIVERS LIC. # K0993188

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8145

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

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		Disney	12/19/1923	6/22/1989	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	Gloria Qualls-Sister 841 West 156th. St. Compton, Calif. 90220

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: ▶ Lara J. Davis

8B. DATE SIGNED: 6/27/89

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	JUN 28 1989	▶ Donald L. Carmack, 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, Calif. 92138-85222	

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 6-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 97-8-2-11 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
264-3151

No 38363

Date: 8-3- , 1989

From: MARIE DISNEW Address: 205 VISTA HORIZAN ST., S.D. 92113

ONE THOUSAND TWELVE DOLLARS AND 25/100 Dollars ($ 1012.25)

In FULL Payment of GRAVE SPACE AND INTERMENT FEES FOR

CLYDE DISNEW

Lot 97 Grave 8 Row Section 2 Division 11 ~~Block~~

Invoice No.

Acct. No.

W.O. E8145

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 45-094338

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

ISSUED BY W.J. Teague

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	60101 76390	12	25
TOTAL PAID	$	1012	25

2-8145

086593 06/29/89 031448	MARIE DISNEW							
	100	072		08/22/89 JV	JV21125	1,012.25	1,012.25	0.00
	100	072	77181	000072		320.00		
	100	072	77182	000072		175.00		
	100	072	77183	000072		35.00		
	100	072	77184	000072		240.00		
	60101		77185	000072		170.00		
	67007		78390			12.25		
			77184			60.00		

2-8145

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID ROMERO in a VAULT (Vault/Liner) Funeral, date, time FRI 6/30 11 AM Church, Chapel, Graveside CHAPEL, G.S. ; GREENWOOD Mortuary.

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

Lot 3442 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 38192	712.25
Balance due	-0-

PAID
JUN 27 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

called by Claudia at Greenwood

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

Ignacio D. Romero
Signature
9105 Gold Coast Dr.
Address
San Diego CA. 92126
State Zip Code
566-2599
Telephone

Work Order # E 8146 ✓

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E-8140

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
David	Solis	Romero	03-24-1934	06-23-1989	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	Robert Romero-Brother 7855 Jade Coast 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
[illegible] I-805 & Imperial Ave., San Diego, Ca	F-463

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]	6/26/89

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	JUN 26 1989	Donald L. Romas, 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; Market Street San Diego, Ca	11B. DATE INTERRED: 6-30-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: Wendy DeLeague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: 3442-10 Vault/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 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.

E-8146

№ 38192

OFFICIAL RECEIPT

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

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

Date: 6-27-, 1989

From: _____ Address: _____

Seven hundred twelve dollars and 25/100 Dollars ($ 712.25)

In Full Payment of Interment Fees for David Romero

Lot 3442 Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E 8146

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

CITY AUDITOR
JUN 30 1989

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77185	170	—
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	35	—
Sales Tax	60101 78390	12	25
TOTAL PAID	$	712	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-89

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

in a _____ (Vault/Liner) Funeral, date, time 6/26 MON 11 AM

Church, Chapel, Graveside DELIVERY ; WILSON Mortuary.

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

Lot 81 Grave 2T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145 00
Paid receipt number _____	
Balance due	

P.A. #107543 CALLED BY WOMACK

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8147

PY-503 (REV. 8-86)

E-8147

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
RONELL	RAYMOND	MANN	2-19-31	6-17-1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Margaret Gillette - Sister 204 East 2nd Avenue # 3 Escondido, CA 92025

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
225 South Broadway Alhiser-Wilson Mortuary ; Escondido, CA	297

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
		▶ Michael M Wilson	6-23-1989

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	JUN 23 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	

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	11B. DATE INTERRED 6-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY No Liner/metal sealer. 81-2T-1-12	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 6/26/89

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

in a Liner (Vault/Liner) Funeral, date, time Wed. 6/28 10:00

Church, Chapel, Graveside Chapel, G.S. ; Cypress View Mortuary. Rike

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

✓ Lot ____ Grave 20 Row 12 Section 3 Division/Block 2

Grave space & Care Fund Pre-need	
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	7.00
Total Due	607.00
Pre-need Payment 89	607.00
Balance due	-0-

PAID
JUN 26 1989
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CAL.

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 Helen Faber

Address 1265 Ethelda Place

State San Diego, Cal. Zip Code 92116

Telephone 281-1438

Work Order # E 8148

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E-8148

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
Signe	Lovise	Carlsen	1-06-01	6-26-89	Female

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	Helen Faber - Daughter 4265 Estrella Place San Diego, CA. 92116

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Cypress View/Benham 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
		▶ [signature]	6-27-89

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	JUN 28 1989	▶ Donald L. Parmet, 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
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 Mt. Hope Cemetery 3751 Market Street, San Diego, CA. 92102	11B. DATE INTERRED 6-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 20-212-3-2 N/A Linen/Cloth covered wood.	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.

E-8148

№ 38188

OFFICIAL RECEIPT

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

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

Date: 6-26-, 1989

From: Mrs. Jabes Address: 4265 Echeba Place S.D. 92116

Six hundred nine dollars and 00/100 Dollars ($ 609.00)

In Full Payment of interment fees Signe Larsen

Lot ____ Grave 20 Row 12 Section 3 Division Block 2

CITY AUDITOR
JUN 30 1989

Invoice No. ____

Acct. No. ____

W.O. E 8148

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 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	89033 9022		
Sales Tax	80101 78380	7	—
TOTAL PAID	$	607	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/29/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theresa M. Williams in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 6/28 11:00 Church, Chapel, Graveside Chapel & Lawn, Rosedale Mortuary.

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

Lot 2107 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	
Balance due	

Pd 6/29/89

30 days net

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

Lucian Jackson Jr.
Signature
2045 Okide Street
Address
San Diego CA 92114
State Zip Code
619-263-7054
Telephone

[redacted]
Invoice #
Acct. #

Work Order # E 8149

PY-503 (REV. 9-85)

W.O. # E-8143
E-8149

NOTE

$ 712.25 San Diego, California June 27 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 Seven hundred twelve 25/00 DOLLARS with interest from August 28, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME LUCIAN JACKSON JR. SIGNATURE Lucian Jackson Jr.

ADDRESS 2045 ORIOLE ST. S.D. CA 92114

CALIF. DRIVERS LIC. # G0598450

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8149

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
Theresa	Mae	Williams	5/25/1914	6/23/1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Lucian Jackson - Son 2045 Oriole Street San Diego, Calif. 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: Herbert D. Ragsdale

8B. DATE SIGNED: 6/28/89

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

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. 92102	11B. DATE INTERRED 6-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/Metal Sealer 2107-10 Pink 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.

E-8149

MOUNT HOPE CEMETERY

1-11 19 82

The undersigned hereby requests and authorizes the interment of the remains of Theresa M. Williams in Lot 2107 Gr ____ Row ____ Sec. ____ ~~Block~~ Division 10 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

(X) Lucian Jackson Jr. (SON)

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

R. Hook
Witness

Witness

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/27/89

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

in a Bell Lagee Vault/Liner Funeral, date, time Thurs 6/29 1:00

Church, Chapel, Graveside Chapel & Abbey 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 102 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 38205	907.00
Balance due	0

Monterey Lawn Memory

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.

Katherine Peete
Signature

628 South Bancroft #4
Address

San Diego Calif
State

235-6520
Zip Code Telephone

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

Signature of recorded holder of deed

Work Order # E 8150

Invoice # ____

Acct. # ____

PY-582 (REV. 8-86)

E-8150

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
BENTON		PEETE, JR.	8/16/49	6/24/89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Del Mar	San Diego	Katherine Peete - Wife 628 So. Bancroft St. #4 San Diego, California 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; San Diego, California	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
		▶ Emelie A. Hampton	6/29/89

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	JUN 29 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 - 85222	

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	Mt. Nope Cemetery San Diego, CA.	5-29-89	▶ Wendy Jo Teague
	12A. NAME AND ADDRESS OF CREMATORY 102-10-2-11 Liner/Cloth covered	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY**
CREMATION	N/A		▶
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A		▶
	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 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.

E-8150

NO 38205

OFFICIAL RECEIPT

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

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

Date: 6-29, 19 89

From: Rockhaven Address: 5050 Federal Blvd SD

Nine hundred Dollars ($ 907.00)

In Payment of Burton Peete's interment

CITY AUDITOR

Lot 102 Grave 10 Row Section 2 Division Block 11

JUN 30 1989

Invoice No.

Acct. No.

W.O. E-8150

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 4046

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

ISSUED BY

CREDIT 20% Sales Care	61001 77184		
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	325	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	62	00
TOTAL PAID	$	907	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/27/89

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

in a T.S. Vault Vault/Liner Funeral date, time Fri 6/30 2:00

Church, Chapel, Graveside Chapel of the Pines; 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 165 Grave 1 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1107.25
Paid receipt number 38190	807.25
Balance due 38202	300.00
	300.00

PAID
JUN 29 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.

Louise Holmes
Signature

4102 Franklin Ave.
Address

San Diego, Ca 92113
State Zip Code

619-264-1189
Telephone

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

Signature of recorded holder of deed

Work Order # E 8151

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E-8151

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
Albert		Robinson, Jr.	6/1/41	6/25/89	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	Louise Holmes - Sister 4102 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
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 10576 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 II	6/28/89

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	JUN 28 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 92138-85222	

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	11B. DATE INTERRED 6-30-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/metal non-sealer 165-1-1-12 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.

E-8151

OFFICIAL RECEIPT

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

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

No 38190

Date: 6-27 19 89

From: Louise Holmes Address: 4102 Franklin Ave, SD 92113

Eight hundred & zero 2-100 Dollars ($ 800.25)

In Payment of Adult Interment

Lot 165 Grave 1 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 1-8151

BALANCE DUE 300.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY Sonia Ward

CREDIT	67007		
20% Sales Care	77184	77	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	92	25
Handling Fee	100 77185	CITY AUDITOR	
Recording & Misc. Fees	100 77183	JUN 30 1989	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	807	25

E-8151

OFFICIAL RECEIPT

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

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

No 38202

Date: 6-29, 19 89

From: Louise Holmes Address: 4102 Franklin Ave, SD

Three hundred no/100 — Dollars ($ 300.00)

In _____ Payment of Albert Parkinson's burial

Lot 165 Grave 1 Row _____ Section 1 Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8151

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 Lindy

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	JUN 30 1989	
Opening/ Closing	100 77181	82	75
Burial Containers	100 77182	170	00
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	300	10

CITY AUDITOR

Credit Sales

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna M. Fix

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 81 Grave 3 Row _____ Section 1 Division ~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 38193	20.00
Balance due	475.00

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

Charlotte Jordan
Signature
2199 - 14 mile Rd - Apt 103
Address
Sterling Heights, MI. 48310
State Zip Code
313-264-7107
Telephone

Work Order # E 8152

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-8152

OFFICIAL RECEIPT

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

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

No 39628

Date: 8-20-, 1970

From: Charlotte Jordan Address: 249 Curtis Ave. Glendale Ariz. 85301

Twenty dol 2000 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 11 Grave 3 Row — Section 1 Division Block 10

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE

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

AC-212 (Rev. 10-67) #1331

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	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

E-8152

OFFICIAL RECEIPT

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

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

№ 39870

Date: 10-29, 1920

From: Charlotte Nelson Address: 2197 14th St #103 Sterling Hts, MI 48310

Twenty Dollars Dollars ($ 20.00)

In Payment of Cash Lot 3

Lot 21 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE

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

AC-212 (Rev. 10-87) 141

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

ISSUED BY Wait

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

E-8152

OFFICIAL RECEIPT

№ 40100

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

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

Date: 12-24, 19 90

From: Charlotte Jordan Address: 1094 [illegible] El Cajon, CA

Twenty dollars and no Dollars ($ 20.00)

In part Payment of Cemetery Plot #13

Lot 81 Grave 3 Row ——— Section 1 Division 13 ~~Block~~

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE 175.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1511

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	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

E-8152
No 38193

Date: 6-29-, 1989

From: Charlotte Jordan Address: 2199 H MILE RD. APT. 103 STERLING HTS/MIC 48310

Twenty dollars and 1/100 Dollars ($ 20.00)

In part Payment of credit lot sales

Lot 81 Grave 3 Row — Section 1 Division (Block) 12

Invoice No.

Acct. No.

W.O. E 8152

BALANCE DUE 475.00

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 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	20 —
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	JUN 30 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

E8152

OFFICIAL RECEIPT

№ 38441

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

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

Date: 8-21, 19 89

From: Dora Sif Address: 2199 14th Ave Bread #102

Dollars ($ 20.00)

In Payment of Casper & Crematory

Lot 81 Grave 3 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. 2-8152

BALANCE DUE 455.00

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

824

XC-212 (Rev. 10-87)

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

CITY AUDITOR
AUG 28 19

ISSUED BY Sandy

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Oil Containers	100 77182		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	20	00

E-8152

OFFICIAL RECEIPT

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

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

No 37951

Date: 9-20 19 89

From: City Recorder Address: 2199 14th Ave, #103 Chula Vista, Calif 92010

Dollars ($ 20.00)

In Payment of Usage 3 Credit Lot

Lot 81 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE 45.00

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

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	SEP 25 1989	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 875

ISSUED BY Sandra Wick

AC-212 (Rev. 10-87)

E-8152

OFFICIAL RECEIPT

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

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

No 38073

Date: 10-23 19 89

From: Charlotte Jordan Address: 2179 14 mile Hill Rd Lincoln

Twenty Dollars - 23/100 Dollars ($ 20.00)

In Payment of Gr. pur. & Credit Lot

Lot 81 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8152-A/B/D

BALANCE DUE

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

AC-212 (Rev. 10-87)

0921

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

ISSUED BY Sandra Ward

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	OCT 30	1989
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

№ 38595

Date: 11-24, 19 89

From: Elva Tejada Address: 2199 14 mile Rd, Hale, Hyatt, IN

Twenty & 00/100 Dollars ($ 20.00)

In Payment of Coupon 5 Undet Lot

Lot 81 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE 395.00

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

AC-212 (Rev. 10-87)

0971

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

ISSUED BY Linda Wood

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

CD AUDITOR
DEC 04 1989

OFFICIAL RECEIPT

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

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

No 38696

Date: 12-21 19 89

From: Lora Fix Address: 2199 14 mile Rd #103, Sterling Hts

Forty Dollars 75/100 Dollars ($ 40.00)

In Payment of Cash for 6&7 Vault Lot

Lot 81 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-852

BALANCE DUE 35.00

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

CREDIT	67007		
20% Sales Care	77184	40	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	40	00
Burial Containers	100 77182	CITY AUDITOR	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	DEC 26 1989	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	40	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1023

ISSUED BY Linda Ward

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
264-3151

FEB 26 1990

No 38906

Date: 2-22, 19 90

From Charlotte Jordan Address [redacted] 1674 Saratoga W. Ferndale, Mi. 4822

Twenty Dollars 70/100 Dollars ($ 20 00)

In Payment of Cedar Lot for Edna Fix

Lot 11 Grave 3 Row Section 1 Division 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE

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

AC-212 (Rev. 10-87) 1103

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

ISSUED BY J Ann Watt

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

CITY AUDITOR
APR 2 1990

No 39043

Date: 3-27, 1990

From: Edna Fix % Charlotte Fisher Address: 2195 14th Ave #1 4/13, Sterling Hts Mic 48310

Twenty Dollars 20/00 Dollars ($ 20.00)

In Payment of Deed + Lot

Lot 91 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE

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

AC-212 (Rev. 10-87) 1137

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

ISSUED BY

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

OFFICIAL RECEIPT

E-8152
112 39150

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

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

Date: 4-23, 19 90

From: Charlotte Cedar Address: 2197 14 Mile Rd, #103 Sterling Hts MI 48310

Twenty Dollars no/100 Dollars ($ 20.00)

In Payment of Order for Lot 2 CITY AUDITOR

APR 30 1990

Lot 81 Grave 3 Row Section 1 Division 12

Invoice No.

Acct. No.

W.O. E-7152

BALANCE DUE

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

AC-212 (Rev. 10-87) 1162

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

ISSUED BY

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

OFFICIAL RECEIPT

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

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

E-8152
No 39292

Date: 6-1, 1990

From: Mrs Edna L Chadwick Address: 295 W Mt Hope Dr #103, Stockton, Ca 95204

Twenty Dollars and 00/100 Dollars ($ 20.00)

In _____ Payment of Cash Lot

Lot 11 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. --

Acct. No. _____

W.O. E 8152

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 1193

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

ISSUED BY Waite

CREDIT 20% Sales Care	57007 77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	20 00

CITY AUDITOR
JUN 08 1990

E-8152

OFFICIAL RECEIPT

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

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

No 39638

Date: 2-23, 19 90

From: Edna Fix Address: 2755 14th Rd, #103 Sterling Hts, MI 48310

Twenty Dollars Dollars ($ 20.00)

In Payment of Cedar Box

Lot 21 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE

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

AC-212 (Rev. 10-87) 1250

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	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

E-8152

OFFICIAL RECEIPT

№ 39415

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

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

Date: 6-29, 19 90

From: Edna Fie c/o (illegible) JORDAN Address: 3105 14th Pl, Apt 3, Sterling Hts, MI 48310

Twenty Dollars 00/100 Dollars ($ 20.00)

In Payment of Cedar Lot

Lot 41 Grave 3 Row Section 1 Division (Block) 17

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE

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

AC-212 (Rev. 10-87) 1334

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

ISSUED BY Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	JUN 30 1990	
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	20	00

E-8152

OFFICIAL RECEIPT

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

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

№ 39746

Date: 1-24-, 1990

From: EDNA Fix % Charlotte Jones Address: 2177 14 Mile Rd #103 Stes-H; MT 48210

Twenty AND 00/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 81 Grave 2 Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8125

BALANCE DUE

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

AC-212 (Rev. 10-87) #1385

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

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Prp-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

E-8152

OFFICIAL RECEIPT

№ 40210

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

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

Date: 1-22, 1991

From: Charlotte Jordan Address: 1694 Landings W. Bloomfield Mi. 48220

Twenty 00/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 81 Grave 3 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE 155.00

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

AC-212 (Rev. 10-87) 1563

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

ISSUED BY A Ferguson

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

E-8152

OFFICIAL RECEIPT

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

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

№ 40481

Date: 2-28, 19 91

From Charlotte Gideon for Esther Fix Address: 1674 Linda Vista Dr. Encinitas 92024

Twenty Dollars Dollars ($ 20.00)

In Payment of Visit Lot

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE

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

AC-212 (Rev. 10-87) 1635

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

ISSUED BY Watts

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

OFFICIAL RECEIPT

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

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

№ 40347

Date: 2-25, 19 71

From: Charlotte Jordan Address: 1694 Saratoga W. Ferndale Mi.

Twenty 00/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 81 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE 135.00

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

AC-212 (Rev. 10-87) 1663

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

ISSUED BY M. Ferguson

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

E-8152

OFFICIAL RECEIPT

№ 40611

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

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

Date: 4-25, 1971

From: Charlotte Gida for Est Address: 2199 N. Mt Ed, Apt 103 Mt View Mobile Mo.

Twenty Dollars ($ 20.00)

In Payment of Credit for

Lot 21 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8152

BALANCE DUE

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

1677

AC-212 (Rev. 10-67)

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

ISSUED BY Jeb Tate

CREDIT 20% Sales Care	67007 77184	4	00
80% Sales of Lots	100 77184	16	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

E-8150

OFFICIAL RECEIPT

№ 40905

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

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

Date: 6-28, 19 71

From: Edna Fox & Charlotte Jordan Address: 3015 Nautilus St. San Diego, Calif. 92106

Thirty-five 35.00 Dollars ($)

In Payment of

Lot 91 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8150

BALANCE DUE

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

AC-212 (Rev. 10-67)

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

ISSUED BY J. Watt

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

OFFICIAL RECEIPT

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

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

№ 40768

Date: 5-30, 19 91

From: Charlotte Jacox Address: 1691 Briarcliff W. Farmington Hills MI 48330

twenty dollars and no Dollars ($ 20.00)

In print Payment of Credit for

Lot 81 Grave 3 Row ——— Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8153

BALANCE DUE $ 7500

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1734

AC-212 (Rev. 10-87)

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

ISSUED BY Lora Black

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Rd, #103
Sterling, Height, MI 48310

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						15					

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 21.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Road, #103
Sterling, Heights, MI 48310

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					1	15					

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 $ 20.00

NAME Charlotte Jordan

ADDRESS 2199 14 mile Rd. Apt 103

CITY Sterling Heights **STATE** MI **ZIP** 48310

☐ **check (✓) if this is new address**

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Rd, #103
Sterling, Height, MI 48310

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME Charlotte Jordan

ADDRESS 1194 Saratoga-W.

CITY Ferndale STATE MI ZIP 48220

☐ Check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Road, #103
Sterling, Heights, MI 48310

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					1	15					

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ _____

Amount Received $ 20.00

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-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Rd, #103
Sterling, Height, MI 48310

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				4		10					

Amount due when paid on or before due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Road, #103
Sterling, Heights, MI 48310

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					1	15					

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Rd, #103
Sterling, Height, MI 48310

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

COUPON 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 ~~mile~~ Road, #103
Sterling, Heights, MI 48310

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					1	15					

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

J

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan

2199 14 mile Rd, #103

Sterling Height, MI 48310

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jorden
2199 14 mile Road, #103
Sterling, Heights, MI 48310

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					1	15					

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

coupon

DO NOT MAIL ENTIRE BOOK

II

ACCOUNT No. E-8152 Credit Lot

Edna Pix C/O Charlotte Jordan
2199 14 mile Rd, #103
Sterling Heights, MI, 48310

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Road, #103
Sterling, Heights, MI 48310

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					1	15					

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send ... on with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. - E-6152 Credit Lot

Edna Fix C/O Charlotte Jordan

2199 14 mile Rd, #103

Sterling, Heights, MI 48310

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 30 days after due date above. $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Road, #103
Sterling, Heights, MI 48310

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					1	15					

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more then 10 days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. COUPON 15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 mile Rd, #103
Sterling, Height, MI 48310

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 20.00

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-6152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 Mile Road, #103
Sterling Heights, MI 48310

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					1	15					

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6152 Credit Lot

Edna Fix C/O Charlotte Jordan
2199 14 Mile Road, #103
Sterling Heights, MI 48310

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					1	15					

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

COUPON 19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6152 Credit Lot

Edna Fix c/o Chyriotte Jordan

2199 14 mile Rd, #103

Sterling Heights, MI 48310

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						15					

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6152 Credit Lot 1

Edna Pix C/O Charlotte Jordan
2199 14 mile Road, #103
Sterling Heights, MI 48310

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					1	15					

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6152 Credit Lot

Edna Fix C/O Charlotte Jordan

2199 14 Mile Rd, #103

Sterling Heights, MI 48310

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. R-5132 Credit Lot.

Adam Fix C/O Charlotte Jordan
2199 14 mile Road, #103
Sterling, Heights, MI 48310

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					1	15					

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

DO

Send or bring one coupon with each remittance. COUPON 23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-3153 Credit Lot

Edna Fix c/o Charlotte Jordan
2199 14 mile Rd, #103
Sterling Heights, MI 48310

Month and Day Due Indicated Below.

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

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-2132 Credit Lot

Adam Fix C/O Charlotte Jordan
2199 14 mile Road, #103
Sterling Heights, MI 48310

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					1	15					

[redacted]

$ 35.00

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

Grenewd Lot & Trust Date 6/29/89

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

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 88 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund		595.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 320.00	640.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee	2 @ 35.00	70.00
Recording and filing fee		
Sales taxes		23.10
Total Due		1978.10
Paid receipt number _____		600.00
Balance due		1378.10

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

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

_____
Signature of recorded holder of deed

Michael J. Finn
Signature
6380 Camino Salado
Address
San Diego CA 92111
State Zip Code
(619) 279-5121
Telephone

Work Order # E 8153

Invoice # _____

Acct. # _____

PY-593 (REV. 9-88)

E-8153
№ 38527

OFFICIAL RECEIPT

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

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

Date: 11-7 19 89

From: Mrs. Lee F. Fejin Address: 6380 Cameo Terrace #D

Two Hundred Twenty-eight and no/100 Dollars ($ 228.00)

In Payment of Cemetery Deed Trust

Lot 861 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8153

BALANCE DUE 779.10

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	83033 9022	226	00
Sales Tax	80101 78390		
TOTAL PAID	$	226	00

CITY AUDITOR
NOV 13 1989

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

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

929

OFFICIAL RECEIPT

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

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

E-8153
NO 38204

Date: 6-29, 19 89

From: Medical Group Address: 6380 Cancita Mesa SD

Dollars ($ 600-00)

In Payment of Perpetual Tot & Trust

Lot 881 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8153

BALANCE DUE 1376.10

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

AC-212 (Rev. 10-87)

873

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	300	00
Sales Tax	60101 78390		
TOTAL PAID	$	600	00

CITY AUDITOR
JUN 30 1989

E-8153

OFFICIAL RECEIPT

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

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

No 38371

Date: August 7, 1989

From: Michael Finn Address: 6380 Caminito Salado S.D. CA.

One hundred Seventy one no/100 Dollars ($ 171.00)

In _____ Payment of Coupon 1,2,3, Credit + Preneed Trust

Lot 881 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8153

BALANCE DUE 1207.10

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

AC-212 (Rev. 10-87)

896

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

ISSUED BY Sharon d Crain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	171	00
Sales Tax	60101 78390		
TOTAL PAID	$	171	00

CITY AUDITOR
AUG 12 1989

E-8153

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 29 day of June, 1989, between Michael T. Fenix 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 881, Grave ____, Row ____, Section ____, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1978.10, payable as follows: $ 600.00 cash herewith, the receipt of which is hereby acknowledged; $ 57.00 on the 10 day of August, 1989; and the balance in installments of $57.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - ~~OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.~~ Grevel Burial Services using double crypt is exclusive in price.

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-8153

WITNESS our hands this day and year above written.

Deed to be issued to:

Michael F. Finn
Name

6380 Caminito Salado
Address

San Diego, CA. 92111
(619) 279-5121

23 @ 57.00
1 @ 67.10
$1378.10

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Wood

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

E-8153

OFFICIAL RECEIPT

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

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

№ 40394

Date: 3-6, 1991

From: Michael Lemon Address: 6380 Camino Salado S.D. Ca 92111

Two hundred fifty five ^00/100 Dollars ($ 255.00)

In Payment of Pre Need Trust

Lot 881 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8151

BALANCE DUE ~~0~~

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

1214

AC-212 (Rev. 10-87)

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

ISSUED BY H. Ferguson

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	255	00
Sales Tax	60101 78390		
TOTAL PAID	$	255	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8153 Preneed Trust

Michael F. Finn
6380 Caminto Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 58.00

Amount Received $ _____

NAME M.F.FINN

ADDRESS 6380 CMTO. SALADO

CITY SAN DIEGO STATE CA ZIP 92111

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8153 Preneed Trust

Michael F. Finn
6380 Caminto Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 57.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 58.00

Amount Received $

NAME M. F. FINN

ADDRESS 6380 CMTO. SALADO

CITY SAN DIEGO STATE CA ZIP 92111

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8153 Pressed Trust

Michael F. Finn
6380 Caminto Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 10 **days** ***after due date above.*** $ 1.00

$

Amount Received $

NAME M. F. FINN

ADDRESS 6380 CMTO. SALADO

CITY SAN DIEGO **STATE** CA **ZIP** 92111

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8153 Preneed Trust

Michael F. Finn
6380 Camino Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 57.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 58-

Amount Received $ _____

NAME M. FINN

ADDRESS 6380 CMTO SALADO

CITY S.D. STATE CA ZIP 92111

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8153 Pr[illegible]ed Trust

Michael F. Finn
6380 Camino Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ ~~57.00~~

Amount due if paid more than 10 days after due date above. $ ~~1.00~~

$ 57.—

Amount Received $

NAME M. FINN

ADDRESS 6380 CMTO SALADO

CITY SD STATE CA ZIP 92111

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8153 Preneed Trust

Michael F. Finn
6380 Camino Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 51-

Amount Received $ _____

NAME M. FINN

ADDRESS 6380 CMTO. SALADO

CITY S. D. **STATE** CA **ZIP** 9211

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8153 Promised Trust

Michael F. Finn
6380 Camino Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 57.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 57.—

Amount Received $ _____

NAME M. FINN

ADDRESS 6380 CMTO SALADO

CITY S.D. STATE CA ZIP 9211

☐ check (✓) if this is new address

...ing one coupon with each remittance **COUPON 20**

NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0153 Pressed Trust

Michael F. Finn
6380 Camino Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME MICHAEL F. FINN

ADDRESS 6380 CMTO. SALADO

CITY SAN DIEGO STATE CA ZIP 92111

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-3153 Promised Trust

Michael P. Finn
6380 Cmdcto Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME MICHAEL F FINN

ADDRESS 6380 CMTO SALADO

CITY S.D. STATE CA ZIP 92111

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6153 Pleased Trust

Michael F. Finn
6380 Cantato Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME MICHAEL F FINN

ADDRESS 6380 CNTO SALADO

CITY S. D. STATE CA ZIP 92111

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. . E-6153 Pfleged Trust

Michael F. Finn
6380 Camino Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 32.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME MICHAEL F FINN

ADDRESS 6380 CMTO SALADO

CITY S.D STATE CA ZIP 92111

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0153 Fressed Trust

Michael F. Finn
6380 Camino Salado
San Diego, Ca 92111

Month and Day Due Indicated Below

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

Amount due when paid on or before, [redacted]

$ ~~24.00~~ 27.00 wft

Amount due if paid after [redacted] days

$ 1.00

$ 255.-

Amount Received $

NAME MICHAEL F. FINN

ADDRESS 6380 CMTO SALADO

CITY S.D. STATE CA ZIP 92111

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/29/89

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

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

Church, Chapel, Graveside _____; Utah _____ Mortuary.

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

John Talbert (801) 722-9936

Lot 65 Grave 4 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	
Paid receipt number	
Balance due	

30 days net

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State (801) 722-9930 Zip Code

Telephone Husband business

Work Order # E 8154

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/29/89

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

in a Rose-N-Rose Vault/Liner Funeral, date, time Thurs July 14 10 AM

Church, Chapel, Graveside Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied.

and billed to undersigned. War time veteran ____ .

John Hellmers (801) 722-2426

Lot 686 Grave ____ Row ____ Section 10 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38293	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. Marjorie Pearson

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

(801) 722-9930

Telephone

Jack Pearson business

Work Order # E 8155

Invoice # ____

Acct. # ____

PY-893 (REV. 8-85)

E-8155

OFFICIAL RECEIPT

№ 38293

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

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

Date: 7-17, 19 89

From: Sylvia Sullivan Address: 4512 Ridgecrest Way

Two hundred forty-two 20/100 — Dollars ($ 242.80)

In Payment of Mt. Peace Basement

Lot 686 Grave Row Section 10 Division Block 7

Invoice No.

Acct. No.

W.O. E-8155

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1234

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUL 24 1989

ISSUED BY

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

Date 6/29/89

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

in a Vault (Vault/Liner) Funeral, date, time Thurs 7/6 10:00

Church, Chapel, Graveside Greenwood; Southern Hills Mortuary.

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

Lot 65 Grave 4 Row ____ Section 2 Division/Block 12

PAID
JUL 05 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 38220	1207.25
Balance due	0

30 Day note

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

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

Signature of recorded holder of deed

Signature William D Ogilvie

Address 6005 Castelberry Way

State San Diego Zip Code 92119

Telephone 465-6535

Invoice # ____

Work Order # E 8156

Acct. # ____

PY-693 (REV. 9-85)

E-8156

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
GLADYS	GERTRUDE	OGILVIE	1/26/1905	6/28/1989	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	William D. Ogilvie husband 6605 Casselberry Way San Diego, CA 92119

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FEATHERHILL MORTUARY 8322 El Cajon Blvd	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
		▶ [signature]	6-30-89

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	JUL 03 1989	[signature] Donald L. Remer, 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 92186-5222	

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 7-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/metal sealer 65-4-2-12 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 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

No 38220

Date: 7-5- 1989

From: William Ogilvie Address: 6605 Casselberry Way, S.D. 92119

One thousand two hundred seven dollars and 25/100 Dollars ($ 1207.25)

In Full Payment of interment of Chas G. Agilvie

Lot 65 Grave 4 Row Section 2 Division Block

Invoice No.

Acct. No.

W.O. E8156

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

CITY AUDITOR
OCT 4 1989

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

E-5156

OFFICIAL RECEIPT

№ 38224

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

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

Date: 7-6- , 1989

From: William Ogilvie Address: 6005 CHESELBERRY WAY, S.D. CA 92119

Fifteen dollars and 95/100 Dollars ($ 15.95)

In Full Payment of Installation of flower can for

Gladys G. Ogilvie

Lot 65 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E5156

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

		CITY AUDITOR
CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	JUL 10 1989
Opening/ Closing	100 77161	
Burial Containers	100 77182	5 —
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

Renewed Trust Date 6/30/89

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

in a 7-2 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 128 Grave _____ Row _____ Section IOOF 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 58206	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

J.C. Aldridge
Signature
10375 Challenger Blvd
Address
La Mesa Calif 92041
State Zip Code
660-1048
Telephone

Work Order # E 8157

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

E-8157
No. 38206

Date: 6/30, 19 89

From: J. C. Alfaro & Address: 16395 Valerio St, 2 M.

Dollars ($ 712.25)

In _____ Payment of Perpetual Trust for Sala Alfaro

Lot 128 Grave _____ Row _____ Section FOOF Division Block 16

Invoice No. _____

Acct. No. _____

W.O. E-8157

BALANCE DUE -0-

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

AC-212 (Rev. 10-87)

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

ISSUED BY _____

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

CITY AUDITOR
JUN 30 1989

NAME Aldridge, Nola ACCT. NO. E-8157

ADDRESS C/O J.C. Aldridge 10375 Challenge Blvd., La Mesa 92041 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]0	89	Opening/Closing, Top Seal Vault, Recording Fee	712.25		712.25	00

AIGNER FORM NO. 25-204 Aldridge, Nola 128 - IOOF - 18 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Burial Lot & Trust

Date 6/30/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vernon Bearden

in a I.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 32 Grave 10 Row _____ Section 2 Division/Block XE

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	330.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 38257	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

Kathryn L. Alfaro (Signature)

3867 Capitol St (Address)

La Mesa 92041 (State, Zip Code)

698-3250 (Telephone)

Work Order # E 8158

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

E-8158

OFFICIAL RECEIPT

No 38257

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-7 , 1989

From: Kathryn E. Ellis Address: 3867 Mystic Street, La Mesa

Twelve hundred twenty-five 25/100 Dollars ($ 1207.25)

In Payment of Perpet Cat & Trust Fee

Version Deeded

Lot 32 Grave 10 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-8156 C

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	792	25
Sales Tax	60101 78390		
TOTAL PAID	$	1207	25

CITY AUDITOR
JUL 14 1989

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0030133

ISSUED BY Judy Clark

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/30/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phoebe Bennett

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 7/3 Morning

Church, Chapel, Graveside Palmer Park; Sunnyslope Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 3090 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	35.00
Total Due	35.00
Paid receipt number 38211	35.00
Balance due	0

Mortuary will bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8159

PY-503 (REV. 8-85)

The soul departed ir[redacted]Lord does not die, it returns to God[redacted] is the Giver of life.

+ E8159

IN LOVING MEMORY OF

OLIVE BENNEIT

6-28-88 · 6-28-89

THE LORD is my shepherd I shall not want. He maketh me to lie down in green pastures; He leadeth me beside the still waters. He restoreth my soul. He leadeth me in the path of righteousness for His name's sake. Yea though I walk through the valley of the shadow of death, I will fear no evil; for Thou art with me; Thy rod and Thy staff they comfort me. Thou preparest a table before me in the presence of mine enemies; Thou anointest my head with oil; my cup runneth over. Surely goodness and mercy shall follow me all the days of my life; and I will dwell in the house of the Lord forever.

RICHARD SMITH, DIRECTOR
WYANT & SMITH FUNERAL HOME
Sunnyvale, California

PRAYING HANDS

© MADE IN ITALY

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

E-8159

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR	3. SEX
Phoebe	Olive	BENNETT	June 28, 1989	1500	F

4. RACE	5. SPANISH/HISPANIC	6. DATE OF BIRTH—MONTH, DAY, YEAR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
White	☐ YES ☐ NO (SPECIFY) X	June 28, 1888	101				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
MN	USA	Edmund Bennett	MN	No Record	Unk

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☐ NONE X	565-03-1788	Widowed	--

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
Homemaker	At Home	Self	Adult Life	10

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
991 Clyde Avenue	Santa Clara	95054

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santa Clara	12	California	Mr. Edward E. Herbert - Son 3375 Bayanna Avenue Santa Clara, California 95051

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY DNS, IP, SNF/ICF, OTHER	19C. COUNTY
Beverly Manor Conv. Home	-	Santa Clara

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER?
991 Clyde Avenue	Santa Clara		☐ YES ☐ NO (REFERRAL NUMBER)

CAUSE OF DEATH

21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C—TYPE OR PRINT)

IMMEDIATE CAUSE (A)	Ventricular fibrillation	▶ 5 Min	23. WAS BIOPSY PERFORMED? ☐ YES ☑ NO
DUE TO (B)	ASHD	▶ 30 Yrs	24A. WAS AUTOPSY PERFORMED? ☐ YES X NO
DUE TO (C)		▶	24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: OBS

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR: - TYPE: No

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
27A. DECEDENT ATTENDED SINCE (MONTH, DAY, YEAR): 2-14-89 DECEDENT LAST SEEN ALIVE (MONTH, DAY, YEAR): 6-16-89	▶ JR Walker MD	C-25783	6/29/89
	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Dr. Samuel Walker, 770 Welch Road, Palo Alto, CA		

CORONER'S USE ONLY

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE OF CORONER OR DEPUTY CORONER ▶	28B. DATE SIGNED

29. MANNER OF DEATH—specify sec. natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (DESCRIBE WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Bu	Mt. Hope Cemetery City of San Diego, Calif	7/3/89	Richard Smith	4951

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
WYANT & SMITH FUNERAL HOME Sunnyvale, California	F 910	▶	

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-88) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

E-8159

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

NO. 15874

DATE 12-4- 19

FROM Phoebe O. Bennett ADDRESS 216 Beech St Apt

Two Hundred eight & no/00 — DOLLARS ($208.00)

IN full PAYMENT OF Items listed

LOT 3090 GRAVE ROW SECTION DIVISION 10

INVOICE NO. CASH

W.O. C-6551

UNPAID BALANCE AFTER THIS PAYMENT 0

FORM AC-212

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
DEC 4 1968
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CAL

ISSUED BY R.W. Klehe

CREDIT SALES CARE	306 951	72
HALF SALES OF LOTS	100 7784	72
OPENINGS	100 7781	
BOXES	100 7782	63
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		208

12/4/68

(35.00)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

619-~~264-3151~~ 4033
619 264-3151

OWNERSHIP AND INTERMENT PRIVILEGES

TO Phoebe O. Bennett for the sum of $ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3090 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-6551

According to a map of said Cemetery filed in the office of the County Recorder ~~of San Diego County~~. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives *of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and* natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Flush Marker Only

R.W. Klehe
Cemetery Manager

Public Works Director

FORM PW-584

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-8159

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
Phoebe	Olive	BENNETT	June 28, 1908	June 28, 1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santa Clara	Santa Clara	Mr. Edward E. Herbert - Son 3375 Bayonne Avenue Santa Clara, California 95051

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
WYATT AND SMITH FUNERAL HOME 174 E. Sunnyvale Avenue, Sunnyvale, Calif	F 910

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 -	JUN 30 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 Avenue San Jose, California	1600 Pacific Highway San Deigo, California

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 City of San Diego, California	11B. DATE INTERRED 7-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3090-10 Cliff 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.

E-8159

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38211

Date: 7 3 89

From: Hemer Hebert Address: 3375 Virginia Ave

Thirty-five 25/100 Dollars ($ 25.00)

In Payment of Residence Perpetual Care

Hemer Hebert

Lot 370 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8159

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3057

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

		CITY AUDITOR
CREDIT 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	JUL 10 1989
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	2 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust

Date 6-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mimi Nell Ebert

in a 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 719 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund preneed D 7465	
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 38207	712.25
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mimi N. Ebert
Signature
3965 Iowa St. #2
Address
San Diego Ca. 92104
State Zip Code
(619) 284-7825
Telephone

Work Order # E 8160

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

E-8160

No. 38207

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-30- , 19 89

From: Mimi Nell Ebert Address: 3965 Fourth St #2, S.D. CA 92104

Seven Hundred Twelve Dollars and 25/100 Dollars ($ 712.25)

In Full Payment of Interment Fee for Mimi Nell Ebert

Lot 719 Grave ~ Row ~ Section ~ Division ~ Block ~

CITY AUDITOR
JUL 10 1989

Invoice No.

Acct. No.

W.O. E-8160

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.

000117

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77185	110	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	12	25
TOTAL PAID	$	712	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/30/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kay Cosmakos

in a Dbl Cksgt Vault/Urn Funeral, date, time Wed 7/5 10:00

Church, Chapel, Graveside Sunset Hills Funeral Home Lawn Cremation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3569 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional speces and care fund	
~~Opening/Closing & Setup~~ Desenterrar	700.00
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	1408.10
Paid receipt number 35209	300.00
Balance due	1108.10

Paid 9.15.89

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

George N Cosmakos
Signature

1966 Tommy dr.
Address

Ca- 92119
State Zip Code

697-0896
Telephone

[redacted]
Invoice #

[redacted]
Acct. #

Work Order # E 8161

PY-583 (REV. 8-86)

W.O. # E-8161

NOTE

$ 1108.10 San Diego, California 7-3 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 one hundred eight 10/100 DOLLARS with interest from 10-5-89 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 GEORGE COSMATOS SIGNATURE George M Cosmatos

ADDRESS 7966 TOMMY DR. S.D. CA. 92119

CALIF. DRIVERS LIC. # R0083482

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8161

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

July (MONTH) 89 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Nicholas G. Cosmakos

from Lot 3569 Grave ____ Section ____ Row ____ Block ____ Div 10
and to remove the same to and reinter said remains in Lot 3569 Grave ____
Section ____ Row ____ Block ____ Div 10. deeper.

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.

George N Cosmakos		
Signature	Signature	Signature
son		
Relation to deceased	Relation to deceased	Relation to deceased
7966 TOMMY DR		
Address	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

E-8161

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
GARIFALIA	-	COSMAKOS	01-15-1900	06-30-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tarzana	Los Angeles	George N. Cosmakos - son 7966 Tommy 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	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 M. Stewart for LCB	7/5/89

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	JUL 05 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
Los Angeles County Registrar 313 N. Figueroa St. Los Angeles, CA	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 - San Diego, CA 3751 Market St.	11B. DATE INTERRED 7-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3569-10 Dellepoft/Wood 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.

E-8161

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38209

Date: 7-3, 19 89

From: Jean Cosmako Address: 7966 Lamont Dr. SD 92119

Free Interment Rights — Dollars ($ 300.00)

In Payment of Kay Cosmako Interment

Lot 3569 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8161

BALANCE DUE 1106.10

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

01453

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182	300	00
Handling Fee	100 77185	CITY AUDITOR	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	JUL 10 1989	
Sales Tax	60101 76390		
TOTAL PAID	$	300	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hope D. Leonard

in a Bell Liner Vault/Liner Funeral, date, time Wed 11:00 7/5

Church, Chapel, Graveside Fuerch & Home Lewis Calif Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 1432 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund ..... ____

Additional spaces and care fund ..... Prepaid 83 ____

Opening/Closing & Setup ..... 76 ____

Burial Container ..... C ____

Handling Fees ..... ____

Flower vases - Marker setting fee ..... ____

Recording and filing fee 35.00

Sales taxes ..... ____

Total Due 35.00

Paid receipt number 38208 35.00

Balance due 0

I hereby certify I am the Step daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Vivian X. Childers

Address 7135 Langley Ave

State Ridgecrest Ca 93555 Zip Code

Telephone 619 375-8745

Work Order # E 8162

Invoice # ____

Acct. # ____

PY-583 (REV. 8-88)

E-8162

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
GRACE	G.	LEONARD	11-29-1905	07-01-1989	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	Vivian K. Childers - step-daughter 1135 Langley Ave. Ridgecrest, CA 93555

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 M. Stewart for LCB	7/5/89

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	JUL 05 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 Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 7-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1432-10 Linear/metal-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.

E-8162

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38208

Date: 7-3, 1989

From: Vivian Waters Address: 1135 Langley, Kingsport TN

Heirs for resale Dollars ($ 35.00)

In Payment of Remaining fee for Transferred

Lot 1432 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 1-8162

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

284

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	CITY AUDITOR
Opening/ Closing	100 77181	
Burial Containers	100 77182	JUL 10 1989
Handling Fee	100 73185	
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 7-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Green

in a Bell Seal Vault/Liner Funeral date, time Mon July 10 2:00

Church, Chapel, Graveside Chapel of the Grove, Poway Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 49 Grave 8 Row ____ Section 3 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 38268	607.00
Balance due	

Montecito Memorial Park

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

3164 F St

Address

San Diego Ca 92102

State Zip Code

237-1055

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8163

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-8163

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	Elizabeth	Green	4/17/1929	7/2/1989	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	Joan Green - Daughter 3164 "K" Street San Diego, Calif. 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
		Richard W Ragsdale	7/7/89

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	JUL 7 1989	Donald 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.	

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 San Diego, California	11B. DATE INTERRED 7-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 44-8-3-12 Linda 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.

E-8163

OFFICIAL RECEIPT

№ 38268

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 7-10, 1989

From: Mary-Rosalie Address: 5020 Federal Blvd, SD

Six hundred fifty no/100 Dollars ($ 650.00)

In Payment of Mary Lucas Burial

CITY AUDITOR
JUL 14 1989

Lot 49 Grave 6 Row Section 3 Division Block 2

Invoice No.

Acct. No.

W.O. E-8163

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4099

ISSUED BY Linda Ford

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

E-8164

City of San Diego

Date 7/6/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melvin Gossett

in a T.S. Vault (Vault/Liner) Funeral date, time Thurs 7/6 1:00

Church, Chapel, Graveside Chapel & Home; Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 252 Grave ____ Row ____ Section ____ 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 38212	712.25
Balance due	0

I hereby certify I am the Step-Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Roberta J. Polos
Signature
1245 S Orange Grove Bl. (#31
Address
Pasadena, Ca. 91105
State Zip Code
(818) 799-3049
Telephone
or (213) 681-4161
San Diego - (619) 281-2422

mailing address:
P.O. Box 50225
Pasadena Ca.
91115

Work Order # E 8164

Invoice # ____

Acct. # ____

PY-583 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8164

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	Viner	Garrett	2-10-07	7-01-89	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	Roberta T. Peloa/Step-daughter 1245 So. Orange Grove Blvd. Pasadena, CA. 91105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Cypress View/Bonham Brothers 3123 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	7-03-89

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	JUL 3 1989	▶ Donald 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
	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 7-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 252-1-8 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
284-3151

E-8164
No. 38212

Date: 7-3, 19 89

From: Loleta Sales Address: 1245 S. Owens Street

Dollars ($ 712.25)

In Payment of Nelson Garrett Interment

Lot 252 Grave Row Section 1 Division Block 7

Invoice No.

Acct. No.

W.O. E-8164

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

1739

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	712	25

AUDITOR
JUL 10 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leopold Blankenhorn

in a Redi Vault Vault/Liner Funeral, date, time Thurs 8 PM

Church, Chapel, Graveside No Service 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 ____ middle night

Lot 34 Grave 3 Row ____ Section 2 Division/~~Block~~ 4

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38219	242.80
Balance due	0

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Francis A. Blankenhorn
Signature
3675 8th St.
Address
San Diego, CA 92103
City State Zip Code
619 299-3959
Telephone

Work Order # E 8165

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E-8165

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
Lyndal	Lee	Blankenburg	11-13-1912	07-02-1989	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	Ronald A. Blankenburg:Husband 3675 Eighth Avenue San Diego, Ca 92103

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Greenwood Mort:I-805 & Imperial, San Diego, Ca	F-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

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	JUL 06 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 [illegible] San Diego, CA	11B. DATE INTERRED 7-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Greenwood Memory 34-3-2-4 Ash Vault/Purple Box I-805 & Imperial San Diego, CA	12B. DATE CREMATED JUL 06 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Adolfo Perez	
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.

E-8165

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38219

Date: 7-3, 19 89

From: Marcus Blankenship Address: 3675 8th Ave SD

Two hundred forty-two 80/100 — Dollars ($ 242.80)

In Payment of Lyndell Blankenship's Funeral

Lot 24 Grave 3 Row Section 2 Division Block

CITY AUDITOR

Invoice No.

Acct. No.

W.O. E-8165

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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

JUL 1 0 1989

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2025

ISSUED BY Linda Wold

AC-212 (Rev. 10-87)

E-8165

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38279

Date: 7-11, 1989

From: Frank Blankenburg Address: 3695 8th Ave, SD
Sixteen Fifty Dollars ($ 15.95)

In Payment of Flower up for Ingrid Blankenburg

Lot 34 Grave 3 Row Section 2 Division Block

AUDITOR

Invoice No.
Acct. No.
W.O. E-8165
BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 2036

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Shirley Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	JUL	14 1989
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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-89

(X)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sindi Marie Lewis (X)

in a ____ (Vault/Liner) Funeral, date, time Tues 9/12 2:00

Church, Chapel, Graveside ~~Graveside Only~~ Witness Only; Family Gathering Mortuary, Mitch

All Funeral cars must arrive before 3:30 p.m. of regular work days or an extra charge will be applied and billed to undersigned. War time veteran NO. me. Mitch

Lot 200 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 38337	100.00
Balance due	255.00
38462	253.00

PAID
AUG 31 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.

Rosemarie Heldenbrand
Signature of recorded holder of deed

Rosemarie Heldenbrand
Signature
34830 Oakana Rd
Address
Ramona 92065
State Zip Code
Ca 788-0676
Telephone W 529-5437

Work Order # E 8166

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

W.O. # E 8166

NOTE

$ 255.00 San Diego, California August 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 Two hundred fifty five dollars DOLLARS with interest from SEPT 1, 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 Rosemarie Heldenbrand SIGNATURE Rosemarie Heldenbrand

ADDRESS 24830 Oakasa Rd. Ramona, Ca 92065

CALIF. DRIVERS LIC. # H0769649

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8166

OFFICIAL RECEIPT

No 38337

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-1- 19 89

From Rosemarie Address: 24830 Oakana Rd Ramona, CA 92065

One hundred dollars and ——— /100 Dollars ($ 100.00)

In part Payment of interment of Linda Marie Lewis

Lot 200 Grave — Row — Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E 8166

BALANCE DUE 255.00

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	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 76390		
TOTAL PAID	$	100	00

CITY AUDITOR
AUG 0 7 1989

E-8166

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
LINDI	MARIE	LEWIS	NOV 2, 1969	JUN 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
NEW ORLEANS	ORLEANS	ROSEMARIE HELDENBRAND, MOTHER 24830 OAKARA ROAD RAMONA, CA 92065

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PERKLEY-MITCHELL MORTUARY, 3655 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: ▶ Ed Leach

8B. DATE SIGNED: SEP 7, 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	SEP 07 1989	▶ Donald L. Ramos, M.D. Hff

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 [illegible] CEMETERY, 3751 MARKET STREET. SAN DIEGO, CA 200-4-8	11B. DATE INTERRED 9-12-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ W. J. 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.

E-8166

38462

002307

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

Date: 9-1 , 19 89

From: Jay K. Hollingsworth Address: 2483 Oakoma Ct, El Cajon CA

two hundred fifty-five 00/100 Dollars ($ 255.00)

In _____ Payment of Little Marie Lewis' Interment

Lot 200 Grave _____ Row _____ Section 7 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-8166

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

191

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Cars	77184	43	00
80% Sales of Lots	100 77184	72	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	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	255	00

E-8166

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38503

Date: 11-2 19 89

From: Rosemarie Helbig and 2483 Cutana Ct Pomona
Jupiter 95105 Address:

In Payment of Flower Cup for Linda Lewis Dollars ($ 15.95)

Lot 200 Grave Row Section 4 Division Block

CITY AUDITOR

Invoice No.

Acct. No.

W.O. E-8166

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1121

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Vaca

CREDIT	67007		
20% Sales Care	77184	NOV 06 1989	
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

Date 7-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William D. Ogilvie

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 3,5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	2 @ 495 — 990.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	990.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

William D. Ogilvie
Signature
6605 CASSELBERRY WAY
Address
SAN DIEGO, CA 92119
State Zip Code
465-6535
Telephone

Work Order # E 8167

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E 8167

OFFICIAL RECEIPT

№ 39666

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-5-, 19 70

From: William Scribner Jr. Address: [illegible]

Forty dollars and 00/100 Dollars ($ 40.00)

In _____ Payment of Credit Due

Lot 65 Grave 2 Row — Section 2 Division Block 18

Invoice No. _____

Acct. No. _____

W.O. E-8167

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-67) #4252

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Howe

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

E8167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39829

Date: 12-11-, 19 64

From: Olive Williard Address: 6605 Mesa Rock Way San Diego

Forty one and 00/100 Dollars ($ 41.00)

In Payment of CREDIT LOT

Lot 65 Grave 3 & 6 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) #4266

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	41 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	41 00

E 8167

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11826

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO William D. Ogilive for the sum of $ 990.00 (DOLLARS)

LEGAL DESCRIPTION Lot 65; graves 3 & 5; section 2; division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8167

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-884

E 8167

№ 38325

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: July 31, 19 89

From: William Gallivie Address: 1405 Coggeshall Way

Forty-one ~~2~~ Dollars ($ 41 ~~00~~)

In part Payment of Credit Lot Carpa-1

Lot 405 Grave 3 Row _____ Section 2 Division Block 13

Invoice No. _____

Acct. No. _____

W.O. E-8167

BALANCE DUE $ 949.—

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

4049

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 02 1989

ISSUED BY R Lewis

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
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	—

EB167

OFFICIAL RECEIPT

№ 37910

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-8, 19 89

From: William D. Gilbride Address: 6605 Cowley Way, SD

Forty-one 25/100 Dollars ($ 41.00)

In Payment of Cavern B Vacant Lot

Lot 65 Grave 3-5 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. 2-8167

BALANCE DUE 706.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4070

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	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	SEP 18 1989
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	41 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 8167
№ 38013

Date: 10-5, 19 89

From: William Taylor Address: 6605 Lassiter Way 92119

Interment Rights Dollars ($ 41.00)

In Payment of Mayor's Credit Letter

Lot 65 Grave 385 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-867

BALANCE DUE 267.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4024

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	41 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	CITY AUDITOR
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	OCT 10 1989
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	41 00

E8167

OFFICIAL RECEIPT

№ 38534

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-7, 19 89

From: William Dykue Address: 6105 Cozumel, Cv, SD

Forty-one 20/100 = Dollars ($ 41.00)

In Payment of Coupon 4 Credit Lot

Lot 65 Grave 385 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE 826.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4102

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 77194	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

CITY AUDITOR
NOV 13 1989

E 8167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38676

Date: 12-11 19 89

From: William S Collins Address: 6605 Mulberry Dr. 2D

Late - one 10/10 Dollars ($ 41.00)

In Payment of Canopy & Artificial Lot

Lot 65 Grave 375 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE 785.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4113

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	41	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	DEC 18 1989	
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
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8167
No 38762

Date: 1-9, 1990

From: William Ogilvie Address: 6605 Castleberry Way SD.

Cash - Re 12/10 Dollars ($ 41.00)

In Payment of Care for 6 Crypt Lot

Lot 65 Grave 3 E Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE 744.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4126

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	41	00

E8167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38863

Date: 2-7, 1990

From William O'Sullivan Address: 6605 Cowles Way N 92119

Forty-One Dollars 00/100 Dollars ($ 41.00)

In Payment of Cedar Lot

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE $703.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 4143

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	41 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	41 00

CITY AUDITOR

FEB 12 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

MAR 20 1990

E8167

No 38980

Date: 3-9, 19 90

From: William D Lyons Address: 6665 Cowley Way #219

S.D. Ca 92119

Dollars ($ 41.00)

In Payment of Cash - Check

Lot 105 Grave 2-5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-9167

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

41.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pam Watt

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
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR APR 23 1990

E8167
No 39138

Date: 4-19, 1990

From: William Gilbert Address: 6665 Cannibury Way

Forty Two Dollars and no/100 Dollars ($ 42.00)

In Payment of Credit Lot

Lot 65 Grave 3-5 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4-1-13

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jean Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8167
No 39193

Date: 5-7 19 90

From: William Capone Address: 6605 Camelback Way S.D. 92119

Forty-one Dollars Nopa Dollars ($ 41.00)

In Payment of Cedar Lot

Lot 65 Grave 3-5 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-7167

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4179

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 14 1990

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

E8167

OFFICIAL RECEIPT

№ 39316

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 6-5 , 19 90

From: William Ochoric Address: 6605 Vista Cherry, Dan

Fate - Ake 2/10 Dollars ($ 41.00)

In Payment of Cemetery Deed Lot

Lot 65 Grave 375 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE $38.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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 ATTORNEY
JUN 18 1990

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4207

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8167
№ 39435

Date: 7 3 , 19 90

From: D. L. Coglione Address: 1605 Cornelius Way Ja 92115

Forty-two dollars 00/100 Dollars ($ 41.2)

In Payment of Cash Int

Lot 65 Grave 3-5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 4219

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Vitt

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

E8167

№ 39550

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: Aug 3, 19 90

From: W.L Cajiuo Address: [illegible]

Forty-One [illegible] Dollars ($ 41.00)

In _____ Payment of Cridit Lot

Lot 65 Grave 3 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8167

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 10-87) 4233

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

E-8167

№ 40009

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 12-13, 1970

From: W. D Ogilvie Address: 4603 Carol Lynn

forty-one dollars ~~no~~ Dollars ($ 41.00)

In Payment of Credit Lot

Lot 65 Grave 315 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE 333.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 10-67) 1296

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY H. Longuer

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

E-8167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39894

Date: 11-5-, 19 70

From: M. D. CLOVIE Address: [illegible]

[illegible] Dollars ($ 41.00)

In _____ Payment of [illegible]

Lot 65 Grave [illegible] Row — Section 2 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8167

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#4281

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	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

E-8167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40164

Date: 1-7, 1991

From: William Ordine Address: 6605 Caballero Way S.D. 92119

Forty-one 00/100 Dollars ($ 41.00)

In Payment of Credit Lots

Lot 45 Grave 315 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-3167

BALANCE DUE $ 292.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4313

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	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

E-8167

OFFICIAL RECEIPT

№ 40286

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 2-7, 1991

From: William Gilbride Address: 6605 Casselberry Way S.D. CA

Forty-one 100/100 Dollars ($ 41.00)

In Payment of Credit Lot

Lot 65 Grave 3 F 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE 25.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4326

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8167
№ 40372

Date: 3-4 , 1991

From: [illegible] Address: [illegible] 92119

[illegible] Dollars ($ 41.00)

In [illegible] Payment of [illegible]

Lot 165 Grave 3-5 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE 210.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4347

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	87007 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

E-8167

OFFICIAL RECEIPT

№ 40525

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: APRIL 5, 1991

From: W. D. OGILVIE Address: 6604 CUTE BERRY WAY S.D. 92119

FORTY-ONE AND 00/00 Dollars ($ 41.00)

In PART Payment of PRE-NEED LOT

Lot 65 Grave 3 & 5 Row _____ Section 9 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E 8167

BALANCE DUE $170.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4361

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. L. Vandall

CREDIT 20% Sales Care	67007 77184	89	00
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	$	41	00

E 8167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40674

Date: 5-6, 19 91

From: William Cojulun Address: [illegible] Cemetery Way, SD 92113

Forty-One 10/100 Dollars ($ 41.10)

In Payment of Credit Lot

Lot 65 Grave 3-5 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8167

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4379

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	41	10
20% Sales Care	77184		
80% Sales of Lots	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	10

E-8167

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40843

Date: 6-17, 19 71

From: W. L. Ogilvie Address: [illegible]

[illegible] Dollars ($ 41.00)

In Payment of

Lot 65 Grave 3-5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-1167

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 4352

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 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	41 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	41 00

E8167

OFFICIAL RECEIPT

№ 40907

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-28, 19 91

From: Duggan Ogilvie Address: 6605 Cowley Way #336

Forty-Five 00/100 Dollars ($ 47.00)

In Payment of

Lot 45 Grave 3-5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 8167

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 4/4/06

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Vint

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	47 00
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	47 00

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8167 Credit Lot

William Ogilvie
6665 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10				

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 41.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on, or before, due date above ▶ $ 41.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 42.00

Amount Received $ _____

NAME William L. Ogilvie

ADDRESS 6605 Casselberry Way

CITY San Diego STATE Ca. Zip 92119

☐ check(✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10				

Amount due when paid on, or before, due date above. ▶ $ 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-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ _____

Amount Received $ _____

NAME William D Ogilvie

ADDRESS 6605 CASSELBERRY WAY

CITY San Diego STATE CA ZIP 92119

☐ check (✓) if this is new address

DO NOT MAKE ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME WILLIAM D. OGILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE CA. ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Dug 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 $ _____

NAME WILLIAM D OGILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE CA. ZIP 9219

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

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-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

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

$ _____

Amount Received $ 41.00

NAME William D. Ogilvie

ADDRESS 6605 Casselberry Way

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

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 $ 41.00

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-8167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

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 $ 42.00

NAME WILLIAM OGILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE CA. ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0167 Credit Lot

William Ogilvie
6605 Cassalberry Way
San Diego, Ca 92119

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

$

Amount Received $ 41.00

NAME WILLIAM OGILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE CA ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

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 $ 41.00

NAME WILLIAM OGILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE CA. ZIP 92119

☐ check (✓) if this is new address

Return this coupon with each remittance Coupon 12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

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 10 days after due date above. $ 1.00

$

Amount Received $ 41.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 41.60

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-6167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

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. ▶ $ 61.00

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-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before, due date above. ▶ $ 41.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 41.00

Amount Received $

NAME WILLIAM OGILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE CA ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

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

$ 41.00

Amount Received $

NAME W D OGILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE Ca ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance COUPON **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, Ca 92119

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 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Ogilivie
6605 Casselberry Way
San Diego, Ca 92119

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 $ 41.00

NAME William D Ogilvie

ADDRESS 6605 CASSELBERRY WAY

CITY San Diego STATE Ca. ZIP 92119

☐ check (✓) if this is new address

...or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6167 Credit Lot

William Ogilvie
6605 Casselberry Way
San Diego, CA 92119

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

$

Amount Received $ 41.00

NAME WILLIAM D OGILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE CA. ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6167 Credit Loc

William Ogilvie
6605 Canneliberry Way
San Diego, Ca 92119

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

$

$ 41.00

Amount Received

NAME William D. Ogilvie

ADDRESS 6605 Canneliberry Way

CITY San Diego STATE CA ZIP 92119

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8167 Credit Lot

William Dgilvie
6605 Casselberry Way
San Diego, Ca 92119

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

[redacted]

$ 47.00

[redacted] 10 days

$ 1.00

$

Amount Received $

NAME WILLIAM D GILVIE

ADDRESS 6605 CASSELBERRY WAY

CITY SAN DIEGO STATE CA. ZIP 92119

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSIE GLADNEY

in a Vault (Vault/Liner) Funeral, date, time 7/7 1pm FRI.

Church, Chapel, Graveside Church G.S. Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 22 Grave 8 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container T. Vault	175.00
Handling Fees Labor	70.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
	1207.25
Paid receipt number 38222	1207.25
Balance due	-.00

PAID
JUL 05 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Great grand-daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Cynthia Cummings
Signature

4423 Marlo #16
Address

San Diego 92115
State Zip Code

282-2744
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8168

Invoice # ____

Acct. # ____

PY-563 (REV. 8-88)

E 8168

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
Rosie	—	Gladney	02-05-1891	07-05-1989	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	Jessie G. Singleton:Daughter 4130 San Miguel 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
Greenwood Memorial Park & Mortuary I-805 & Imperial Avenue San Diego, CA	F-3404

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
			7-7-89

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	JUL 07 1989	▶ Donald L. Rowat, 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 Mount Hope Cemetery Market Street San Diego, CA	11B. DATE INTERRED 7-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 22-8-2-12 Vault/Metal sealer-Rgauge	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

No E8168 38222

Date: 7-5, 19 89

From: Cynthia D. Cummings Address: 4423 Merlo, #10 San Diego Ca 92115

One Thousand Two Hundred Seven and 25/100 Dollars ($ 1207.25)

In Full Payment of Interment Fees for Rose Gurney

CITY AUDITOR

Lot 22 Grave 8 Row Section 2 Division Block 1

7-21-1989

Invoice No.

Acct. No.

W.O. E8168

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #1749

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. L. Sudell

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	177	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	31	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	13	25
TOTAL PAID	$	1207	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lisa Steiner

in a ——— (Vault/Liner) Funeral, date, time Thurs 7-6 11am

Church, Chapel, Graveside Delivery ; 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 76 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. #1074040

I hereby certify I am the ——— of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8169 ✓

PY-593 (REV. 9-85)

E-8169

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
Lisa	Marie	Steiner	5-11-54	5-20-89	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	San Diego County Coroner 5555 Overland Avenue 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: John S Mayer

8B. DATE SIGNED: 7/5/89

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	JUL 06 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 Av. San Diego, CA 92101	

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 Mtb Hope Cemetery San Diego, CA.	11B. DATE INTERRED 7-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 7b-2B-1-12 Mt Olivet Pressed Wood 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

Grewood Trust

Date 7-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond J. Deeruber

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 195 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 38282	712.25
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Lee Attoded
Signature

Address

State Zip Code

Telephone

Work Order # E 8170

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Grenead Grant Date 7-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond J. Backwaber

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 195 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	125.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 38282	712.25
Balance due	0

PAID
JUL 12 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Executor of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 attorney in fact
William A. Hardy
Signature
231 Chula Vista St.
Address
CA. 92010
State Zip Code
420-4957
Telephone

Work Order # E 8170

Invoice # _____

Acct. # _____

PY-553 (REV. 8-88)

E 8170

No 38282

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-12, 19 89

From: William C. Hardy Address: 231 Chula Vista St. Chula Vista 92010

Seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of Record Funeral Trust for Raymond J. Reinecke

Lot 175 Grave Row Section Division Block 8

Invoice No.

Acct. No.

W.O. E-8170

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2513

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Reed

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	712 25
Sales Tax	60101 78380	
TOTAL PAID	$	712 25

CITY AUDITOR
JUL 14 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Lot & Trust Date 7-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert L & Clercy Ann Norman

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 1780 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	595.00
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 @ 35.00	70.00
Sales taxes	23.10
Total Due	1978.10
Paid receipt number 38235	1978.10
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. Robert L. Norman

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
Address 3011 Stillman Dr
City San Diego State CA Zip Code 92102
Telephone 264-8782

Work Order # E 8171

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

E8171

No 38235

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-6, 19 89

From: Robert L Nunez Address: 5011 Hilltop Dr, San Diego

In Payment of Interment Lot # Burial Services Dollars ($ 1976.10)

Lot 1780 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8171

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1774021

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1383	10
Sales Tax	60101 76390		
TOTAL PAID	$	1976	10

CITY AUDITOR

JUL 10 1989

SW

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zelda Riegel

in a Bell Liner (Vault/Liner) Funeral date/time Mon 7/10 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 8 Grave 8 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	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 38407	1102.00
Balance due	0

PAID
AUG 10 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day rule

I hereby certify I am the father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

Address 6621 Ayesha St

State Nat City CA Zip Code 92050

Telephone 266-8452

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # [redacted]

Work Order # E 8172

Acct. # [redacted]

PY-593 (REV. 8-86)

E8172

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
ZELDA	MARIE	RIGGEL	Mar. 29, 1956	July 1, 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	Bobby G. Cheatom - Father 1631 Alpha Street San Diego, California 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
3939 Federal Blvd. Anderson-Ragsdale Mort. San Diego, California	FD1329

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
		▶ Jamilee L. Hampton	7-10-89

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	JUL 10 1989	▶ Donald G. Ramsel, 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.	

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: San Diego, California	11B. DATE INTERRED 7-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner/metal sealer 8-2-12 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.

W.O. # E-8172

NOTE

$ 1102.00 San Diego, California July 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 eleven hundred two 00/100 DOLLARS with interest from September 18, 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 Barbby G Cheatom SIGNATURE Barbby Cheatom

ADDRESS 1631 alpha St Nat city CA 92050

CALIF. DRIVERS LIC. # A0720722

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

E8172

No 38407

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-10-, 1989

From: ANDERSON RIGSDALE Address: 5050 FEDERAL BLVD, S.D. CA 92102

ELEVEN HUNDRED TWO DOLLARS AND XX/100 Dollars ($ 1102.00)

In FULL Payment of INTERMENT FEES FOR ZELDA RIEGEL

Lot 8 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E8172

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 21 1989

CREDIT 20% Sales Cars	87007 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 9022		
Sales Tax	80101 78390	7	00
TOTAL PAID	$	1102	00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒ 4275

ISSUED BY W. J. Teague

AC-212 (Rev. 10-87)

7118-2

									0.00
				08/29/89	JV	JV21347	1,102.00	1,102.00	PAID IN FULL
							320.00		
							100.00		
							35.00		
							145.00		
							7.00		
							495.00		
087648	07/19/89	031810	BOBBY G. CHEATOM						
			100	072	77181	000072			
			100	072	77182	000072			
			100	072	77183	000072			
			100	072	77185	000072			
			601C1		78390				
			670C7		77184				

E-8172

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Denzel Anderson

in a _____ Vault/Liner Funeral, date, time Mon 7/10 2:30

Church, Chapel, Graveside Graveside ; Berge-Robertson Mortuary.

All Funeral cars must 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"

Lot 3354 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 38256	100.00
Balance due	99.00

Pd 9/21/89

30 day note

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Carol Anderson
Signature
3432 Florence #B
Address
San Diego, CA
State
233-9491 92113
Telephone Zip Code

Invoice # [redacted]

Work Order # E 8173

Acct. # [redacted]

PY-883 (REV. 8-86)

W.O. # 2-8173

NOTE

$ 99.00 San Diego, California July 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 Ninety-Nine dollars DOLLARS with interest from [redacted] 7-6-89 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 Carol Anderson SIGNATURE Carol Anderson

ADDRESS 3432 Florence St. Apt B San Diego Ca 92113

CALIF. DRIVERS LIC. # N6152216

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8173

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
DENZEL	—	ANDERSON	7/3/1989	7/3/1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Carol Anderson-Mother 3432 Florence St.,Apt.B 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 807 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
		Terry C. Gonzales	7/10/1989

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	JUL 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 92138-5222	

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 43rd. & Imperial Ave.,San Diego, CA	11B. DATE INTERRED 7-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teagues
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3354-1-9 Holmes/clothcaring	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.

E-8173

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38256

Date: 7-7 19 89

From: Paul Cardenas Address: 3432 Imperial Ave SD

one hundred and no/100 Dollars ($ 100.00)

In Payment of Deed Cardenas's Interment

Lot Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-8173

BALANCE DUE 24.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	100	00

CITY AUDITOR

JUL 14 1989

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

ISSUED BY Sandy Wade

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renewed Lot Date 7-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rexella Terry

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 2273 & 2274 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	2 @ 595 — 1190.00
Additional spaces and care fund	
Opening/Closing & Setup	IN
Burial Container	PAID
Handling Fees	FULL
Flower vases - Marker setting fee	11/7/90
Recording and filing fee	
Sales taxes	
Total Due	1190.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature K Hill G. [illegible]

Address 4525 Oregon St #1

City San Diego State CA Zip Code 92116

Telephone 283-9238

Work Order # E 8174

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

E8174

OFFICIAL RECEIPT

№ 38296

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-17 19 89

From: Kenneth Perry Address: 4625 Cielo Vista Dr, SD

Santee 92071

In Payment of Dollars ($ 49.00)

Lot 2273 & 2274 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8174

BALANCE DUE 1141.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1244

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 1989

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

E 8174

OFFICIAL RECEIPT

No 38465

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-1 19 89

From: Kenneth Perez Address: 4525 Cuca Street #1 SD

Suite - 2nd Floor

Dollars ($ 47 00)

In Payment of Caught 3 Unit Lot

Lot 2232 & 2274 Grave Row Section Division Block 10

Invoice No

Acct. No

W.O. E-8174

BALANCE DUE 10/2/00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	47 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	SEP 11 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	47 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87)

1250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8174
№ 38008

Date: 10-5- 19 89

From: KENNETH G. PERRY Address: 4525 OREGON ST, S.D. CA 92116

Forty-nine dollars and XX/100 Dollars ($ 49.00)

In part Payment of credit lot

OCT 10 1989 AUDITOR

Lot 2273/2274 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E 8174

BALANCE DUE 1043.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1283

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8174
№ 38092

Date: 11-1 19 89

From: Kenneth Berry Address: 4525 Cleon-St #1, SD

Suite - Zone Dollars ($ 49.00)

In Payment of Purchase of Unused Lot

Lot 2274 Grave Row Section Division 10 Block

Invoice No.

Acct. No. E-8174

W.O.

BALANCE DUE $46.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1207

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

CITY AUDITOR
NOV 06 1989

E8174

OFFICIAL RECEIPT

No 38657

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-11 19 89

From: Lupetto G. Perry Address: 4525 Otsego Mist. SD

(forty - nine 00/100 Dollars ($ 49.00)

In Payment of Canyon 5 Cust Lot

Lot 227 F 2276 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8174

BALANCE DUE 49.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1298

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	49 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	DEC 18 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	49 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E9174
NO 38063

Date: 10-17 19 89

From: Mary Mortuary Address: 2859 Cedros Ave SD
of Chavez & Sons Mortuary Dollars ($ 1055.00

In _____ Payment of Pauline Perry's Interment

Lot 2273 Grave _____ Row _____ Section _____ Division 10 Block 7

Invoice No. _____

Acct. No. _____

W.O. E-8330

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2800

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT		
20% Sales Cars	67007 77184	119 00
80% Sales of Lots	100 77183	329 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	$	1055 00

E-8174

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38743

Date: 1-5- , 1990

From: Kenneth G. Perry Address: 4525 Oregon St, S.D. CA. 92116

Forty-nine dollars and xx/100 Dollars ($ 49.00)

In part Payment of Cruft lot

Lot 2273/2274 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E 8174

BALANCE DUE 448

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1303

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY W.J. Tacquo

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184	49	—
Opening/ Closing	100 77181		
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	—

OFFICIAL RECEIPT

CITY AUDITOR

E8174

№ 38966

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

MAR 12 1990

Date: 3-8, 1990

From: Kenneth Perry Address: 4525 Cruger St. #1, SD 92116

Forty-Two Dollars and No Dollars ($ 49.00)

In Payment of Credit Tot

Lot 2273 Space 4 Grave Row Section Division 10

Invoice No

Acct. No

W.O. E-8174

BALANCE DUE $350.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1323

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	49 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	49 00

E8174

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38880

Date: 2-13-, 1990

From: KENNETH G. PERRY Address: 4515 OREGON ST. #1, S.D. CA 92116

forty-nine dollars and xx/100 Dollars ($ 49.00)

In part Payment of cooper #6

Lot 2273+2274 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 8174

BALANCE DUE 399.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 20 1990

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	49	—
Opening/ Closing	100 77181		
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	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8174
№ 39185

Date: 5-4 , 1990

From: Kenneth Perry Address: 4525 Otay St #1 SD 92116

Forty Five Dollars ($ 45.00)

In Payment of Cedar Lot

Lot 2273, 2274 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-1174

BALANCE DUE $25.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 14 1990

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	90101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 8174
No 39092

Date: 4-5- , 1990

From: KENNETH G. PERRY Address: 4525 OREGON ST. NO. 1

SIXTY-FOUR DOLLARS AND 96/100 $ Dollars ($ 64.96)

CITY AUDITOR

In part Payment of CREDIT LOT

APR 16 1990

Lot 22734 2274 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 8174

BALANCE DUE 301.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1330

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		36
TOTAL PAID	$	64	96

E 8174

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39467

Date: JULY 11, 19 90

From: Kenneth G. Perry Address: 4577 Oregon St. SD 92116

Forty Nine dollars + 00/100 Dollars ($ 49.00)

In Payment of CREDIT LOT

Lot 2273 & 2274 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-8174

BALANCE DUE 154.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ # 1353

AC-212 (Rev. 10-67)

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	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

E-8174

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39606

Date: 8 — 13 — 1990

From: Kenneth G Perry Address: 4585 Virginia ST. #1 San Diego Ca. 92116

Forty Nine and 00 Dollars ($ 49)

In ____ Payment of Credit Lot

Lot 2073, 2074 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-8174

BALANCE DUE 105.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Care	77184	7.00
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	$	49.00

E-8174

OFFICIAL RECEIPT

№ 39694

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-11-, 1980

From: KENNETH G PERRY Address: 952 CHELTON CT #1 SAN DIEGO CA 92114

forty nine and 00/100 Dollars ($ 49.00)

In Payment of CREDIT LOT

Lot 3273 & 3274 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-8174

BALANCE DUE 56.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) # 1373

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Ruth Jones

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	44	00
Opening/ Closing	100 77181		
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

E 8174

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39804

Date: 10-5-1920

From: KENNETH G. PERRY Address: 4525 OREGON ST. #1 S.D. CA. 92116

FORTY NINE AND 00/100 Dollars ($ 49.00)

In Payment of CREDIT LOTS

Lot 2273 & 2274 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-8174

BALANCE DUE 7.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 1375

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	49 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	$	49.00

E 8174

OFFICIAL RECEIPT

№ 39902

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-7, 19 10

From: Dewey Perry Address: 453 Logan Ave, 74, SD 92114

Seventy Dollars ($ 70.00)

In _____ Payment of Cedar Box

Lot 2223 & 2224 Grave _____ Row _____ Section _____ Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8174

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1313

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 78390		
TOTAL PAID	$	70	00

E8174

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39335

Date: 6-7, 1990

From: Kenneth Lowry Address: 4525 Craigmont St, S.D. 92116

Forty Five Dollars ($ 45.00)

In Payment of Cedar Lots

Lot 2273 - 2274 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8174

BALANCE DUE $23.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1345

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	49.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	49.00

CITY AUDITOR JUN 18 1990

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8174 Credit lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on, or before, due date above. ▶ $ 49.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 50.00

Amount Received $ 49.00

NAME

ADDRESS

CITY ZIP

Kenneth Perry
4525 Oregon St. #1
San Diego, CA 92116

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8174 Ctedit lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on or before, due date above. ▶ $ 49.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 49.00

NAME _____

ADDRESS _____

Kenneth Perry
4525 Oregon St. #1
San Diego, CA 92116

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-8174 Credit Lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10				

Amount due when paid on, or before, due date above. ▶ $ 49.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ 50.00

Amount Received $ 49.00

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-8174 Credit lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92106

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before, due date above ▶ $ 49.00

Amount due if paid more than ~~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-8174 Credit Lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before, due date above. ▶ $ 49.00

Amount due if paid more than ~~10~~ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 49.00

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-6174 Credit Lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

Amount due when paid on, or before, due date above. $ 49.00

Amount due if paid more than 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-8174 Credit lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							10				

Amount due when paid on, or before, due date above. $ 49.00

Amount due if paid more than 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-6174 Credit Lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before, due date above. ▶ $ 49.00

Amount due if paid more than 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-6174 Ctedit lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before, due date above. $ 49.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 49.00

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-8174 Credit Lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

Amount due when paid on, or before, due date above. ▶ $ 49.00

Amount due if paid more than 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. B-6174 Credit lot

Kenneth C. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on, or before, due date above. ▶ $ 49.00

Amount due if paid more than 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-8174 **Credit Lot**

Kenneth C. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10				

Amount due when paid on, or before, due date above. $ 49.00

Amount due if paid more than 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-0174 Cmadic lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before, due date above. $ 49.00

Amount due if paid more than 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-8174 **Credit Lot**

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

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. ▶ $ ~~7.00~~ A$.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-8174 Credit lot

Kenneth G. Perry
4525 Oregon Street, #1
San Diego, Ca 92116

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							10				

Amount due when paid on or before due date above. $ 49.00

Amount due if paid more than 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 7-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Ella Parker

in a T.S. Vault Vault/Liner Funeral, date, time Fri. 7/14 2:30

Church, Chapel, Graveside Graveside ; Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ . needs help

Lot 267 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	475.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	212.25
Paid receipt number ____	
Balance due	

Joanne Vail Beers

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 Velma Howell

Address 7348 Clancal Dr.

State [redacted] Zip Code San Diego Calif.

Telephone

Work Order # E 8175

Invoice # ____

Acct. # ____

PY-593 (REV. 9-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Wong

in a I.S. Vault Vault/Liner Funeral date, time Sat 7/15 10:00

Church, Chapel, Graveside Chapel & Hope 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 845 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Grave space & Care Fund (Reused 846) 2 @ 595 1190.00

Additional spaces and care fund ____

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee Lot OT. 380.00

Recording and filing fee 35.00

Sales taxes 12.25

~~Total Due 1702.25~~ 2282.25

Paid receipt number ____

Balance due ____

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Betty Wong
Signature

Address

State Zip Code

Telephone

Invoice # 087650

Work Order # E 8176

Acct. # 031811

PV-683 (REV. 8-85)

W.O. # E-8176

NOTE

$ 4285.25 San Diego, California July 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 twelve - hundred eighty-five 25/100 DOLLARS with interest from 9-15-89 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 BETTY WONG SIGNATURE Betty Wong

ADDRESS 2527-44TH ST, SAN DIEGO, CALIF 92105

CALIF. DRIVERS LIC. # J0675848

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 8176

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	Ovl	Wong	10-01-1927	07-10-1989	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	Betty Wong:Wife 2527 44th Street San Diego, CA 92105

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 Ave., 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
		▶ Patricia D. Tomaio	7-13-89

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	JUL 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 85232 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 1845-10	11B. DATE INTERRED 7-15-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/ 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.

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
087650	07/19/89	031811	BETTY WONG					08/07/89	CK	625	2,282.25	2,282.25	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				415.00		
			100	072		77184	000072				952.00		
			100	072		77185	000072				170.00		
			60101			78390					12.25		
			67007			77184					238.00		

ES-8176

ES-8173

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 8176
No 38062

Date: Oct 17, 19 89

From: Cathy Dorsey Address: 2527 44th Street, San Diego
Cec Sandoval & Sons 75150 — Dollars ($ 150.95)

In _____ Payment of Water Heater Fee and Niche
Up for John Dorsey

Lot 1645 Grave _____ Row _____ Section _____ Division _____ Block _____

CITY AUDITOR

Invoice No. _____

Acct. No. _____

W.O. E-8176

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 142

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Dick

CREDIT	67007	OCT 23	1989
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	5	00
Burial Containers	100 77182	10	60
Handling Fee	100 77185	135	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		35
TOTAL PAID	$	150	95

OFFICIAL RECEIPT

49240

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3466

Date: 12/5 19 97

From: Betty Wong Address: 2527 44th St. SD 92105

Twenty three and 78/100 Dollars ($ 23.78)

In full Payment of galvanized flower vase for John O. Wong

Lot 1845 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8176

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77163		
Pre-Need Trust	69033 9022		
Sales Tax	60101 78260		78
TOTAL PAID	$	23	78

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust Date 7-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lelia Young

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 125 Grave 2 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	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

Mr Lelia Young
Signature
1207 S. 47th Street #202
Address
San Diego, CA 92113
State Zip Code
263-3558
Telephone

Work Order # E 8177

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peter Luppies

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ 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	

Dan Bellew 10760 81

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8178

Invoice # _____

Acct. # 000952

PY-583 (REV 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray C. Laaker

in a T.S. Vault Vault/Liner Funeral, date, time Fri 7/14 1:00

Church, Chapel, Graveside Delevan Clark & 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 3309 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	120.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 38281	712.25
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

Frances Laaker
Signature
2295 Rachael Ave.
Address
San Diego, Ca 92139
State Zip Code
475-8041
Telephone

Work Order # E 8179

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E-8179

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
RAY	CHARLES	LASKER	11-19-1903	07-12-1989	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	Frances C. Lasker (Wife) 2295 Rachael Avenue 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	7-12-89

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	JUL 12 1989	Russell L. Romo, 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 92102	11B. DATE INTERRED 7-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3309-10 Vault/Pressed Wood 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.

E8179

NO 38281

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-12 19 89

From: Mrs. Sadler Address: 2295 Locust Ave, SD CA 92154

Seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of Ray C. Sadler's Interment

AUDITOR

Lot 3309 Grave Row Section Division 10 Block

JUL 14 1989

Invoice No.

Acct. No.

W.O. E-8179

BALANCE DUE 0

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	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

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Deb Ward

AC-212 (Rev. 10-87) 2342

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esther Landa

in a Bell Series Vault/Liner Funeral, date, time 7/17 11:00 Mon

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 _____ .

Lot 1393 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 tax	7.00
Total Due	607.00
Paid receipt number 38319	607.-
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 8180

Invoice # _____

Acct. # _____

PY-883 (REV. 8-95)

E8180

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
ESTHER	ANDERSON	SANDO	2-28-1898	7-12-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Lillian Collette - Daughter 2520 Bonita Road 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 961

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]	7-13-1989

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	JUL 13 1989	[signature] Donald L. Conrad, 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 92186-5222	

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 7-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature] Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Funeral Hardwood 1393 -1-8	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.

E-8180

№ 38319

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: July 27, 1989

From: Covad Mortuary Address: 7367 Broadway

Six Hundred Seven ——— Dollars ($ 607.—)

in full Payment of At need for Esther Sands

(interment order)

Lot 1393 Grave ——— Row ——— Section 1 Division Block ———

CITY AUDITOR
JUL 31 1989

Invoice No. ———

Acct. No. ———

W.O. E-8180

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 R Dawson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	330	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	14	50
Recording & Misc. Fees	100 77183	3	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	50
TOTAL PAID	$	607	—

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Bell Parker

in a T.S. - Vault Vault/Liner Funeral, date, time Fri 7/14 2:30

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 2067 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 38284 35.00

Balance due 0

Renewal 1849 P 18

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.

Velma Howell
Signature

7348 Glencoe Dr.
Address

San Diego Calif
State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 8181

Acct. # ____

PY-593 (REV. 8-86)

E8181

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	BELL	PARKER	04-30-1888	07-09-1989	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	Velma Howell - daughter 734 Glencoe 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
Lewis Colonial/Rosebough 3051 El Cajon Blvd. San Diego, CA 92104	F-486

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	7/12/89

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	JUL 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
	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 - San Diego, CA 3751 Market St.	11B. DATE INTERRED 7-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2067-10 Vault/metal seal 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.

E 8181

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38284

Date: 7-13, 19 89

From: Velma Harrell Address: 134 Nevada Dr, SD

Thirty-five 35/100 Dollars ($ 35.00)

In Payment of Recording fee for Mary B. Parker

Lot 2067 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 21-6157

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 Linda 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	JUL 24 1989 35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

CITY AUDITOR
JUL 24 1989

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia A. Duncan in a Bell Seal Vault/Liner Funeral, date, time Tues 7/18 11:00 Church, Chapel, Graveside graveside 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 ____ . 16 Glenn

Lot 6 Grave 3 Row ____ Section 9 Division/Block 3

Grave space & Care Fund ..... Balance 2-685 6 59	41.00
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	648.00
Paid-receipt number 8/15/89	648.00
Balance due	0

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

Mary Wharton
Signature

5551 Rokonia St. San
Address

Ca 92042
State Zip Code

697-3181
Telephone

[redacted]
Invoice #

[redacted]
Acct. #

Work Order # E 8182

PY-593 (REV. 9-88)

W.O. # E-8182

NOTE

$ 648.00 San Diego, California July 14 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 forty-eight 00/100 DOLLARS with interest from [redacted]-14-89 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.

[redacted] NAME Mary Wharton SIGNATURE Mary Wharton

ADDRESS 5551 Nakoma St. La Mesa CA 92042

CALIF. DRIVERS LIC. # K0028139

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8182

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

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	A.	DUNCAN	Nov. 13, 1923	July 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
La Mesa	San Diego	Mary Wharton, daughter 5551 Nokomis St. La Mesa, CA 92042

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: ▶ [signature]

8B. DATE SIGNED: 7/17/89

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	JUL 17 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

- [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 San Diego, California	11B. DATE INTERRED 7-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 6-3-9-3 n/a metal sealers	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.

4818-2

INV NO	INV DATE	ACCT 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
087653	07/19/89	031812	MARY WHARTON					08/15/89	CK	120478	648.00	648.00	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		
			67007			77184					41.00		

E-8182

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eleanor M. Kelley in a I.S. Vault (Vault/Liner) Funeral, date, time Tues. 7/18 10:00 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 63 Grave 9 Row ____ Section 16 Division/Block 7

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 tax	12.25
Total Due	712.25
Paid receipt number 38290	712.25
Balance due	0

PAID
JUL 15 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 Allen Lee Kelly
Address 4557 Skyline Truck Trail
State Jamul, Ca Zip Code 92035
Telephone 669-1743

Work Order # E 8183

Invoice # ____

Acct. # ____

PY-553 (REV. 8-88)

E8183

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
ELEANOR	M.	KELLY	11-30-1900	7-14-1989	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	Albert Joe Kelly son 14552 Skyline Truck Trail Jamul, CA 92035

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Gocdbody 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 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
		▶ Peggy L Ward	7/18/89

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	JUL 18 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

- ☒ 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 7-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wesley J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 63-9-16-7 Vault N/A Metal Dealers	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.

E 90183

№ 38290

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-15, 19 89

From: Edna D. Keller Address: 1752 Skyline Drive Mail

Seven hundred twenty five 2/10 Dollars ($ 725.25)

In Payment of Eleanor Kelly Lucas

Lot 63 Grave 1 Row Section 16 Division 7 Block

Invoice No.

Acct. No.

W.O. E-90183

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 1989

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	125	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	725	25

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

6849

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence A. Meidenbauer

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 7/19 1:00

Church, Chapel, Graveside Hope & Time Featherridge Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 280 Grave 1 Row ____ Section 11 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 38292	712.25
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: Irene Sotera

Address: 5915 Cowles Mt Blvd

State: La Mesa, 92042, Ca

Telephone: 463-2429

Work Order # E 8184

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E81964

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
FLORENCE	ANGELINA	MEIDENBAUER	Dec. 9, 1900	July 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
La Mesa	San Diego	Irene R. Sutera, daughter 5915 Cowles Mt. Blvd. La Mesa, CA 92042

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FEATHERINGILL MORTUARY 8322 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—General Director or Person Acting as Such	8B. DATE SIGNED
		▶ Edward Feather	7/17/89

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	JUL 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
	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 San Diego, CA	11B. DATE INTERRED 7-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault 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.

E8184

OFFICIAL RECEIPT

No 38292

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-17 ,19 89

From: Jones Estate Address: 5915 Overlook Mountain Road

Seven hundred Twelve 25/100 Dollars ($ 712.25)

In Payment of Grave Maintenance Fund

Lot 250 Grave 1 Row Section 11 Division 17 Block

Invoice No.

Acct. No.

W.O. E-0150

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 5123

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 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	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	5	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	42	25
TOTAL PAID	$	712	25

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 _____

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 113 Grave 11 Row ~ Section 2 Division/Block 11

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

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 8185

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jones Lydia

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 7/18 1:00

Church, Chapel, Graveside Chapel of the Pines 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 113 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 38299	907.00
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 8186

Invoice # ____

Acct. # ____

PY-563 (REV. 8-85)

E8186

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
JAMES	ORLANDO	LYDE	2-13-71	7-14-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sheila House - Mother 4473 McClintock Street San Diego, California 92116

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; San Diego, California	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
		▶ Family Director	7-18-89

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	JUL 18 1989	▶ Ronald L. Powell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222 Vital Records: San Diego, California	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 Mt. Hope Cemetery: San Diego, California	11B. DATE INTERRED 7-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 113-11-2-11 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.

E8186

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38299

Date: 7/8, 19 89

From: Duncan-Rawlins Address: 5050 Federal Blvd, SD CA 92102

none Rendered Texas 7.75/00 Dollars ($ 907.00)

In Payment of James C. Tyler Interment

Lot 113 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8186

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4150

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	87007	60	00
20% Sales Care	77184		
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	80101 78380	7	00
TOTAL PAID	$	907	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alma Harris Bonner

in a Redi Vault Vault/Liner Funeral, date, time Fri 7/21 10am

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 ____ Witness ~~Joe~~ Gene Cecil

Lot 56 Grave ____ Row ____ Section IOOF Division/Block 42

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 14513	242.80
Balance due	0

Mortuary will pick up

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8187

Invoice # ____

Acct. # ____

PY-583 (REV. 8-88)

INTERMENT ORDER AND AUTHORIZATION

E-8187

Contract No. _____ Interment No. _____ Date 7-17-89

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

In accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT ALMA V. SOMMER Age 80 Sex F

Date of Birth 10-4-1908 Date of Death 7-16-1989 Veteran? —

in the following described interment space: I. O. O. F. LOT 54 BLK. 42

Purchased PN☐ AN☐

Funeral Home [illegible] Director Carr Tel. _____

Address _____

Place of Service NONE Day _____ Date _____ Time of Service _____

Type of Cemetery Service DELIVERY OF CREMAINS Day _____ Date _____ Time of Service _____

Type of Outer Burial Container ASH VAULT Supplier _____

Memorial _____ Supplier _____ Memorial Base _____ Supplier _____

REMARKS _____

INTERMENT FEE	$ _____
OVERTIME CHARGES	_____
OTHER CHARGES	_____
	_____
TOTAL	$ _____

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. Further, the undersigned agree that cemetery shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

Signature X Irene Isom / IRENE ISOM / DAUGHTER
(Authorized Representative) Print Name Relationship to Deceased

Address 9862 LA CRESTA ROAD SPRING VALLEY, CA. 92077 Tel. No. 463-8071
Street City State Zip

Signature _____ / _____ / _____
(Authorized Representative) Print Name Relationship to Deceased

Address _____ Tel. No. _____
Street City State Zip

Name of Interment Right owner, if different than Authorized Representative: _____

OFFICE USE ONLY

Order Taken By _____ Location Checked and Verified By _____

Superintendent's Verification _____ Family Verification _____ Date _____

Recorded By _____

Index Card _____ Lot Book _____ Lot Card _____ Map _____ Interment Record Book _____

FORM: 23 REV. 3/86

CEMETERY COPY

INTERMENT ORDER AND AUTHORIZATION

F-8187

Contract No. _____ Interment No. _____ Date 7-17-89

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

in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT ALMA V. SOMMER Age 80 Sex F

Date of Birth 10-4-1908 Date of Death 7-16-1989 Veteran? —

in the following described interment space: I. O. O. F. LOT 56 BLK. 42

Purchased PN☐ AN☐

Funeral Home [redacted] Director [redacted] Tel. _____

Address _____

Place of Service NONE Day _____ Date _____ Time of Service _____

Type of Cemetery Service DELIVERY OF CREMAINS Day _____ Date _____ Time of Service _____

Type of Outer Burial Container ASH VAULT Supplier _____

Memorial _____ Supplier _____ Memorial Base _____ Supplier _____

REMARKS _____

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. Further, the undersigned agree that cemetery shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

Signature X Irene Isom (Authorized Representative) / IRENE ISOM Print Name / DAUGHTER Relationship to Deceased

Address 9862 LA CRESTA ROAD Street / SPRING VALLEY City / CA. State / 92077 Zip Tel. No. 463-8071

Signature _____ (Authorized Representative) / _____ Print Name / _____ Relationship to Deceased

Address _____ Street / _____ City / _____ State / _____ Zip Tel. No. _____

Name of Interment Right owner, if different than Authorized Representative: _____

OFFICE USE ONLY

Order Taken By _____ Location Checked and Verified By _____

Superintendent's Verification _____ Family Verification _____ Date _____

Recorded By _____

Index Card _____ Lot Book _____ Lot Card _____ Map _____ Interment Record Book _____

FORM: 23 REV. 3/86

SUPERINTENDENT'S COPY

INTERMENT ORDER AND AUTHORIZATION

F-6187

Contract No. _____ Interment No. _____ Date 7-17-89

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

In accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT ALMA V. SOMMER Age 80 Sex F

Date of Birth 10-4-1908 Date of Death 7-16-1989 Veteran? —

In the following described interment space: I.O.O.F. LOT 54 BLK. 42

Purchased PNC ANC

Funeral Home [illegible] Director [illegible] Tel. _____

Address _____

Place of Service NONE Day _____ Date _____ Time of Service _____

Type of Cemetery Service DELIVERY OF CREMAINS Day _____ Date _____ Time of Service _____

Type of Outer Burial Container ASH VAULT Supplier _____

Memorial _____ Supplier _____ Memorial Base _____ Supplier _____

REMARKS _____

INTERMENT FEE	$ _____
OVERTIME CHARGES	_____
OTHER CHARGES	_____
	_____
TOTAL	$ _____

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. Further, the undersigned agree that cemetery shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

Signature X Irene Isom (Authorized Representative) Print Name I IRENE ISOM Relationship to Deceased DAUGHTER

Address 9862 LA CAGOTA ROAD (Street) SPRING VALLEY (City) CA. (State) 92077 (Zip) Tel. No. 463-8071

Signature _____ (Authorized Representative) Print Name _____ Relationship to Deceased _____

Address _____ (Street) (City) (State) (Zip) Tel. No. _____

Name of Interment Right owner, if different than Authorized Representative: _____

OFFICE USE ONLY

Order Taken By _____ Location Checked and Verified By _____

Superintendent's Verification _____ Family Verification _____ Date _____

Recorded By _____

Index Card _____ Lot Book _____ Lot Card _____ Map _____ Interment Record Book _____

FORM: 23 REV. 3/88

CUSTOMER COPY

E8187

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
Katherine	---	Greenquist	2-24-27	7-5-89	Female

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	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
NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon,Ca	F-1352

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
		Jane Deeman	7-20-89

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	JUL 20 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
	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

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
INTERMENT	Mt Hope Cemetery 3751 Market St San Diego, Ca	7-24-89	Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 177-58-1-12 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 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.

E-8187

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

000873

No 38307

Date: 7/21 19 89

From: Greenwood Mortuary Address: P.O. Box 88

Two Hundred Forty Two ——— Dollars ($ 242.80)

In ——— Payment of Hilda H. Skinner Burial

CITY AUDITOR
JUL 31 1989

Lot 56 Grave ——— Row ——— Section 100E Division 4 Block 2

Invoice No. ———

Acct. No. ———

W.O. E-8187

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 14513

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R Howell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	20	00
	100	10	00
Handling Fee	77185	3	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	4	80
TOTAL PAID	$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marguerite Loxpeir

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 07/19 11:00

Church, Chapel, Graveside Graveside ; Neptune Metal (Bat) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 44 Grave 15 Row ____ Section MAS Division/Block 5

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 38303	712.25
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

Work Order # E 8188

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

E 8188

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date July 17, 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 Mount Hope Cemetery
In accordance with and subject to its rules and regulations to inter the remains of:

Name of Deceased Marguerite Linnea Lanning Age 77 Sex Female
in the following described interment space.

Grave 15 Lot 44 Block _____ Lawn _____ Section Masonic

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.

Signature Janet W. Ward
Interment Right Owner

Signature Janet W. Ward
Person Signing Interment Order

Relationship Daughter

Address 6158 Laport Street, La Mesa, CA 92042 Tel. No. 698-1599
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 _____

E 8188

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
MARGUERITE	LINNEA	LANNING	JUN 7, 1912	JUL 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
LA MESA	SAN DIEGO	JUNE BIRD, DAUGHTER 6150 LAPORT STREET LA MESA, CA 92042

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MESSLEY-MITCHELL MORTUARY, 3666 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

ACKNOWLEDGMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
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.	▶ Ed Leach	JUL 17, 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	JUL 17 1989	▶ Donald L. Powers, M.D. per JV

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	11B. DATE INTERRED JUL 19, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 44-15-MAS-S Vault/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.

E 8198

No 38303

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-19, 1989

From: Neeley-Mitchell Address: 3655 5th Ave, SD CA 92103

Deed to Landlee Twelve 25/10 Dollars ($ 712.25)

In Payment of Marguerite Lemmings Interment

Lot 44 Grave 5 Row Section MAS Division Block S

Invoice No.

Acct. No.

W.O. E-8198

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 1989

ISSUED BY

CREDIT 20% Sales Care	67007 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	80101 78390	12	25
TOTAL PAID	$	712	25

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 8528

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Received Trust

Date 7-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Celia Young

in a Double Crypt (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran .

Lot 175 Grave 2 Row Space 2 Division/Block 12

PAID
OCT. 23 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	220.00
Burial Container	330.00
Handling Fees	220.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1028.10
Paid receipt number 38304	600.00
Balance due	428.10

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Mrs Celia Young

Address 1207 3 47th St

State San Diego, CA Zip Code 92113

Telephone 263-3558

Work Order # E 8189

Invoice # _____

Acct. # _____

PY-693 (REV. 8-95)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 8189
No. 38304

Date: 7-19 , 19 89

From: Lelia Young Address: 1207 S. 47th St #202
Sty Mortuary 25/00 Dollars ($ 600.00)

In Payment of Perpetual Trust

Lot 175 Grave 2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8189

BALANCE DUE 428.10

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		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	280	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	600	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

E 8184
№ 38255

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-7, 19 89

From: Lolia Young Address: 1207 S. 47th St #102, SD

Eight, Young Rolled — Dollars ($ 84.00)

In ____ Payment of Oregon 16-19 Undet Lot

Lot 175 Grave 2 Row ____ Section 2 Division/Block 12

Invoice No. ____

Acct. No. ____

W.O. 2-7812

BALANCE DUE 75.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
00302302

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy

CREDIT 20% Sales Cars	67007 77184	24	00
80% Sales of Lots	100 77184	60	00
Opening/ Closing	100 77181		
Burial Containers	100 77182	CITY AUDITOR	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	JUL 14	1989
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	84	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38275

Date: 7-11 19 89

From: Celia Gregory Address: 1207 S. 41st D Street SD

Dollars ($ 75.00)

In _____ Payment of Final Payment Cedar Lot

Lot 175 Grave 2 Row _____ Section 2 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. 2-1612 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 Sandy Ward

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 78390	
TOTAL PAID	$	75 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
284-3151

№ 37901

Date: 9-6 19 89

From: Lela Young Address: 1207 S. 47th Street #202

Dollars ($ 214.10)

In Payment of Perpetual Trust

Lot 175 Grave 2 Row Section 2 Division Block 2

Invoice No.

Acct. No.

W.O. 21-2189

BALANCE DUE 214.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	214 10
Sales Tax	60101 78390	
TOTAL PAID	$	214 10

CITY AUDITOR
SEP 11 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38075

Date: 10-23-, 1989

From: LELIA YOUDG Address: 1207 S. 47th ST. #202, S.D. CA 92113

Two hundred ~~dett~~ fourteen dollars and xx/100 Dollars ($ 214.00)

In Full Payment of opening closing, Dbl cupt, recording fee

Lot 175 Grave 2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 8189

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		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	214	00
Sales Tax	60101 78390		
TOTAL PAID	$	214	00

CITY AUDITOR
OCT 30 1989

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7812 Credit Loc

Lelia Young
1207 S. 47th Street, #202
San Diego, Ca 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
15											

Amount due when paid on, or before, due date above. $ 21.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

$ 21.00 Amount Received

NAME Mrs Lelia Young

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7812 Credit Lot

Lelia Young
1207 S. 47th Street, #202
San Diego, Ca 92113

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
15											

Amount due when paid on, or before, due date above. $ 21.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

$ 21.00 Amount Received

NAME Miss Lelia Young

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7812 Credit Lot

Lelia Young
1207 S. 47th Street, #202
San Diego, Ca 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
15											

Amount due when paid on, or before, due date above. $ 21.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 21.00

NAME Mrs. Lelia Young

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **2-7612** **Credit Lot**

Lelia Young
1207 S. 47th Street, #202
San Diego, Ca. 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
15											

Amount due when paid on, or before, due date above. ▶ $ **21.00**

Amount due if paid more than **10** days after due date above. ▶ $ **1.00**

$ _____

Amount Received $ 21.00

NAME Mrs Lelia Young

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sandra Lee Sloane

in a ___ Vault/Liner Funeral, date, time FH 7/21 1:00

Church, Chapel, Graveside Rebecca Baby ; 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 76 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. 107638 Robert Womack

I hereby certify I am the ___ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 089350

Work Order # E 8190

Acct. # 900 952

PY-593 (REV. 8-85)

E 8190

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
SANDRA	LEE	SLOANE	1/15/1947	7/5/1989	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	Public Administrator 5201-A Ruffin Rd. San Diego, CA

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	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 Teague	7/10/89

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	JUL 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 85226 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 San Diego, CA	11B. DATE INTERRED 7-21-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Holland/pressed wood 76-25-1-12 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 7/19/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine M. Ellenquest

in a ____ (Vault/Liner) Funeral, date, time Mon 7/24 11:00

Church, Chapel, Graveside Queen Valley ; Neptune Soc Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 177 Grave 5 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. 107674 Wo Mail

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8191

Invoice # 089338

Acct. # 000952

PY-593 (REV. 8-85)

JUL 24 1989

RECEIVED

E 8191

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
Katherine	---	Greenquist	2-24-27	7-5-89	Female

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	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
NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon, Ca	F-1352

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
		▶ Janet Leman	7-20-89

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	JUL 20 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
	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	11B. DATE INTERRED 7-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a 77-58-1-B 10 liner/pressed wood	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.

Pour in Place

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

X

Date 7-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lenore Ozaki (X)

in a ~~Cast~~ Vault Vault/Liner Funeral, date, time 7-28-89 2PM

Church, Chapel, Graveside ~~Desert Rose~~ Lewis Colonial Mortuary.

Witness Dan

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 174 Grave 2 Row 3 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 38323	242.80
Balance due	-0-

PAID
JUL 28 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Bill Gormley

I hereby certify I am the daughter Florence Ozaki of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Florence Ozaki
Signature
3695 MT. ARIANE DR.
Address
SAN DIEG CA. 92111
State Zip Code
565-4277
Telephone

Work Order # E 8192

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E 8197

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

958222

Lewis Colonial

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
RIWO	-	OTANA	12-22-1919	07-19-1989	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	Florence Ozaki - daughter 3695 Mt. Ariane Drive San Diego, Ca 92111

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
3051 El Cajon Blvd. Lewis Colonial/Rosebough 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
		▶ Meligh H. Stewart for LCB	7/21/89

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	JUL 21 1989	Meredith L. Ramirez, 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 7-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 174-3-11-7 Cypress View Crematory - San Diego, Ca 3953 Imperial Ave. Van/Pour in Pad	12B. DATE CREMATED 7-24-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]	
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

E8192
NO 38323

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-28-, 1989

From: Florence E. Ozaki Address: 3695 Mt. Arinne Dr. S.D. CA 92111

Two hundred forty-two dollars and 80/100 Dollars ($ 242.80)

In Full Payment of interment of Ruth Oyama

Lot 174 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E8192

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1237

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 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 76390	2	80
TOTAL PAID	$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Edward Todd

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 7/24 11:00

Church, Chapel, Graveside Chapel & Sec. Pasadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 68 Grave 11 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	
Balance due	

Mail Cemetery Plot Deed to Attorney

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8193

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E 8193

Louis Edward Zadel

Chris O'Boyle

~~115 45~~ 11545 N Bernardo Ct

Sac/CO 95828

592-9011

E8193

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
LOUIS	EDWARD	LADD	12/03/1911	7/18/1989	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tamara Reyes Shelby - Niece 3949 Don Tomaso Drive Los Angeles, Ca. 90008

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
		▶ Harold W. Reynolds II	7/24/89

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	JUL 24 1989	▶ Harold W. Reynolds II 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 Vital RecordsSan 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 San Diego, Calif.	11B. DATE INTERRED 7-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 68-11-2-13 N/A METAL / 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

NO E8193 37954

Date: 9-20 19 89

From: Simonian Chapel Sell Address: 1100 C St. Suite 1201, SD, CA

One Hundred Twenty 25/100 — Dollars ($ 120.25)

In Payment of Louis E. Lucas Interment

CITY AUDITOR

SEP 25 1989

Lot 68 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8193

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 108

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Lord

CREDIT	67007		
20% Sales Card	77184		
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	120	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

)) E 8193

ATTORNEY OR CREDITOR WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
Chris O'Berle 11545 W. Bernardo Court, Ste 100 San Diego, Ca 92128		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (NAME): Louis Edward Ladd — DECEDENT		
CREDITOR'S CLAIM* **(for estate administration proceedings filed after June 30, 1988)**		CASE NUMBER:

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) thirty days after the date Notice of Administration was given to the creditor, if notice was given as provided in Probate Code section 9051. Mail or deliver a copy of this claim to the personal representative. A proof of service is on the reverse.

1. Total amount of the claim: $ 1207.25
2. Claimant *(name)*: Mt. Hope Cemetery
   a. ☐ an individual.
   b. ☐ an individual or entity doing business under the fictitious name of *(specify)*:
   c. ☐ a partnership. The person signing has authority to sign on behalf of the partnership.
   d. ☐ a corporation. The person signing has authority to sign on behalf of the corporation.
   e. ☒ other *(specify)*: Municipal Cemetery
3. Address of claimant *(specify)*: Mt. Hope Cemetery
   3751 Market Street
   San Diego, Ca 92102
4. Claimant is ☒ the creditor ☐ a person acting on behalf of creditor *(state reason)*:
5. ☒ Claimant is ☐ the personal representative ☐ the attorney for the personal representative.
   (Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.)
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are ☒ on reverse ☐ attached.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 8/16/89

Wendy Jo Teague, Cemetery Manager
(TYPE OR PRINT NAME AND TITLE)

Wendy Jo Teague
(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
C. If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable). If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Probate Code section 9152.)
D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
E. Mail or deliver a copy to the personal representative. Complete the Proof of Mailing or Personal Delivery on the reverse.
F. The personal representative will notify you when your claim is allowed or rejected.

(Continued on reverse)

* See instructions before completing. Use Creditor's Claim form No. DE-170 for estates filed before July 1, 1988.

ESTATE OF (NAME):	CASE NUMBER:
Louis Edward Ladd DECEDENT	E-8193

FACTS SUPPORTING THE CREDITOR'S CLAIM

☐ See attachment *(if space is insufficient)*

Date of Item	Item and Supporting Facts	Amount Claimed
July 24, 1989	Interment of Louis Edward Ladd	
	Lot 68, Grave 11, Section 2, Division 12	$ 495.00
	Opening/Closing	320.00
	Top Seal Vault	175.00
	Handling Fee	170.00
	Recording Fee	35.00
	Tax on Vault	12.25
	NOTICE State Health and Safety Code, Division 7, Part 1, Chapter 2, Section 7100 — time of interment, together with interest provided from [illegible] days after date of denial, shall be considered as part of the funeral expense." Monthly interest in the amount of $9.05 will be added starting 9/24/89	
	TOTAL	$ 1,207.25

PROOF OF ☒ MAILING ☐ PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is *(specify)*: Mt. Hope Cemetery
   3751 Market Street
   San Diego, Ca 92102
3. I mailed or delivered a copy of this Creditor's Claim to the personal representative as follows *(check either a or b below)*:
   a. ☒ **First-class mail.** I deposited a copy of the claim with the United States Postal Service, in a sealed envelope with postage fully prepaid. I used first-class mail. I am a resident of or employed in the county where the mailing occurred. The envelope was addressed and mailed as follows:
      (1) Name of personal representative served: Chris O'Berle
      (2) Address on envelope: 11545 W. Bernardo Court, Ste 100
      San Diego, Ca 92126
      (3) Date of mailing: 8/16/89
      (4) Place of mailing *(city and state)*: San Diego, Ca
   b. ☐ **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
      (1) Name of personal representative served:
      (2) Address where delivered:
      (3) Date delivered:
      (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 8/16/1989

Wendy Jo Teague, Cemetery Manager
(TYPE OR PRINT NAME OF CLAIMANT)

Wendy Jo Teague
(SIGNATURE OF CLAIMANT)

F-8193

CHRISTOPHER P. OBERLE
ATTORNEY AT LAW
BERNARDO REGENCY CENTRE
11545 WEST BERNARDO COURT, SUITE 100
SAN DIEGO, CALIFORNIA 92128
TELEPHONE: (619) 592-9011
FAX: (619) 451-7781

September 29, 1989

Ms. Wendy Jo Teague
Mt. Hope Cemetary
3751 Market Street
San Diego, California 92102

Re: Shelby - Estate of Ladd;
My File No. 76-2

Dear Ms. Teague:

It is my understanding that the enclosed creditor's claim has been paid in full.

Please send me a written "paid-in-full" receipt so that the estate may apply for veteran's burial benefits.

Thank you very much.

Very truly yours,

Christopher Oberle

Christopher P. Oberle
Attorney at Law

CPO:wp:z

Enclosure

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid at Grant

Date 7-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ella Mae Waters

in a Bell liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 58 Grave 11 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	

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.

Eloise C. Thomas
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

221-5036 St
Address
San Diego Calif 92113
State Zip Code
262-1387
Telephone

Work Order # E 8194

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E 8194

№ 39563

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Aug 6, 19 70

From: Elaine Rowe Address: 221 S 36th St Pa 92113

Forty Five Dollars ($ 45.00)

In Payment of Cedar Box + Pkg Deed Nos

Lot 55 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8194

BALANCE DUE 4472

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	45 00
Sales Tax	60101 78380	
TOTAL PAID	$	45 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

ISSUED BY Kait

AC-212 (Rev. 10-67) 448

E-8194

OFFICIAL RECEIPT

№ 39678

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-1-, 19 90

From: Flores Thomas Address: 5215 Orchard St 92113

Four Five — $90.00 Dollars ($ 45.00)

In full Payment of Credit for the Need Burial

Lot 54 Grave 11 Row — Section 2 Division Block 14

Invoice No.

Acct. No.

W.O. E-8194

BALANCE DUE $42.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 456

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	45.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

F.8194
№ 39792

Date: 12 - 4 - , 19 60

From: Elouise C Thomas Address: 221 So 21st St Escondido 92112

Forty Five and 06/100 Dollars ($ 45.06)

In _____ Payment of CREDIT LOT & TRUST

Lot 54 Grave 11 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8194

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 463

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ruth Jones

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	45	00
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
* TOTAL PAID	$	45	00

E-8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39899

Date: 11-6- , 19 9?

From: Ella Mae Carter c/o Florence Mortuary Address: 221 S. 36th St., S.D. CA 92113

Forty-five dollars and 00/100 Dollars ($ 45.00)

In Part Payment of Credit for Trust

Lot 58 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 8194

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☒ Cash ☐ Check ☒

#471

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY U.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		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E 8194
№ 39985

Date: 12-4, 1970

From: ELLA MAE CARTER c/o ELOUISE THOMAS Address: 2213 36th St. SD. CA 92113

Forty five dollars 00/100 Dollars ($ 45.00)

In part Payment of credit lot and trust

Lot 58 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 8194

BALANCE DUE 29200

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

475

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Arleen 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	45.	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

E 8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40155

Date: 1-7, 1971

From: Eloise Thomas Address: 231 South 31st S.D. 92113

Forty-five-00 Dollars ($ 45.00)

In Payment of Cedel Lot & Trust

Lot 58 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8194

BALANCE DUE $247.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 484

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	~~[illegible]~~	~~[illegible]~~
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

E 8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40253

Date: Feb 4, 19 91

From: Elouise Thomas Address: 201 South 36th St. S.D. 92113

Forty-five and no/cents Dollars ($ 45.00)

In cash Payment of credit for our pre-need trust

Lot 58 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8194

BALANCE DUE $202.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
402

AC-212 (Rev. 10-67)

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	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

E8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 40368

Date: 3-1, 19 11

From: Louise A Thomas Address: 221 [illegible] Ave Apt 113

[illegible] for Affairs - Cyp Dollars ($ 45 00)

In Full Payment of Pre-Need Trust

Lot 58 Grave 11 Row — Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E-8194

BALANCE DUE 152.00

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 Hazel 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	83033 9022	45 00
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

E 8194

OFFICIAL RECEIPT

№ 38448

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 8-23 19 89

From: Ida M. Curtis Address: 221 S 36th Street SD

One hundred eighty 20/100 Dollars ($ 180.00)

In Payment of Grave for 1-4 Vault Lot

Lot 52 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-8194

BALANCE DUE 922.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 28 1989

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	180	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	$	180	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Sandy

AC-212 (Rev. 10-87)

240

E8194

OFFICIAL RECEIPT

№ 37914

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9 8 , 19 89

From: Dorsey C. Hemp Address: 221 S. 36th Street #A

One Hundred eighty 00/100 Dollars ($ 180.00)

In Payment of Grave #2 5-8 - Pre-need Lot & Trust

Lot 58 Grave 11 Row Section 2 Division/Block 12

Invoice No.

Acct. No. E-8194

W.O.

BALANCE DUE 742.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	180 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	180 00

CITY AUDITOR
SEP 18 1989

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 343

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

E 8194
№ 38835

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-5, 1990

From Eloise Knox Address: 231 So 36th St. La. 92113

Forty-Five Dollars ~~12/100~~ Dollars ($ 45 00)

In Payment of Ella Mae Carter Revised Trust

Lot 56 Grave 11 Row Section 2 ~~Block~~ Division 12

Invoice No.

Acct. No.

W.O. E-8194

BALANCE DUE ~~$69.00~~

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 45

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	45 00
Opening/ Closing	100 77191	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	FEB 12 1990
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

OFFICIAL RECEIPT

CITY AUDITOR

E8194

NO 38963

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

MAR 12 1990

Date: 3-7, 1990

From Elouise Hooks Address: 231 S. 36th St.

Forty-Five Dollars Dollars ($ 45.00)

In Payment of Ella Mae Carter's Dust, Plot Fee

Lot 51 Grave 11 Row Section 2 Division Block D

Invoice No.

Acct. No.

W.O. E-8194

BALANCE DUE $652.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 412

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	45	00
Sales Tax	80101 78360		
TOTAL PAID	$	45	00

F 8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 39189

Date: 5-7, 19 90

From: Ella Mae Carter Address: 221 So 36th S.D.

Forty Five dollars + 00/100 Dollars ($ 45.00)

In Payment of Ella Mae Carter Trust, Pre need

Lot 58 Grave 11 Row — Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. F 8194

BALANCE DUE 607.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #423

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 14 1990

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 76390		
TOTAL PAID	$	45	00

E8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39314

Date: 6-5, 19 90

From: ELOUISE C. THOMAS Address: 221 S. 36th ST. S.D. 92113

FORTY FIVE dollars & 00/100 Dollars ($ 45.00)

In Payment of COUPON #12 PREPAID TRUST

Lot 58 Grave 11 Row — Section 2 Division Blocks 12

Invoice No.

Acct. No.

W.O. E 8194

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #433

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

5

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	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

CITY AUDITOR JUN 08 1990

E8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39460

Date: 7-9, 19 90

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 45.00)

In Payment of Cemetery Trust

Lot 52 Grave 11 Row Section 2 Division ~~Block~~ D

Invoice No.

Acct. No.

W.O. E-2194

BALANCE DUE $ 5/7 W

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-67) 440

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

E8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40508

Date: April 3, 1991

From: Eloise C. Thomas Carter, Ella Mae Address: 221 S. 31st St. S.D. Ca. 92113

Forty-five and 00/100 Dollars ($ 45.00)

In cash Payment of Pre-need trust

Lot 18 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8194

BALANCE DUE 112.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 770

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY E. Stovall

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	-45.00
Sales Tax	60101 78390	
TOTAL PAID	$	-45.00

E8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40649

Date: 5-3, 19 91

From: ELOISE C. THOMAS / JAMES THOMAS Address: 221 S. 36th ST SD. CA 92113

: FORTY-FIVE : 00/100 Dollars ($ 45.00)

In PART Payment of PRE-NEED TRUST FOR ELLA MAE CARTER

Lot 18 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8194

BALANCE DUE $67.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

386

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. L. Lydell

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

E8194

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40778

Date: 6-3, 19 9-

From: James E. Eloise Thomas Address: 201 S. 32nd St S.D. 92113

Sixty-seven and 00/100 Dollars ($ 67.00)

In lieu Payment of Pre-need trust for E & Mae Center

Lot 58 Grave 11 Row ____ Section 2 Division Block 42

Invoice No. ____

Acct. No. ____

W.O. E-8194

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 304

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. L. Stadelli

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	67	00
Sales Tax	60101 76390		
TOTAL PAID	$	67	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8194 Credit Lot & Trust

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th Street
San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before, due date above. $ 45.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 46.00

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-8194 Credit Lot & Preneed

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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. $ 45.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$ 46.00

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-8184 Credit Lot & Trust

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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 ▶ $ 45.00

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-8194 Credit Lot & Preneed

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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. ▶ $ 45.00

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-8184 Credit Lot & Trust

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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. ▶ $ 45.00

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-8194 Credit Lot & Preneed

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th Street
San Diego CA 92113

Payment Must Be Made Before Date Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								10			

Amount due when paid on or before due date above. ▶ $ 45.00

Amount due if paid more than ~~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-8184 Credit Lot & Trust

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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. $ 45.00

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-8194 Credit Lot & Preneed

Ella Mae Carter
C/o Elouise Thomas
221 S. 36th 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. ▶ $ 45.00

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-8184 Credit Lot & Trust

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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. $ 45.00

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-8194 Credit Lot 6 Preneed

Ella Mae Cotter
C/O Elouise Thomas
221 S. 26th 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. ▶ $ 45.00

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-6184 Credit Lot & Trust

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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 ▶ $ 45.00

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** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8194 Credit Lot & Pressed

Ella Mae Carter
C/O Elouise Thomas
221 S. 26th 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. $ 45.00

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. 2-0184 Credit Lot 6 Trust

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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. $ 45.00

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-8194 Credit Lot & Precoed

Ella Mae Carter
C/O Elouise Thomas
221 S. 26th Street
San Diego, Ca 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								18			

Amount due when paid on, or before, due date above. ▶ $ 45.00

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-6184 Credit Lot 6 Trust

Ella Mae Carter
C/O Zloudee Thomas
221 S. 36th 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. ▶ $ 45.00

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-8194 Credit Lot 6
Preneed

Ella Mae Carter
c/o Louise Thomas
221 S. 36th 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. ▶ $ 45.00

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-6184 Credit Lot 5

Trust

Ella Mae Carter
C/O Elouise Thomas
221 S. 36th 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. $ 45.00

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. B-5194 Credit Lot 6

Proceed

Ella Mae Carter
C/O Blouise Thomas
221 S. 26th 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 ▶ $ 45.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

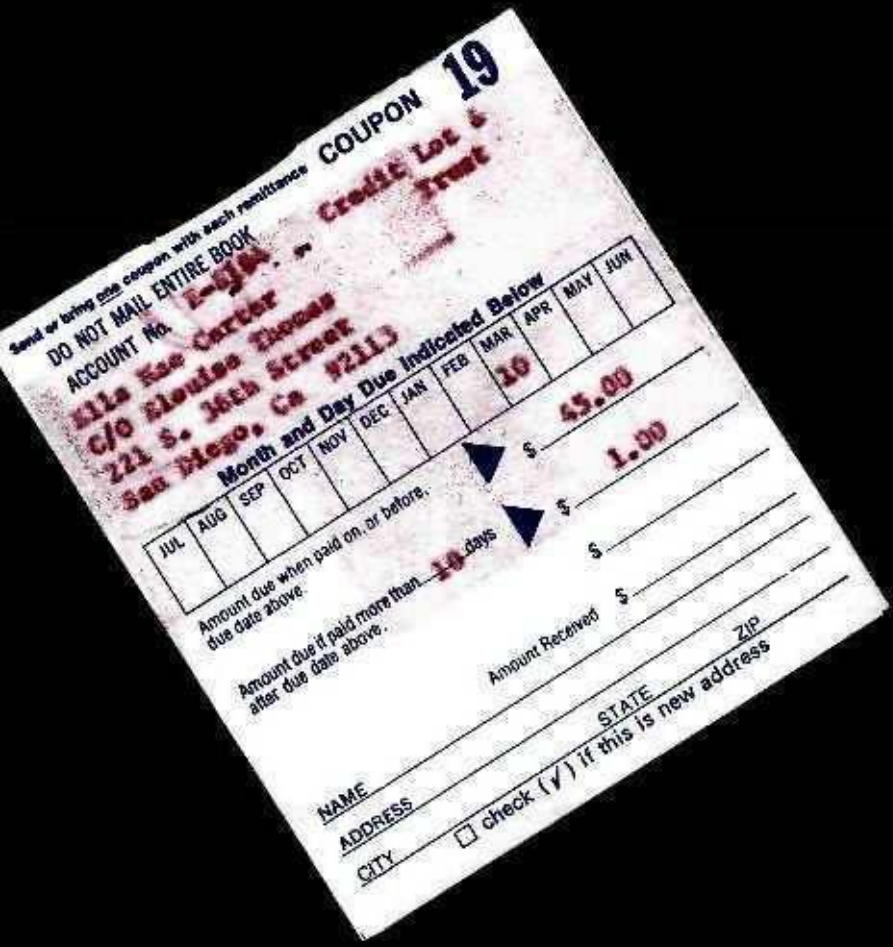
Amount Received $

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. 1-0184
Credit Lot 5
Trust
Rita Rae Carter
C/O Louise Thomas
221 S. 16th Street
San Diego, Ca #213
Month and Day Due Indicated Below
JUL AUG SEP OCT NOV DEC JAN FEB MAR 10 APR MAY JUN
Amount due when paid on or before due date above $ 45.00
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 20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Ellie Mae Carter
c/o Woodbine Tenants
221 Magnolia Ct Apt 13

Credit Lot 5
Freeport

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Month and Day Due Indicated Below

Amount due when paid on, or before, due date above. $ 43.00

Amount due if paid more than 10 days after due date above. $ 1.00

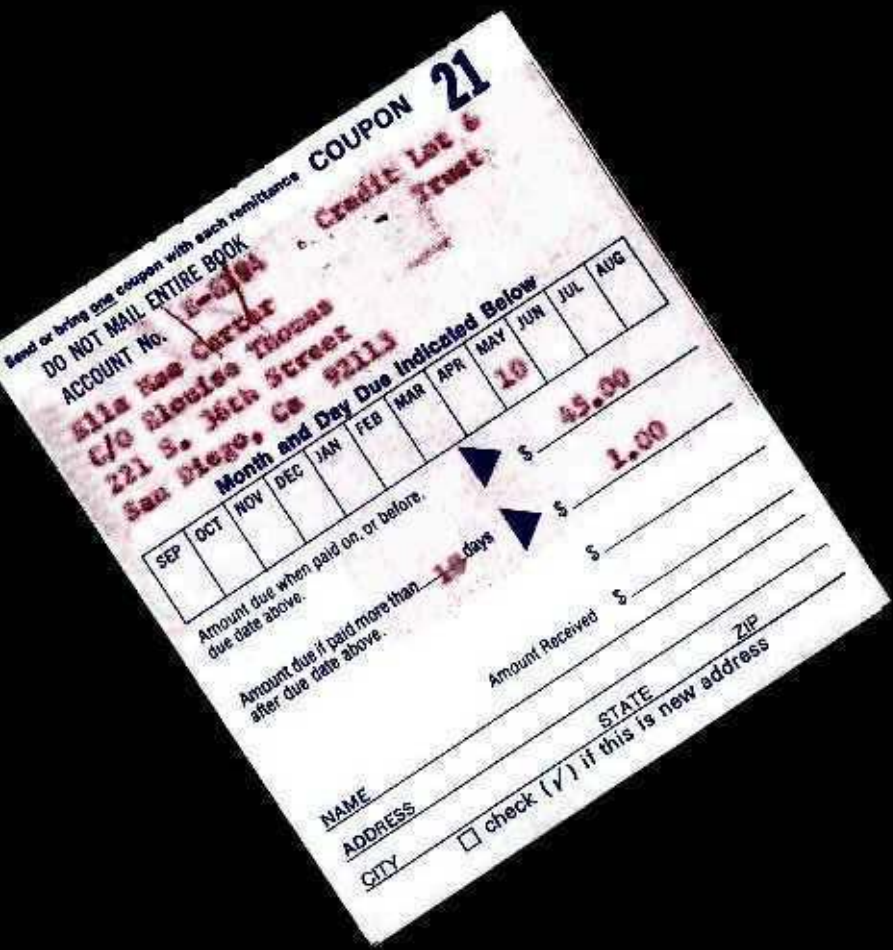
Amount Received $

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. 6-0184
Credit Lot 6
Trust
Ella Mae Carter
c/o Nicolas Thomas
221 S. 16th Street
San Diego, Ca 92113
Month and Day Due Indicated Below
SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY 10 | JUN | JUL | AUG
Amount due when paid on, or before, due date above. $ 45.00
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.

Edie Mae Carter
c/o Wesley Thomas
221 Beverly Ct
Beverly Hills 90213

Credit Lot 4
Fenced

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Month and Day Due Indicated Below

Amount due when paid on, or before due date above. $ 45.00

Amount due if paid more than 10 days after due date above. $ 1.00

NAME

ADDRESS

CITY STATE ZIP

Amount Received $

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5184 Credit Lot 6

Ella Mae Carter Trust

C/O Nicolse Thomas

221 S. 36th 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. $ 45.00

Amount due if paid more than ~~10~~ days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5194 Credit Lot 6 Precast

Ella Mae Carter
c/o Klenbe Thomas
221 S. 26th 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 Date date above. ▶ $ 67.00

Amount due if paid more than ___ days after due date above ▶ $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

NAME Carter, Ella Mae C/O Elouise C. Thomas ACCT. NO. E-8194

ADDRESS 221 S. 36th Street, San Dieog, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
7/20 89	Lot 58, Grave 11, Section 2, Division 12	495.00			
	Opening/Closing, Bell Liner, Recording Fee	607.00			1102.00
8-23 89	Coupons 1-4, Receipt 38448			180.00	922.00
9-8 89	Coupon 5-8, Receipt 38914			180.00	742.00
2-5-90	Coupon 9, Receipt # 38835			45.00	697.00
3-7-90	Coupon 10, Receipt # 38923			45.00	652.00
5-7-90	Coupon 11, Receipt # 39189			45.00	607.00
6-5-90	Coupon 12, " 39314			45.00	562.00
7-9-90	Coupon 13, Receipt 39460			45.00	517.00
8-6-90	Coupon 14, Receipt 39563			45.00	472.00
9-10-90	Coupon 15, Receipt 39678			45.00	427.00
10-4-90	Coupon 16, receipt 39792			45.00	382.00
11-6-90	Coupon 17, Receipt 39855			45.00	337.00
12-4-90	Coupon 18 receipt # 39985			45.00	292.00
1-7-91	Coupon 19 receipt 40155			45.00	247.00
2-4-91	Coupon 20 receipt 40253			45.00	202.00
3-4-91	Coupon 21 Receipt 40368			45.00	157.00
4-3-91	Coupon 22 rec. 40508			45.00	112.00
5-3-91	Coupon 23 REC. 40649			45.00	67.00

In 10 FULL 6/3/91

AIGNER FORM NO. 25-204 Carter, Ella Mae 58 - 11 - 2 - 12 PRINTED IN USA

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE		ITEMS		DEBIT	✓	CREDIT	BALANCE
6-3	91	COUPON 24	REC. #0778	67 00			Ø

AIGNER FORM NO. 25-204

PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Premed Lot & Grant

Date 7-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ella Mae Carter

in a Bell Vaier Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 58 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	50.00
Handling Fees	45.00
Flower vases - Marker setting fee	
Recording and filing fee	2.00
Sales taxes	7.00
Total Due	1132.00
Paid receipt number	
Balance due	

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Florence O Thompson
Signature

221-5036 St
Address

San Diego Calif 92113
State Zip Code

262-1387
Telephone

Work Order # E 8194

Invoice # _____

Acct. # _____

PY-593 (REV 9-85)

F8194

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 20 day of July, 19 89, between Elouise C Thomas, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 58, Grave 11, Row _____, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1102.00 payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $ 45.00 on the 10 day of September, 19 89; and the balance in installments of $ 65.00 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 8194

WITNESS our hands this day and year above written.

Deed to be issued to: Ella Mae Carter
Name

23 @ 45.00
1 @ 67.00
102.00

Address

PURCHASER

Mrs. Elsie C. Thomas

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Gordon Ward

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tony Brondrk

in a Bell Liners (Vault/Liner) Funeral, date, time Wed 7/26

Church, Chapel, Graveside Lund & Stone Oak 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 121 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	25.00
Sales taxes	7.00
Total Due	901.00
Paid receipt number	
Balance due	

I hereby certify I am the mother Mary Thorpe of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Mary Thorpe
Signature
4093 Beta St #B
Address
San Diego 92113
State Zip Code
264-5430
Telephone

Work Order # E 8195

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

W.O. # 2-8195

NOTE

$ 907.00 San Diego, California July 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 Nine hundred Seven 00/100 DOLLARS with interest from September 26, 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 MARY SHARPE SIGNATURE Mary Sharpe

ADDRESS 4093 Bela St # B

CALIF. DRIVERS LIC. # N6375091

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Infant

in a — (Vault/Liner) Funeral, date, time Mon. 7-24-89 2pm

Church, Chapel, Graveside Graveside ; Mausoleum Mortuary.

All Funeral cars must 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 52C Grave ____ Row ____ Section ____ Division/~~Block~~ MUS

Grave space & Care Fund	
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	99.00
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

Work Order # E 8196

Invoice # ____

Acct. # ____

PY-503 (REV. 8-85)

Credit Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lydia C. Estrada

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 958 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	paid in full 9-5-90
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number	-0-
Balance due	595.00

I hereby certify I am the Lydia Estrada of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Lydia Estrada
Signature
970 Worthington
Address
San Diego CA 92114
State Zip Code
464-5806
Telephone

Work Order # E 8197

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

No E 8197
38523

Date: 11-7 19 89

From: Lydia Estrada Address: 970 Worthington St
Oceanside - June 92102

Dollars ($ 25.00)

In Payment of Cooper 4 Vault Lot

Lot 958 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE 495.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2446

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lydia Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	NOV 13 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

E8197

OFFICIAL RECEIPT

No 38639

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12 6 , 19 89

From: Lydia Estrada Address: 970 Worthington, SD
Tocate, - Jose Nava
Dollars ($ 25.00)

In _____ Payment of Oregon - 5 Grave Lot

Lot 958 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8197

BALANCE DUE 470.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

4483

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	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	CITY AUDITOR
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	DEC 11 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

No E8197 38820

Date: 1-30, 1990

From Lydia E Estrada Address: 970 Worthington St. N. 92114

Twenty-Six Dollars ($ 26.00)

In Payment of Cedar Lot

Lot 957 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-2197

BALANCE DUE $444.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 2521

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	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 78380	
TOTAL PAID	$	26 00

CITY AUDITOR

FEB 02 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 8197
№ 38886

Date: 2-13, 1990

From Lydia Estrada Address: 970 Worthington St, SD 92114

Twenty-Five Dollars 00/100 Dollars ($ 25.00)

In Payment of Cedar Lot

Lot 95E Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE $ 419.-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2555

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 20 1990

ISSUED BY

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

E8197

OFFICIAL RECEIPT

CITY AUDITOR No 38973

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

MAR 20 1990

Date: 3-9 , 19 90

From: Lydia Estrada Address: 970 Washington,

Twenty five Dollars ($ 25.00)

In _____ Payment of Cedar Lot

Lot 958 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-8197

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2585

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Lori Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

E8197

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR NO. 39109

APR 16 1990

Date: 4-11, 1990

From: Leylin Estrada Address: 970 Worthington St, St. 204

Twenty Five Dollars and no/100 Dollars ($ 25.00)

In _____ Payment of Credit Lot

Lot 957 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8197

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2624

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Glen Waite

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	83033 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

E8197
№ 39149

Date: 4-23, 19 90

From: Lydia Estrada Address: 910 W Hughes, SD 92114

In Payment of Cedar Lot

Dollars ($ 25 00)

CITY AUDITOR
APR 30 1990

Lot 95E Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-197

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) D-53

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	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

E8197

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA — CITY AUDITOR
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

MAY 29 1990

No. 39252

Date: 5-21, 19 90

From: Lydia Estrada Address: 920 W. Washington, #D

Twenty-five Dollars ($ 25.00)

In Payment of Cash - Lot

Lot 959 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8197

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 Clerk

CREDIT	87007		
20% Sales Cars	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	83033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	25	00

AC-212 (Rev. 10-87) 680

E8197

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39474

Date: 7-12, 1990

From: Lydia Estrada Address: 7701 Worthington St, 10 92114

Fifty 110/100 Dollars ($ 50.00)

In Payment of One Lot

Lot 958 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8197

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 J. White

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

E8197

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39684

Date: 7 — 10 — , 1990

From: LYDIA C ESTRADA Address: 935 WORTHINGTON ST S.D. 92114

Fifty and 00/100 Dollars ($ 50.00)

In _____ Payment of Credit Lot

Lot 958 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8197

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2831

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kathleen

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	50.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8197
№ 39924

Date: 11-8, 19 90

From: Lydia C. Estrada Address: 970 Worthington St Imperial CA 92114

Twenty-five dollars & 00/100 Dollars ($ 25.00)

In Full Payment of Burial Lot

Lot 958 Grave — Row — Section — Division 10 ~~Block~~

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE 194.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2900

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sara Black

CREDIT	67007 77184	
20% Sales Care	100 77184	25 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	25 00

F8197

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40028

Date: 12-5, 1990

From: Lydia Estrada Address: 970 Worthington St S.D.

Twenty-five ~~no~~/100 Dollars ($ 25.00)

In Payment of Credit Lot

Lot 958 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE $169.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2726

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Cars	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

E8197
№ 40211

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-22, 19 71

From: Lydia C Estrada Address: 970 Worthington S.D. CA. 92114

Twenty-six 00/100 Dollars ($ 26.00)

In Payment of Credit Lot

Lot 958 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE 144.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2985

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY H. Ferguson

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 78380		
TOTAL PAID	$	26	00

E8197

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40470

Date: 3-18 , 19 91

From: Lydia Estrada Address: 7715 Worthington St, La 92114

Twenty-Six 26/100 Dollars ($ 26.00)

In Payment of Cash Lot

Lot 958 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3041

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watt

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

E8197
№ 40483

Date: 3-26, 19 71

From: Lydia Estrada Address: 970 Redwood St. #9

Twenty Six 26/100 Dollars ($ 26.00)

In _____ Payment of Cash LT

Lot 955 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-2001

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 3240

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wait

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	60101 78380		
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

E 8197
№ 40802

Date: 6-7, 19 91

From: Lydia Estrada Address: 970 Westhaven Dr. El Cajon

Twenty-six and no/100 Dollars ($ 26.00)

In Payment of Cost + Lot

Lot 951 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3133

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

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	26	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	26	00

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197- Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Lydia Estrada

ADDRESS 970 Worthington St

S.D STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197 Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10				

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197 Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

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-8197 Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10		20.00		

Amount due when paid on, or before, due date above. $ 25.00 ~~1.00~~

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-8197 Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197 Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10		20.00		

Amount due when paid on, or before, due date above. $ 25.00 ~~1.00~~

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ _____

Amount Received $ 24.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO. E-8197 **Credit lot**

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							10				

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 25.00

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-8197 Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10		20.00		

Amount due when paid on, or before, due date above. ▶ $ 25.00 1.00

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-8197* Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197 **Credit 1ot**

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10		25.00	1.00	

Amount due when paid on, or before, due date above. $ 25.00 ~~1.00~~

10

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197 **Credit lot**

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							10				

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197 Credit 1ot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10		20.00		

Amount due when paid on, or before, due date above. $ 25.00

10

Amount due if paid more than ____ days after due date above. $ 1.00 ~~1.00~~

$ 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-8197 **Credit: Lot**

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on or before, due date above ▶ $ 25.00

10

Amount due if paid more than ____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6197 Credit 1st

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10		20.00		

Amount due when paid on, or before, due date above 10 ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197 Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than 10 days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

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-0197 Credit 1st

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before, due date above. 10 ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 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-6197 Credit 1st

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before, due date above: $ 25.00

Amount due if paid more than 10 days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

id or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8197 Credit 1ce

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before, due date above. ▶ $ 25.00

10

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 26

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-8197 Credit Loc:

Lydia C. Estrada
979 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							10				

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 26 —

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-8197 Credit 10¢

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR 10	APR	MAY	JUN	JUL 5

Amount due when paid on, or before, due date above. 10 ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 24

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-9197 Credit lot

Lydia C. Estrada
970 Worthington Street
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before, due date above ▶ $ 25.00

10

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 26 —

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Estrada, Lydia C. ACCT. NO. E-8197

ADDRESS 970 Worthington Street, San Diego RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
07/25 89	Lot 958, Division 10.	595 00			595 00
8/9 89	Coupon 1, Receipt 38398			25 00	570 00
9-6 89	Coupon 2, Receipt 38476			25 00	545 00
10-16 89	Coupon 3, Receipt 38587			25 00	520 00
11-? 89	Coupon 4, Receipt 38523			25 00	495 00
12-6 89	Coupon 5, Receipt 38639			25 00	470 00
1-30-90	Coupon 6, Receipt 38820			26 10	444 00
2-13-90	Coupon 7, Receipt 38886			25 00	419 00
3-5-90	Coupon 8, Receipt 38973			25 00	394 00
4-11-90	Coupon 9, Receipt 39109			25 00	369 00
4-23-90	Coupon 10, Receipt 39149			25 00	344 00
5-21-90	Coupon 11, Receipt 39252			25 00	319 00
7-12-90	Coupons 12 + 13, Receipt 39474			50 00	269 00
9-10-90	Coupon #14+15, Receipt # 39684			50 00	219 00
11-8 90	Coupon #16 Receipt 39924			25 00	194 00
12-5 90	Coupon 17 receipt 40028			25 00	169 00
1-22 91	Coupon 18 receipt 40211			25	144 00
3-18-91	Coupon 19, Receipt 40470			26 00	118 00
3-28-91	Coupon 20 Receipt 40483			26 00	92 00

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					92.00
6-7-91	Coupon 21, Receipt 40802			26.00	66.00
9-5-96	# 47780			66.00	0
	paid in full				

F8197

July 24, 1996

Lydia Estrada
970 Worthington St
San Diego, Ca 92114

Dear Ms. Estrada:

It has been over a year since we last wrote to your regarding your pre-need purchase of Lot 970, Division 10. Our records indicate you have made no effort to contact us regarding your balance of $66.00. If your records indicate a different amount please contact us immediately.

If your records indicate a balance, please make your final payment of $66.00 immediately. This will bring your account to a close. We will then issue you a deed to the lot.

If you have any questions, please contact me at 527-5474.

Karyn Baker
Administrative Aide

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38398

Date: August 9, 19 89

From Lydia Estrada Address: 970 Huntington Street S.D.

Twenty and 00/100 Dollars ($ 25.00)

In Payment of Coupon 1 Credit Lot

Lot 958 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE #570.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2341

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	25 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	AUG 12 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

E 8/97

N2 38476

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 9-6 19 89

From: Lidia Estrada Address: 975 Worthington St SD 92114

Costs - funeral services 8 Dollars ($ 25.00)

In Payment of Cashier's Check CITY AUDITOR

Lot 958 Grave Row Section Division Block

SEP 11 1989

Invoice No.

Acct. No.

W.O. E-897

BALANCE DUE 345.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2267

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Cars	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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 8197
No 38057

Date: 10-16 19 69

From: Lydia Strader Address: 970 Northington St. San Diego
Monte - Lic. no/no

In Payment of Use for 3 Grave Lot Dollars ($ 25.00)

Lot 958 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8197

BALANCE DUE 520.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
2406

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY India Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

CITY AUDITOR
OCT 24 1969

Credit Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carmen Estrada / Richard M. Estrada

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund for Double Crypt	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	-0-
Balance due	595.00

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

Carmen Estrada
Signature
1484 MAK AVE.
Address
CHULA VISTA, CA 92021
State Zip Code
420-9546
Telephone

Work Order # E 8198

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

NAME Estrada, Richard M. & Carmen ACCT. NO. E-8198

ADDRESS 1484 Max Avenue, Chula Vista Ca 92011 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]	89	Lot 957, Division 10	595.00			
		Opening/Closing, Double Crypt, Recording Fee	1028.10			1623.10
8/9	89	Coupon 1, Receipt 38400			680 00	943 10
		Due E-8249				

AIGNER FORM NO. 25-204 Estrada, Richard M. & Carmen 957 - 10 PRINTED IN USA

Preneed Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carmen Estrada / Richard M. Estrada

in a DBL CRYPT (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 957 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.10 ~~35.00~~
Total Due	1028.10
Paid receipt number _____	1-0
Balance due	1028.10

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Carmen Estrada
Signature
1484 MAY AVE.
Address
CHULA VISTA, CA 92011
State Zip Code
420-9546
Telephone

Work Order # E 8199

Invoice # _____

Acct. # _____

PY-503 (REV. 6-85)

E 8199

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38400

Date: Aug 9, 19 89

From: Carmen Estrada Address: 1081 D Ky Ave.

Sixty-eight Dollars ($ 68.00)

In Part Payment of Planned Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 8199

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 R Lawson

CREDIT	67007	
20% Sales Care	77184	25 —
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	AUG 12 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	43 —
Sales Tax	60101 78390	
TOTAL PAID	$	68 —

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8199 E-8198 Credit Lot
Preneed Trust

Carmen Estrada
1484 Max Ave.
Chula Vista, CA 92011

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. ▶ $ 68.00

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

Call Jackie to confirm 8K

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Robinson

in a Liner Vault/Liner Funeral, date, time Fri 7-28-89 pm

Church, Chapel, Graveside Chapel, F.L. ; CA 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 NO.

Lot 18 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	
Balance due	

CA - Burial to bring check Bill Mortuary

I hereby certify I am the AUNT of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Jessie Williams
Signature
3972 OCEAN VIEW BL
Address
SAN DIEGO CA 92113
State Zip Code
262-9421
Telephone

Work Order # E 8200

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E8200

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
Charles		Robinson	4-15-1933	7-21-1989	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	Gussie Williams (Aunt) 3972 Oceanview Blvd. 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 3500 Ocean View 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
		▶ Nilsa A Ybarra	7-24-89

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	JUL 26 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

- [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 7-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner/metal sealer 19-8-2-11	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.

E8200

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38546

Date: 11-9, 19 89

From: Mrs. Bessie Ward Address: 2602 El Cajon Blvd 92115

nine hundred seven 20/100 Dollars ($ 907.00)

In Payment of Grave Liners & Interment

CITY AUDITOR
NOV 13 1989

Lot 19 Grave 8 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E1-6200

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1656

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Nora Ward

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	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	$	907	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William B. King

in a Double Crypt Vault/Liner Funeral, date, time Fri 7-28-89 Usual

Church, Chapel, Graveside Church, L.D.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran YES WWII

Lot 5176 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	1723.10
Paid receipt number 8/15/89	1723.10
Balance due	-0-

Bday note

I hereby certify I am the Gloria Powell of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Gloria Powell
Signature

5027 Bunnell St
Address

Ca 92113
State Zip Code

262 0535
Telephone

Work Order # E 8201

Invoice # 088318

Acct. # 032065

PY-593 (REV. 8-85)

W.O. # E 8201

NOTE

$ 1723.10 San Diego, California July 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 Seventeen hundred twenty-three dollar 10/100 DOLLARS with interest from August 28, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Gloria Norvell SIGNATURE Gloria Norvell

ADDRESS 5027 Burrell St.

CALIF. DRIVERS LIC. # R0906056

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8201

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
WILLIAM	BURNETT	KING	2/24/1919	7/22/89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Colorado Springs	Colorado	Jeanine Dunn - Sister 3087 Vesuvio Way 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-Hagedale Mort.: San Diego, California	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]	7/26/89

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	JUL 26 1989	[signature] 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 Vital Records: San Diego, California	

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	11B. DATE INTERRED 7-28-89	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

5176-10
DEL CRYPT / METAL SEALER
EBONY BLACK

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.

088318 08/02/89 032065 GLORIA NORVELL

8-8201

			08/15/89 CK 1189			
100	072	77181	000072	1,723.10	1,723.10	0.00
100	072	77182	000072	320.00		PAID IN FULL
100	072	77183	000072	330.00		
100	072	77185	000072	35.00		
60101		78390		320.00		
67007		77184		23.10		
				695.00		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,371.10

Credit for

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELOISE K. DANIELS

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 5175 Grave _____ Row _____ Section _____ Division/Block 10

5185 ~~5048~~ gift Exchanged 5048 for 5185

Grave space & Care Fund ..... 2 @ 695.00	1390.00 ~~695.00~~
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1390.00
Paid receipt number 38312	58.00
Balance due	1332.00

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

Eloise K Daniels
Signature

748 Santa Isabel Dr
Address

San Diego Calif
State

92114
Zip Code

Telephone

Work Order # E 8202

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

Send or Bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on, or before, due date above. ▶ $ 56.00

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** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10				

Amount due when paid on, or before, due date above. $ 56.00

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before, due date above. $ 56.00

Amount due if paid more then 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-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before, due date above. $ 56.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $!

NAME Eloise K Daniels

ADDRESS 748 Santa Isabel Dr

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before, due date above. ▶ $ 56.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Eloise K. Daniels

ADDRESS 748 Santa Isabel Dr

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8202 **Credit Lot**

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-8202 Credit Let

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before, due date above. ▶ $ 56.00

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-9202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before, due date above. $ 56.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Elaine

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-8202 Credit Lot

Eloise E. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-3202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on, or before, due date above. ▶ $ 56.00

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-8202 Credit Lot

Eloise E. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-8202 Credit Lot

Eloise K. Daniels
743 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before, due date above. $ 56.00

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. P-8202 **Credit Lot**

Eloise E. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-8202 Credit Lot

Eloise K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before, due date above. $ 56.00

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-8202 **Credit Lot**

Eloise L. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							10				

Amount due when paid on, or before, due date above. ▶ $ 56.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 56.00

NAME Elaine L Daniels

ADDRESS 748 Santa Isabel Dr

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8202 **Credit Lot**

Elaine K. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

Amount due when paid on, or before, due date above. ▶ $ 36.00

10

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 56.00

NAME Elaine K Daniels

ADDRESS 748 Santa Isabel Dr

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8202 Credit Lot

Eloise E. Daniels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				•			10				

Amount due when paid on, or before, due date above ▶ $ 56.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

$ 56.00 Amount Received

NAME Eloise E. Daniels

ADDRESS 748 Santa Isabel Dr

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6262 Credit Lot

Moise K. Daniels
742 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							14				

Amount due when paid on, or before, due date above. ▶ $ 56.00

10

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-2202

Credit 1st

Eloise K. Daniels
743 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							10				

Amount due when paid on, or before, due date above. $ 56.00

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. T-0202 Credit Lot

Eloise E. Dentels
748 Santa Isabel Drive
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

[redacted]

$ 44.00

days $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

E8202

OFFICIAL RECEIPT

№ 38312

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-24- , 19 89

From: ELOISE K. DANIELS Address: 748 SMITH RANCH DR

Fifty-eight dollars and 1/100 Dollars ($ 58.00)

In full Payment of 2 pre-need grave spaces for

Lot 5175/E048 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E8202

BALANCE DUE 1332.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1900

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W J Teague

CREDIT 20% Sales Care	87007 77184	58	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	58	00

CITY AUDITOR
JUL 31 1989

F8202

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38383

Date: Aug. 8, 1989

From: Doris Daniel Address: 748 Santa Paula

One Hundred-twelve Dollars ($ 112.—)

In Pmt Payment of Credit for Casper 1 & 2

Lot S175/SOW8 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. F8202

BALANCE DUE $1,220.—

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-57)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Ryan

CREDIT	67007	
20% Sales Care	77184	112.—
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100	
Handling Fee	100 77185	AUG 1 9 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	112.—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8202
37915

Date: 9-8 , 19 89

From: Horace Ortiz Jr. Address: 78 Santa Isabel Dr.

One hundred twelve 00/100 Dollars ($ 112.00)

In Payment of Canyon 319 Cash Lot

Lot 5175 & 5176 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8202

BALANCE DUE 1108.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2942

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	112 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	SEP 18 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	112 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 E8202 38032

Date: 10-10, 19 89

From: Marie Daniels Address: 177 Santa Clara, San Diego

One hundred no/100 Dollars ($ 100.00)

In Payment of Canyon 54 Total of 6 Under Lot

Lot 51754 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-8202

BALANCE DUE 1008.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2992

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Wood

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	83033 9022	
Sales Tax	60101 78300	
TOTAL PAID	$	100 —

CITY AUDITOR
OCT 16 1989

* AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8202
No 38521

Date: 11-7 , 19 89

From: Elaine Davis Address: 748 Santa Isabel, San Leandro

Re Purchase Price 2/3/82 Dollars ($ 112.00)

In Payment of Coupon 781 Credit Lot

Lot 518/5048 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8202

BALANCE DUE 296.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	112	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	112	00

CITY AUDITOR
NOV 13 1989

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3028

ISSUED BY Linda Ward

E8202

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38630

Date: 12-6 19 89

From: Rose Davis Address: 748 Ash St Apt 2 Sp 28

One hundred Twelve 12/100 Dollars ($ 112.00)

In Payment of Cemetery Plot Deed Lot

Lot S 175 1504B Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8202

BALANCE DUE 784.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3074

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Lloyd

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	112 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	DEC 14 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 90022	
Sales Tax	60101 78390	
TOTAL PAID	$	112 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No E8202 38757

Date: 1-9, 1990

From: Elsie Daniels Address: 748 - Santa Isabel Dr, SD

One hundred twelve 00/100 Dollars ($ 112.00)

In Payment of Coupon 1142, Credit Lot

Lot 5176 & 5178 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 21-8202

BALANCE DUE 672.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3110

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	112	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	112	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E6202
No 38864

Date: 2-7, 1990

From: Eloise Davis Address: 747 Santa Isabel Dr., SD 92114

One Hundred Twelve Dollars and no/100 Dollars ($ 112.00)

In _____ Payment of Cost of Lot

Lot 517 & 518 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-6202

BALANCE DUE $560.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3154

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Glenn Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	112	00
Opening/ Closing	100 77181		
Burial Containers	100 77182	CITY AUDITOR	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	FEB 12 1990	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	112	00

E8207

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3191

CITY AUDITOR NO 38971

MAR 20 1990

Date: 3-2 , 19 90

From: Elsie Davis Address: 748 Sunset Drive, Ja 92114

One Hundred Twelve Dollars ($ 112.00)

In _____ Payment of Cedar Lot

Lot 5115,5116 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE E-122

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3/10

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	112	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	112	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

CITY AUDITOR

APR 16 1990

No E8202 39111

Date: 4-11, 19 90

From: Edna Lane Address: 741 Santa Luisa

One Hundred Twelve Dollars ($ 112.00)

In Payment of Cedar Lot

Lot 5175-5041 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7202

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3241

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Mullaid

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	112	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	112	00

E8202

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39204

Date: 5-7 19 90

From: Eloise Naputi Address: 741 Sant Diego Ln. LG 92114

One Hundred Sixty Eight Dollars ($ 168.00)

In Payment of Cedar Lots

Lot 5045 & 5046 Grave Row Section Division Block 70

Invoice No.

Acct. No.

W.O. E-8202

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3293

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT 20% Sales Care	67007 77184	110	ω
80% Sales of Lots	100 77184	58	ω
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	168	ω

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

E8202
№ 39346

Date: 6-11 19 90

From: Eloise Daniels Address: 141 Santa Isabel Ave SE 87114

One Hundred Fifty Six Dollars ($ 156.00)

In Payment of Credit Lot

Lot 5175 + 5041 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-1202

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3301

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY White

CREDIT	67007	156	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	156	00

CITY AUDITOR
JUN 18 1990

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DENISE CARTER

in a Liner (Vault/Liner) Funeral, date, time Mon. 7/31 11:30

Church, Chapel, Graveside Chapel HB ; 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 No .

Lot 134 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 38317	400.00
Balance due	507.00

I hereby certify I am the Mother In Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Evelyn Germany
Signature
5611 Alta Vista Ave
Address
S. D.
State
Ca 92114
Zip Code
Telephone

Work Order # E 8203

Invoice # 089163

Acct. # 03206 7

PY-583 (REV. 8-85)

W.O. # E8203

NOTE

$ 507.00 San Diego, California July 26 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 00/100 DOLLARS with interest from August 28 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME EVELYN GERMANY SIGNATURE Evelyn Germany

ADDRESS 5611 ALTA VISTA AVE, S.D., CA 92114

CALIF. DRIVERS LIC. # D0363811

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E8203

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
Denise		Carter	3-7-1957	7-18-1989	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	Thelma 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 3602 El Cajon Blvd. San Diego, CA	F-1397

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 ▶ Nelsa Ojas

8B. DATE SIGNED 7-28-89

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	JUL 28 1989	Donald L. Connors, 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

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 134-5-2-11 Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 7-31-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teeger	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner / Cloth Covered	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

E8203
NO 38317

Date: 7-26- , 19 89

From: EVELYN GERMANY Address: 5611 ALTA VISTA AVE, S.D, CA 92114

Four hundred dollars and ^^/100 Dollars ($ 400.00)

In part Payment of graespace and interment of Denise Carter

Lot 134 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 8203

BALANCE DUE 502.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	60 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	240 00
Opening/ Closing	100 77181	100 00
Burial Containers	100 77182	
Handling Fee	100 77185	CITY AUDITOR
Recording & Misc. Fees	100 77183	JUL 31 1989
Pre-Need Trust	63033 9022	
Sales Tax	80101 76390	
TOTAL PAID	$	400 —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY W. J. Teague

AC-212 (Rev. 10-87)

Credit Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LAURA L. PERRY / EVERETT PERRY

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 YES, WWII

Lot 117 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund for double crypt	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 38315	276.00
Balance due	219.00
38316	219.00

PAID
JUL 26 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 dead

Laura L. Perry
Signature
5424 Lomat Dr.
Address
San Diego, Ca. 92114
State Zip Code
263-8075 (263-3055
Telephone

Work Order # E 8204

Invoice # _____

Acct. # _____

PY-663 (REV. 9-85)

E8204

Army of the United States

Honorable Discharge

This is to certify that

PRIVATE FI

485TH ARMY AIR FORCE BASE UNIT

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at SEPARATION CAMP FANNIN TEX.

Date 19 FEBRUARY 194

D A LIND
MAJOR AC

FILED FOR RECORD
COMAL COUNTY, TEXAS
MAR 4 1946
JOE HUGHES
FFR261946R
COUNTY CLERK
BY _____ DEPUTY

MAL

ENLISTED RECORD AND REPORT OF SEPARATION E8204

HONORABLE DISCHARGE 457-30-3110

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
PERRY EVERETT	38 641 678	PFC	AAF	AUS
6. ORGANIZATION	**7. DATE OF SEPARATION**	**8. PLACE OF SEPARATION**		
4085TH AAF BASE UNIT	19 FEB 46	SEPARATION CENTER CAMP FANNIN TEXAS		
9. PERMANENT ADDRESS FOR MAILING PURPOSES	**10. DATE OF BIRTH**	**11. PLACE OF BIRTH**		
GEN DEL ORE CITY UPSHUR CO TEXAS	11 NOV 1916	ORE CITY TEXAS		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	**13. COLOR EYES**	**14. COLOR HAIR**	**15. HEIGHT**	**16. WEIGHT** / **17. NO. DEPEND.**
SEE 9	BROWN	BLACK	5'7"	150 LBS. / 3

18. RACE			19. MARITAL STATUS			20. U.S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.
WHITE	NEGRO	OTHER (specify)	SINGLE	MARRIED	OTHER (specify)	YES	NO	
	X			X		X		FARMER GENERAL 3-06.10

MILITARY HISTORY

22. DATE OF INDUCTION	23. PATH OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
21 DEC 43	- -	11 JAN 44	IND STA TYLER TEXAS

SELECTIVE SERVICE DATA	26. REGISTERED YES	26. REGISTERED NO	27. LOCAL BD. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		1	MARION CO TEXAS	SEE 9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
DUTY SOLDIER 3 590	NONE

32. BATTLES AND CAMPAIGNS
NONE

33. DECORATIONS AND CITATIONS
AMERICAN THEATER CAMPAIGN MEDAL GOOD CONDUCT MEDAL WORLD WAR 2

34. WOUNDS RECEIVED IN ACTION
NONE

35. LATEST IMMUNIZATION DATES

SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE
25APR44	20MAR45	20JUN45	TYPHUS 20 JUN 45	

36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN

DEPARTURE	DESTINATION	DATE OF ARRIVAL
NONE	NONE	NONE

CONTINENTAL SERVICE			FOREIGN SERVICE			38. HIGHEST GRADE HELD
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
2	1	29	0	0	0	PFC

39. PRIOR SERVICE
NONE

APPLICATION FOR READJUSTMENT ALLOWANCE MADE THROUGH STATE

40. REASON AND AUTHORITY FOR SEPARATION
CONVENIENCE OF THE GOVT (RR 1-1 DEMOBILIZATION) AR 615-365 13 DEC 44

41. SERVICE SCHOOLS ATTENDED
NONE

42. EDUCATION (Years)

Grammar	High School	College
7	3	0

PAY DATA VOU # 11285

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL $ 300	THIS PAYMENT $ 100	none	$ 3.70	116.92 CLETON CAPT FD
2	1	29					

INSURANCE NOTE

IMPORTANT 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 U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE			49. NOV PAID		50. Effective Date of Allotment Discontinuance	51. Date of 1st Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
May Have	U.S. Govt.	None	Allotment	Direct to V. A.				Continue	Continue Only	Discontinue
X			X		21 FEB 46	31 MAR 46	$ 0 90			X

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above item or entry of other items specified in W. D. Directives)
LAPEL BUTTON ISSUD
INACTIVE ERC FROM 21 DEC 43 TO 10 JAN 44 INCL
ASR SCORE (2 SE-) 44

56. SIGNATURE OF PERSON BEING SEPARATED
Everett Perry

57. PERSONNEL OFFICER (Type name, grade and organization - signature)
H J BRYAN 1ST LT AC MIL PERS OFFICER

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No E8204 38316

Date: 7-26, 19 89

From: EVERETT PERRY Address: 5424 LENOX DR, S.D. CA 92114

Two hundred nineteen dollars and XX/100 Dollars ($ 219.00)

In Full Payment of Credit Let Sale

Lot 117 Grave 1 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E8204

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	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	219 —
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	$	219 —

CITY AUDITOR
JUL 31 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No E8204 38315

Date: 7-25-, 19 89

From: LAUREN PERRY Address: 5424 LENOX DR., S.D. CA 92114

Two hundred ~~dollars~~ seventy-SIX dollars and ^xx/100 Dollars ($ 276.00)

In part Payment of Credit lot sales

Lot 117 Grave 1 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E8204

BALANCE DUE 219.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2046

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	177	00
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 8022		
Sales Tax	60101 78360		
TOTAL PAID	$	276	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNEST SWENSON

in a DBL CRYPT (Vault/Liner) Funeral, date, time Mon. 7-31-89 | PM

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 113 Grave 2 Row ____ Section 2 Division/~~Block~~ II

Grave space & Care Fund .... prepaid E5739	~
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ... DBL 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	1028.10
Paid receipt number ____	
Balance due	

Pd 10/2/89

30 day note

I hereby certify I am the Son, 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.

Ann Swenson
Signature

914-57 St.
Address

San Diego 92114
State Zip Code

262-9456
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice [redacted]

Work Order # E 8205

Acct. # [redacted]

PY-593 (REV. 8-86)

W.O. # E8205

NOTE

$ 1028.10 San Diego, California 7-28- 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 One thousand twenty-eight 10/100 DOLLARS with interest from August 28, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME ANNIC SWENSON SIGNATURE Ann Swenson

ADDRESS 914-57 St. S.D. CA 92114

CALIF. DRIVERS LIC. # D.0.748488

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8205

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
ERNEST		SWENSON	09/12/1911	07/25/89	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	Ann Swenson - Wife 914 57th. 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 3050 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
		Romily Plampin	

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	JUL 27 1989	Donald L. Rumsey, M.D. LC

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.	

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 San Diego, Calif.	11B. DATE INTERRED 7-31-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 113-2-2-11 DOL CRYPT/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.

E8205

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38094

Date: 11-1 , 19 81

From: Eulalia-Lozada Address: 5050 Federal Blvd. San Diego

Ten dollars $10.00 Dollars ($ 10.00)

In _____ Payment of Interment Fee Space #2

Lot 113 Grave 2 Row _____ Section 2 Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8205

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 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	10	50
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	10	50

CITY AUDITOR
NOV 06 1989

DEPARTMENT 072 PROPERTY DEPT-AT 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
089312	08/18/89	032066	ANNIE SWENSON					09/20/89	CK	6232	228.10	1,028.10	800.00
			100	072		77181	000072				71.00		PARTIAL PAYMENT
			100	072		77182	000072				73.22		
			100	072		77183	000072				7.77		
			100	072		77185	000072				71.00		
			[illegible]			[illegible]					[illegible]		

2-8205

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fransciso ~~Ruiz~~ Rodriquez
AKA Frank Rodriquez
in a NONE (Vault/Liner) Funeral, date, time Fri. 7/28
Church, Chapel, Graveside Delivery 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 177 Grave 5T 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	~~145.00~~

P.O. Box OFFICE
107414

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8206

Invoice # 089318

Acct. # 000952

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 8206

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
Francisco	- —	Rodriquez	9/15/1924	7/24/1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oceanside	San Diego	Public Administrator 5201-A Ruffin Road San Diego, CA 92138

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Oceanside Mortuary, 602 S. Hill St. Oceanside, CA	253

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
		▶ Louis T. Nelson	7/28/1989

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	JUL 2 81989	▶ 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	

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

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE INTERRED 7-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 177-ST-1-12 Valencia Pressed Wood	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.

Prepaid Trust
23 @ $15.00
1 @ $10.00

Payment received 7-28-89

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ann Swenson

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 113 Grave 2 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	355.00
Paid receipt number _____	
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

Ann Swenson
Signature
914-57 St.
Address
San Diego Ca. 92114
State Zip Code
262-9456
Telephone

Work Order # E 8207

Invoice # _____

Acct. # _____

PY-583 (REV. 6-86)

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8207 Preneed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before, due date above. ▶ $ 15.00

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** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8207 Preneed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								10			

Amount due when paid on, or before, due date above. $ 15.00

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** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8207 Preneed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before, due date above. $ 15.00

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-8207 Preneed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								10			

Amount due when paid on, or before, due date above. $ 15.00

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-8207 Preneed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before, due date above ▶ $ 15.00

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-8207 Preneed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								10			

Amount due when paid on, or before, due date above. ▶ $ 15.00

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

...if this is new...

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8207 Preneed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before, due date above. ▶ $ 15.00

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-8207 Preneed Trust

Ann Svenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

☐ check (✓) if

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8207 **Preneed Trust**

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before, due date above ▶ $ 15.00

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-8207 Preneed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on, or before, due date above. $ 15.00

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-8207 **Preneed Trust**

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 15.00

Amount Received $

NAME Annie Swenson

ADDRESS 914 - 57 St.

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8207 Pressed Trust

Ann Svenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								10			

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 15-00

Amount Received $

NAME Ann Svenson

ADDRESS 914-57 St

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-3207 **Pruneed Trust**

Ann Swetnam
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			•					10			

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 15.00

Amount Received $ _____

NAME Louise Swenson

ADDRESS 914-57 St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8207 Pressed Trust

Ann Svenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								10	4		

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 15.00

NAME Connie Svenson

ADDRESS 914-57 St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8207 Preneed Trust

Ann Swanson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than 10 days after due date above. $ 1.00

10-16-90

$

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-5207 Pressed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								10			

Amount due when paid on, or before, due date above. ▶ $ 15.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

10-16-90

$ _____

Amount Received $ 15-00

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. [illegible]-3207 Escondido Trust

Ann Svenson
914 57th Street
San Diego, CA 92116

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before, due date above: $ 15.00

Amount due if paid more than 10 days after due date above. $ 1.00

10-16-90

$ _____

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-8207 Pruned Trust

Ann Swenson
914 57th Street
San Diego, CA 9211[illegible]

Month and Day Due Indicated Below

JON	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								16			

Amount due when paid on, or before, due date above. ▶ $ 15.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

10-16-98 $

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 1-0297 10-16-90 Provident Trust

Ann Swanson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								16			

Amount due when paid on, or before, due date above ▶ $ 15.00

Amount due if paid more than 15 days after due date above. ▶ $ 1.00

10-16-90

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-5207 Frosted Treat

Ann Evenson
914 57th Street
San Diego, CA 9211[illegible]

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Amount due when paid on, or before, due date above ▶ $ 15.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

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. 1-0207 Premised Trust

Ann Sussaun
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before, due date above ▶ $ 15.00

Amount due if paid more than 10 days after due date above ▶ $ 1.50

10-16-90

$ _____

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-4207 Pruned Trees

Ann Swenson
914 57th Street
San Diego, CA 921[illegible]

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than 10 days after due date above. $ 1.[illegible]

$ _____

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. 2-0207 Pressed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10	8	10	

Amount due when paid on, or before, due date above. ▶ $ 15.00

Amount due if paid more than 10 days after due date above. ▶ $ 4.00

10-16-90

$ _____

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. 2-0287 Pressed Trust

Ann Swenson
914 57th Street
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								10			

[redacted]

re, $ 10.00

days $ 1.00

$

Amount Received $ 145 00

NAME Ann Swenson

ADDRESS 914-57 St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

E8207

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38024

Date: 10-9, 19 89

From: Ann Swenson Address: 914 - 5th Ave

One hundred fifty 10/100 Dollars ($ 150.00)

In Payment of Columbia 1-10 Fifteen Spaces

Lot 113 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6207

BALANCE DUE 205.00

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

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	150	00
Sales Tax	80101 78390		
TOTAL PAID	$	150	00

CITY AUDITOR OCT 6 1989

E8207

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39468

Date: 7-12, 19 90

From: Ann Stevens Address: 714 54th St SD, Ca 92114

Kathy Kelly 7/12/90 Dollars ($ 60.00)

In Payment of Pre Need Trust

Lot 113 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-1207

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 540

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carl Watt

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	60 00
Sales Tax	60101 78390	
TOTAL PAID	$	60 00

E 8207

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 39845

Date: 12-17-, 1990

From: ANN SWENSON Address: 914-57 ST SAN DIEGO CA. 92102

ONE HUNDRED FORTY-FIVE AND 00/100 Dollars ($ 145.00)

In Full Payment of PRE NEED TRUST

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8207

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #6661

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	145	00
Sales Tax	60101 78390		
TOTAL PAID	$	145	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AURA D. POWELL

in a LINER (Vault/Liner) Funeral, date, time Aug 1. 10:30 2pm ✓

Church, Chapel, Graveside Chapel/G.S. ; Loway/Bernardo Mortuary.

All Funeral cars must 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 informed of O.T. Policy

Lot 86 Grave 7 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund ..Prepaid B3593.....	—
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 38340	607.00
Balance due	0

PAID
AUG 01 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary 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 8208 ✓

Invoice # _____

Acct. # _____

PY-893 (REV. 8-85)

9/3/1958 E8208

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

264-3151

13811 Tobiasson Rd
Poway, Ca. 92064.

OWNERSHIP AND INTERMENT PRIVILEGES

TO Aura D. Powell for the sum of $ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 86 Gr 7 & 8 Sec 2 Div 7

AS DESCRIBED ON PURCHASE ORDER NUMBER B-3593

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 or Monument

Randell Le Seyler
Cemetery Manager

Leo B. Calland
Park and Recreation Director

607.00

In by 3:30 on $100.00 extra

E8208

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
Aura	D.	Powell	3/19/1895	7/28/1989	F

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	Troy Powell - Son 13811 Tobiasson Road Poway, CA 92064

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Poway-Bernardo Mortuary, 13243 Poway Rd., Poway, CA	F-1195

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
		▶ Trebi J. Sohrn	7-31-89

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	JUL 31 1989	▶ Donald S. Powers, M.D. acc

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 8-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 86-7-2-7 Liner/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.

E8208

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38340

Date: Aug 1, 1989

From: Laura Powell Address: 3243 Polk Ave.
San Ysidro Ca.
Dollars ($ 607.00)

In Full Payment of Burial for Aura Powell

Lot 86 Grave 7 Row — Section 2 Division Block 7

Invoice No.

Acct. No.

W.O. E8208

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R[illegible]

CREDIT	87007	
20% Sales Care	77154	
80% Sales of Lots	100 77184	320 —
Opening/ Closing	100 77151	
Burial Containers	100 77182	145 —
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 —
Pre-Need Trust	63033 9022	
Sales Tax	80101 78380	7 —
TOTAL PAID	$	607 —

CITY AUDITOR
AUG 07 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Landry (P.A. CASE) ✓

in a _____ Funeral, date, time Wed 8-2 10am

Vault/Liner

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 No .

✓ Lot 135 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 3.60	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. # 10173

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8209 ✓

Invoice # 089359

Acct. # 000952

PY-883 (REV. 6-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8209

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	----	LANDRY	SEPT25,1907	JULY24,1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAKESIDE	SAN DIEGO	LEE JAINE-PUBLIC ADMINISTRATOR 5102-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
LAKESIDE-SANTEE FUNERAL CHAPEL 9940 Maine Ave., Lakeside, CA 92040	

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: ▶ Paul Kelly

8B. DATE SIGNED: 7-31-89

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	AUG 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

- [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: 8-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: 135-2T-1-12 No Zone/pressed wood 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 7-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miguel Castelum Padilla

in a ~ (Vault/Liner) Funeral, date, time Tues 8/1 11 am

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 135 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. #1077546

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8210

Invoice # 889348

Acct. # 800952

PY-583 (REV. 8-86)

E8210

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
aka John ,Miguel	Castelum	aka DoeCC#89-0838 Padilla	11-29-64	4-9-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Ysidro	San Diego	San Diego County Coroner 5555 Overland Avenue 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	7-31-89

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	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
	3851 Rosecrans Av. 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

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA 135-2B-1-12	11B. DATE INTERRED 8-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY No Liner/Pressed Wood 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.

16 chairs for service

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edmonia Briscoe

in a Liner Vault/Liner Funeral, date, time Thurs 10am 8-3-89

Church, Chapel, Graveside Church, G.S. ; CA 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 165 Grave 5 Row ____ Section 1 Division/~~Block~~ II

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 38330	1202.00
Balance due	-0-

PAID
JUL 31 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

David Robinson

I hereby certify I am the Son-in law and attorney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

David A Robinson
Signature

7304 Ballinger Ave,
Address

S.D., CA 92119
State Zip Code

563-6550
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8211

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E 8211

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
Edmonia		Briscoe	7-5-1915	7-31-1989	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	Murphy Briscoe, Jr. (Son) 13133 Trail Dust Ave. San Diego, CA 92129

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
California Burial Chapel 3601 Market St. San Diego, CA	F-1557	Delisa A. Thaas	8-1-89

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	AUG 1 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	

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 3881 Market Street San Diego, CA	11B. DATE INTERRED 8-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY — 165-5-1-11 Liner / Cloth covered	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
284-3151

E8211
N2 38330

Date: 7-31- , 1989

From: Nina J. Robinson Address: 7304 Ballinger Ave, S.D. CA 92119

Twelve hundred two dollars and 1x/100 Dollars ($ 1202.00)

In Full Payment of interment fees for Edmonia Briscoe

Lot 165 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 8211

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

103

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 02 1989

ISSUED BY W. J. Teague

CREDIT	67007	119	00
20% Sales Care	77154		
80% Sales of Lots	100 77164	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	1202	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OLA HOWARD

in a TS, Vault (Vault/Liner) Funeral, date, time Thur 8/3 11am

Church, Chapel, Graveside Church, G.S. , Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 124 Grave 12 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	400.00
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	1112.25
Paid receipt number 38328	1112.25
Balance due	-0-

PAID
JUL 31 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Edie Howard
Signature
6407 osler st.
Address
San Diego 92111
State Zip Code
(619) 277-4670
Telephone

Work Order # E 8212

Invoice # _____

Acct. # _____

PY-503 (REV. 8-88)

E8212

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
[redacted]	—	HOWARD	11/20/1901	07/29/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kyle Howard-Daughter-In-Law 6407 Osler Street San Diego, Calif. 92111

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
		▶ Lara J. Weiss	8-1-89

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	AUG 2 1989	▶ Donald L. Rowe, 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
	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 Mt. Hope Cemetery 3751 Market St., San Diego, Ca. 92102	11B. DATE INTERRED 8-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 124-12-2-11 N/A Vault / metal / 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.

E8212

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38328

Date: 7-31- , 19 89

From: EXIE HOWARD Address: 6407 OSLER ST.

Eleven hundred twelve dollars and 25/100 Dollars ($ 1112.25)

In Full Payment of Interment fees for OLGA HOWARD

Lot 124 Grave 12 Row Section 2 Division 11

Invoice No.

Acct. No.

W.O. E8212

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
0902

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 20% Sales Care	67007 77184	80	00
80% Sales of Lots	100 77184	320	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	$	1112	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlo G. Dela Cruz (Infant - 1 month)

in a ——— (Vault/Liner) Funeral, date, time Wed 8/2 10 AM

Church, Chapel, Graveside Graveside ; Pinkham Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 3127 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 38342	199.00
Balance due	-0-

Called by Kevin Mortuary 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 8213

Invoice # ———

Acct. # ———

PY-593 (REV. 5-86)

E8213

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
CARLO	GARCIA	DELA-CRUZ	JUN 6, 1989	JUL 29, 1989	MALE

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	REV C. DELA-CRUZ, FATHER 888 BEYER WAY, J-13 SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PERCIVAL-MITCHELL MORTUARY, 808 13TH STREET, IMPERIAL BEACH, CA 92032	F-1178

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: ▶ Ed Leach

8B. DATE SIGNED: JUL 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	AUG 01 1989	▶ Donald L. Powers, M.D. HH

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 3127-1-9	11B. DATE INTERRED: AUG 2, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: No Liner/Cloth covered	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.

E8213

OFFICIAL RECEIPT

No 38342

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Aug 2, 1989

From: Pinkham-Mitchell Address: 808 13th Stuart Memorial Bldg 92101

One Hundred Ninety-Nine & 00/100 Dollars ($ 199.00)

In full Payment of Burial for Carlo Dela Cruz

Lot 3127 Grave — Row — Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-8213

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	87007	20.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	80.00
Opening/ Closing	100 77181	16.00
Burial Containers	100 77182	
Handling Fee	100 77186	
Recording & Misc. Fees	100 77183	3.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	199.00

CITY AUDITOR
AUG 07 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 7010

ISSUED BY Ryan

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (X) CARMEN FARRAR (X)

in a ASH VAULT (Vault/Liner) Funeral, date, time Tues 9/5 11 am

Church, Chapel, Graveside Graveside ; FAMILY to Bring Dishes Mortuary.

All Funeral cars must 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 . open pedestrian gate on Inf.

Lot 60 Grave 1 Row _____ Section MAS Division/Block S

Grave space & Care Fund ..... preneed D6912	~
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.	2.80
Total Due	242.80
Paid receipt number 38379	242.80
Balance due	0

Called by William Beech 616-929-3102 Travis City, Mich. Mailing CK

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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 8214

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E8214

William J. Beach
866 Pine Grove Ave
Traverse City, Mich. 49684

1st Aug 89

Mt. Hope Cemetery
San Diego, Calif

Dear Sir

This Letter is To Confirm The Telephone Conf of Jul. 31, 1989 for the interrimental of my mothers Ashes; on Sept. 5, 1989.

Please find inclosed Check for $242.80 To cover the expense.

Cont. of San will provide the marker.

I Need To know the Time of day as soon as possible for the friends and Relatives who may wish To attend.

Sincerely
William J Beach
616 929 3102

E8214

OFFICIAL RECEIPT

№ 38379

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: August 7, 1989

From: William Beach Address: 866 Pine Grove Ave. Traverse City

Two hundred forty two 80/100 Dollars ($ 242.80)

In ____ Payment of _____

Lot 60 Grave 1 Row _____ Section MAS Division _____ Block _____

CITY AUDITOR
AUG 2 1989

Invoice No. _____

Acct. No. _____

W.O. E-8214

BALANCE DUE ~~0~~

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	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

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

137

ISSUED BY Sharon L. Crain

AC-212 (Rev. 10-87)

E8214

LF 350

CF

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER
№ 0088576

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Carmen A. Farrar
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): June 10, 1989
4a. AGE – Last Birthday (Years): 94
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Month, Day, Year): January 29, 1895
6. COUNTY OF DEATH: Grand Traverse
7a. LOCATION OF DEATH (If not hospital or institution, give street and number): Birchwood Center
7b. IF HOSP. OR INST., Inpatient, Dead on Arrival, Other (Specify): Inpatient
7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH: Traverse City
8. SOCIAL SECURITY NUMBER: 565-28-6972
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner/Operator
9b. KIND OF BUSINESS OR INDUSTRY: Restaurant
10a. CURRENT RESIDENCE – STATE: Michigan
10b. COUNTY: Grand Traverse
10c. LOCALITY: ☐ INSIDE CITY OR VILLAGE OF ☒ OUTSIDE CITY OF East Bay
10d. STREET AND NUMBER: 866 Pine Grove
10e. ZIP CODE: 49684
11. BIRTHPLACE (City and State or Foreign Country): Arizona
12. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
13. SURVIVING SPOUSE (If wife, give maiden name before first marriage):
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
15. RACE – American Indian, Black, White, etc. If Asian, give nationality, i.e., Chinese, Filipino, Asian Indian, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12): unknown; College (1-4 or 5+):

PARENTS

17a. FATHER'S NAME (First, Middle, Last): Unknown
17b. MOTHER'S NAME (First, Middle, Maiden Surname, Last Husband): Angelia Valencia Hernandez

INFORMANT

18a. INFORMANT'S NAME (Type/Print): William J. Beach
18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code): 866 Pine Grove, Traverse City, Michigan 49684

DISPOSITION

19. METHOD OF DISPOSITION – Burial, Cremation, Removal, Donation, Other (Specify): Cremation
20a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Northern Cremation Services
20b. LOCATION – City or Village, State: Traverse City, MI 49684
21. SIGNATURE OF FUNERAL SERVICE LICENSEE: John Howell
22. LICENSE NUMBER (If Licensee): 5108
23. NAME AND ADDRESS OF FACILITY: Woodard Funeral Chapel, Inc. 109 Sixth Street Traverse City, Michigan 49684

CAUSE OF DEATH

24. PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Chronic Renal Failure — Interval: 4yrs
DUE TO (OR AS A CONSEQUENCE OF): b. Atherosclerotic Cerebrovascular Disease — Interval: 4yrs
DUE TO (OR AS A CONSEQUENCE OF): c. Anemia of Chronic Disease — Interval: 2yrs
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

25a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No):

CERTIFIER

26. MANNER: PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify): Nursing Home
27. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): No
28a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature and Title: Charlene Greene DO
28b. DATE SIGNED (Mo., Day, Yr.): June 12, 1989
28c. TIME OF DEATH: 9:00 AM
28d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

MEDICAL EXAMINER

29a. ☐ The case reviewed and determined not to be a medical examiner's case. ☒ On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. Signature and Title:
29b. DATE SIGNED (Mo., Day, Yr.):
29c. CASE NUMBER:
29d. PRONOUNCED DEAD (Mo., Day, Yr.):
29e. TIME OF DEATH: AM

30a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 28a (Type or Print): Dr. Charlene Greene, 5152 US 31 N, Acme, MI 49610
30b. LICENSE NUMBER: 009102
31a. ACC. SUICIDE, HOM., NATURAL OR PENDING INVEST. (Specify): Natural
31b. DATE OF INJURY (Mo., Day, Yr.):
31c. TIME OF INJURY: AM
31d. DESCRIBE HOW INJURY OCCURRED:
31e. INJURY AT WORK (Specify Yes or No):
31f. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
31g. LOCATION – Street or R.F.D. No.; City, Village or Twp.; State:

32a. REGISTRAR'S SIGNATURE: Vicki Hubbard
32b. DATE ACCEPTED BY LOCAL REGISTRAR (Month, Day, Year): June 12, 1989
32c. DATE FILED (Month, Day, Year): June 12, 1989

I Hereby Certify this copy to be a true and correct copy of the record on file with the office of County Clerk.

VIRGINIA A. WATSON, Grand Traverse County Clerk.

By: Vicki Hubbard Deputy County Clerk Date 6-12-89

VOID WITHOUT RAISED SEAL
THE FACE OF THIS DOCUMENT HAS A BROWN COLORED BACKGROUND
THE BACK SIDE HAS AN AQUA BACKGROUND AND
AN ARTIFICIAL WATERMARK WHEN VIEWED AT AN ANGLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTER

Date 8-01-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARTH VIRGINIA GRAHAM

in a #5 BOX (Vault/Liner) Funeral, date, time 8/3 Thurs 1pm

Church, Chapel, Graveside -DISINTER- ; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 1 Grave 2 Row ____ Section 100F ~~Division~~/Block P

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees Disinterment	700.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	700.00
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 8215

Acct. # _____

PY-593 (REV. 9-86)

E8215

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

AUGUST (MONTH) 1989 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

MARTHA VIRGINIA GRAHAM

from Lot 1 Grave 2 Section 100F Row ____ Block P Div ____ and to remove the same to and reinter said remains in Lot ----- Grave ----- Section ---- Row ----- Block ----- Div ------. EL CAMINO MEMORIAL PARK.

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.

James E. Graham	Mary Ann Schofield	
Signature	Signature	Signature
Son	Daughter	
Relation to deceased	Relation to deceased	Relation to deceased
116 Adams #4	11270 Calle Jalapa	
Address Encinitas CA 92024	Address S.D. CA 92126	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-89

(X)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GEORGE KENLINE (X)

in a ASH VAULT (Vault/Liner) Funeral, date, time TUES 8/8 AMP

Church, Chapel, Graveside DELIVERY ONLY ; ~~Beardsley Mtk~~ Mortuary.

All Funeral cars must arrive 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 9 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund	Preneed *6027	~~—~~
Additional spaces and care fund		_____
Opening/Closing & Setup	Preneed D3370	~~—~~
Burial Container	Preneed D3370	~~—~~
Handling Fees	Preneed D3370	~~—~~
Flower vases - Marker setting fee		_____
Recording and filing fee	Preneed D3370	~~—~~
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 8216

Invoice # _____

Acct. # _____

PY-503 (REV. 8-85)

E8216

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
George	Bond	Kuline	5/22/1901	8/1/1989	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	Winifred E. Schnepp (Sister) 5239 Vickie Dr. San Diego, CA 92109

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Rose-Mitchell Funeral Home 1928 Santee Clifts 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
		▶ Ed Leach	

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	AUG 02 1989	▶ Donald K. 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 18-9-46 Mt. Hope Cemetery 3751 Market St., San Diego, CA		11B. DATE INTERRED 8-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Std Vault/Brass Urn Greenwood Crematory Interstate 805 & Imperial Ave., San Diego, CA		12B. DATE CREMATED AUG 03 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Ronald 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Karen Elizabeth Cutler X

in a ——— (Vault/Liner) Funeral, date, time Thurs 8/3 10am

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 No .

Lot 111 Grave 1 Row ——— Section IOOF ~~Division~~/Block 43

Grave space & Care Fund	28.00
Additional spaces and care fund	45.00
Opening/Closing & Setup	———
Burial Container	———
Handling Fees	———
Flower vases - Marker setting fee	———
Recording and filing fee	———
Sales taxes	73.00
Total Due	~~28.00~~
Paid receipt number ———	———
Balance due	———

P.A. Hofsteter 10755 96

I hereby certify I am the ——— of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8217

Invoice # 089356

Acct. # 000952

PY-583 (REV. 8-86)

E 8217

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
KAREN	ELIZABETH	CUTLER	APR 4, 1989	JUN 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	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
MESLEY MITCHELL MORTUARY, 3655 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	AUG 2, 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	AUG 02 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, 3761 MARKET STREET, SAN DIEGO, CA	11B. DATE INTERRED AUG 3, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 111-1-100F-43 Nostrand Cardboard Box.	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.

Credit Lot Preneed Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leatha Banks

in a Liner (Vault/Liner) Funeral, date, time Fri 8/11 [redacted] 2pm

Church, Chapel, Graveside Church, G.S. ; Merkley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 131 Grave 4 Row _____ Section 2 Division ~~Block~~ 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Liner	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	907.00
Paid receipt number 38356	50.00
Balance due	857.00
38418	857.00

PAID
AUG 11 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring check Notified about O.T.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Maureen Kirkland

Address 3880 Ocean View Blvd

State Zip Code
Sandiego Calif 92113

Telephone

Invoice # 263-1546

Work Order # E 8218

Acct. #

PY-583 (REV. 8-85)

NAME Kirkland, William for Leatha, Banks ACCT. NO. E-8218

ADDRESS 3840 Oceanview Blvd. San Diego CA. 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
08/2/ 89	Lot 131, Grave 4, Section 2, Division 11	907 00		50 00	857 00
B 8/11/89	Receipt 35418			857.00	-0-

Kirkland, William

AIGNER FORM NO. 25-204

131-4-2-11

PRINTED IN USA

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8218

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
LEATHA	MARIE	BANKS	DEC 28, 1948	AUG 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	WILLIAM KIRKLAND, FATHER 3040 OCEAN VIEW BLVD SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MOREY-MITCHELL MORTUARY, 3655 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 10575 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	AUG 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	AUG 11 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 86222, SAN DIEGO, CA 92138-6222	

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 131-4-2-11	11B. DATE INTERRED AUG 11, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY liner / 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No E8218 38356

Date: 8-2- , 1989

From: WILLIAM KIRKLAND Address: 3540 OCEANVIEW BLVD, S.D. CA 92113

Fifty dollars and 00/100 Dollars ($ 50.00)

In part Payment of credit lot sale and preneed trust

Lot 131 Grave 4 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E8218

BALANCE DUE 857.00

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 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

CITY AUDITOR
AUG 17 1989

E8218

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38418

Date: 8-11- , 1989

From: Merkley Mitchell Address: 3655 Fifth Ave. San Diego, CA 92103

Eight hundred fifty-seven dollars and 00/100 Dollars ($ 857.00)

In Full Payment of interment Fees for Leatha Banks

Lot 131 Grave 4 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E8218

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
AUG 21 1989

ISSUED BY W.J. Teague

CREDIT	67007	10	00
20% Sales Care	77184		
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	$	857	00

3614

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALFONSO LEE

in a T.S. VAULT (Vault/Liner) Funeral, date, time SAT 8/5 1pm

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 15 Grave 6 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund preneed E3515	—
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
~~Flower vases Marker setting fee~~ O.T. Saturday	480.00
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1192.25
Paid receipt number 38370	1192.25
Balance due	-0-

PAID
AUG 07 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring check

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

Ollie Lee
Signature
6445 Shawlee
Address
San Diego Ca 92104
State Zip Code
(619) 262-2171
Telephone

Work Order # E 8219

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

LOT OWNER

E-3515

E8219

LEE, Alfonso 311 Southlook Street SD,CA 92113

NAME ADDRESS

LOT 15 GR. 5-6 Sec 1 Div 12

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E8219

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
ALFONSO	—	LEE	06/23/1920	07/31/1989	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ollie Lee - Daughter 6445 Shasta Avenue 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	▶ W. Ragsdale	8/2/89

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	AUG 3 1989	▶ Kenneth L. Conrad, 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	

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 15-6-1-12 Mt. Hope Cemetary 3751 Market St., San Diego, Ca. 92102	11B. DATE INTERRED 8-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ W. J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 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.

E8219

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38370

Date: 8-7- , 1989

From: ANDERSON-RAGSDALE Address: 5050 FEDERAL BLVD

ELEVEN HUNDRED NINETY-TWO DOLLARS AND 25/100 Dollars ($ 1192.25)

In FULL Payment of INTERMENT FEES FOR ALFONSO LEE

CITY AUDITOR
AUG 22 1989

Lot 15 Grave 6 Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. E8219

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4245

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	320	—
Burial Containers	100 77182	125	—
Handling Fee	100 77185	170	—
Recording & Misc. Fees	100 77183	515	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	12	25
TOTAL PAID	$	1192	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOIS CULLENS MULDER

in a _____ (Vault/Liner) Funeral, date, time MON. 8/7 10a.m.

Church, Chapel, Graveside DELIVERY ; 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 142 Grave 10 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

Susan Gidley P.A. # 1077627

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8220 ✓

Invoice # 089341

Acct. # 000952

PY-593 (REV. 8-85)

E8220

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
Lois	Cullens	Mulder	9/7/1926	7/27/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Susan Gidley - Public Adminis. 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
Poway-Bernardo Mortuary, 13243 Poway rd., Poway, CA	F-1195

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 L. Robin	8-2-89

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	AUG 03 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	

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 142-10B-1-12 Mt. Hope Cemetery, 3751 Market St. San Diego, CA	11B. DATE INTERRED 8-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY No Urn / Cloth Covered-pressed wood	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 8-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MYRTLE HINES

in a Liner Vault/Liner Funeral, date, time Mon. 8/7 1pm

Church, Chapel, Graveside Chapel, G.S. ; CYPRESS VIEW Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 14 Grave — Row 7 Section 9 Division/~~Block~~ 7

Grave space & Care Fund preneed B.1435	
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 38362	607.00
Balance due	-0-

PAID
AUG 03 1989
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Betty V. Woodard
Signature
4451 MARRA Co Dr.
Address
SD. Calif. 92115
State Zip Code
(619) 287-0375
Telephone

Work Order # E 8221

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 8221

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
Myrtle	Mae	Rines	5-11-03	8-03-89	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	Betty Woodard - Daughter 4451 Narraco Drive San Diego, CA. 92115

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Cypress View/Benham Brothers 3959 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	8-04-89

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	AUG 04 1989	▶ Donald L. Bonar, M.D. per

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

- [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 8-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Liner / cloth covered / 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.

E 8221

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38362

Date: 8-3-, 1989

From: Betty V. Woodard Address: 4451 MARRICO DR, SAN DIEGO 92115

Six hundred seven dollars and XX/100 Dollars ($ 607.00)

In Full Payment of interment fees for Myrtle Hine

CITY AUDITOR
AUG 12 1989

Lot 14 Grave Row Section 9 Division Block

Invoice No.

Acct. No.

W.O. E 8221

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

323

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	320	00
Burial Containers	100 77182	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KATHERN KENDALL PLACE NELSON

in a ASH VAULT (Vault/Liner) Funeral, date, time FRI 8/11 2pm

Church, Chapel, Graveside Graveside ; FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 17 Grave 3 Row PAID Section 4 Division/Block 5

AUG 11 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38415	242.80
Balance due	0

PAM WEBER

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.

Pam Weber
Signature

6621 COLD BEACH CIRCLE
Address

WILSON, AZ 85718
State Zip Code

W 602-799-6176 H 602-299-8223
Telephone

Signature of recorded holder of deed

Work Order # E 8222

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

E8282

ORIGINAL / STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. D 102-

NAME OF DECEASED	A. FIRST	B. MIDDLE	C. LAST	SEX	DATE OF DEATH MONTH DAY YEAR
1	KATHERINE	KENDALL	NELSON	2. FEMALE	3. MARCH 16, 1989

RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY	WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO)	IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
4A. WHITE	B. NO	C.	5. NO

PLACE OF DEATH A. COUNTY	B. TOWN OR CITY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS)	D. ☐ DOA ☒ OP EMER ☐ IN PATIENT
6. PIMA	TUCSON	TUCSON MEDICAL CENTER	

DATE OF BIRTH MONTH DAY YEAR	AGE (YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
7. APRIL 5, 1913	8A. 75	B.	C.	9. MARRIED	10. RUSSELL B. NELSON

STATE AND CITY OF BIRTH (If not in USA, name country)	CITIZEN OF WHAT COUNTRY? SPECIFY	SOCIAL SECURITY NO.	USUAL OCCUPATION (Give kind of work done most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
11. SAN DIEGO, CALIFORNIA	12. USA	13. 522-32-0026	14A. HOUSEWIFE	B. OWN HOME

USUAL RESIDENCE A. STATE	B. COUNTY	C. TOWN OR CITY	D. ZIP CODE	HOW LONG IN ARIZONA?	EDUCATION HIGHEST GRADE COMPLETED
15. ARIZONA	PIMA	TUCSON	85712	16. 53 YRS	17.

STREET ADDRESS OR R.F.D.	INSIDE CITY LIMITS? (SPECIFY Yes or No)	ON RESERVATION (SPECIFY Yes or No)	PREVIOUS STATE OF RESIDENCE	ELEMENTARY-SECONDARY (0-12)	COLLEGE (1-4 or 5+)
15E. 5201 E. HILL PLACE DR.	15F. NO	15G. NO	18. CALIFORNIA	A.	B. 1

FATHER'S NAME A. FIRST	B. MIDDLE	C. LAST	MOTHER'S MAIDEN NAME A. FIRST	B. MIDDLE	C. LAST
19. EUGENE		KENDALL	20. ELIZA		HALLIDAY

INFORMANT'S SIGNATURE	RELATIONSHIP TO DECEASED	ADDRESS STREET NO. CITY AND STATE ZIP CODE
21. ▶ PAMELA P. WEBER	22. DAUGHTER	23. 6621 N. DONNA BEATRIX CR. TUCSON, AZ. 85718

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	DATE	CEMETERY OR CREMATORY - NAME/LOCATION	EMBALMER'S SIGNATURE	CERT. NO.
24. CREMATION	25. 3-21-89	26. SOUTH LAWN CREMATORY, TUCSON, AZ	27A. ▶ NOT EMBALMED	B.

FUNERAL HOME NAME	STREET ADDRESS CITY AND STATE	FUNERAL DIRECTOR (or person acting as such) (SIGNATURE)	CERT. NO.
28. EAST LAWN MORTUARY	5801 E. GRANT RD. TUCSON, AZ.	29A. ▶	B. 538

To be completed by CERTIFYING PHYSICIAN ONLY:
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
30. SIGNATURE AND TITLE
DATE SIGNED (Mo., Day, Year) 31. 3-16-89
HOUR OF DEATH 32. 10 00
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33.

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY:
ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.
SIGNATURE AND TITLE 34. ▶
DATE SIGNED (Mo., Day, Year) 35.
HOUR OF DEATH 36.
PRONOUNCED DEAD (Mo., Day, Year) 37. ON
PRONOUNCED DEAD (Hour) 38. AT

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print)	AUTHORIZED FOR CREMATION (SPECIFY)	MEDICAL EXAMINER'S SIGNATURE
39. E.S. HELLMAN, M.D. 5700 E. PIMA TUCSON, ARIZONA	40. ☒ Yes ☐ No	41. 3/20/89

DATE REGISTERED	REG. FILE NO.	REGISTRAR'S SIGNATURE	REG. DISTRICT	DATE REC'D. IN STATE OFFICE
42. MAR. 20, 1989	43. 1492	44. ▶ Geraldine Cumberland, Deputy	45. 1017	46.

47. PART I. SEQUENTIALLY LIST ANY CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)	COR PULMONALE, RIGHT VENTRICULAR FAILURE	5 YR
B. DUE TO OR AS A CONSEQUENCE OF:		
C. DUE TO OR AS A CONSEQUENCE OF:		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: DIVERTICULITIS RESPIRATORY INSUFFICIENCY

AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)
49. NO	50. YES-CREMATION

MANNER OF DEATH	DATE OF INJURY MO DAY YR HOUR	INJURY AT WORK? (Specify Yes or No)	DESCRIBE HOW INJURY OCCURRED
☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED 51.	52. 53. M	54.	55.

PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY	WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE
56.	57.

58. SUPPLEMENTARY ENTRIES

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF PIMA } 59. DATE ISSUED MARCH 24, 1989

This is a true and exact reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

MICHAEL CHECKON
Chief Deputy County Registrar
Pima County Health Department

22659

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No E 8222 38415

Date: 8-11- , 19 89

From: Paul WEBER Address: 6621 Donna Beatrix Circle Tucson, AZ 85718

Two hundred forty-two dollars and 80/100 Dollars ($ 242.80)

In Full Payment of Interment Fees for Kathern Kendall
PEACE NELSON

*Lot 17 Grave 3 Row Section 4 Division Block 5

Invoice No.

Acct. No.

W.O. E 8222

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3040

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 21 1989

ISSUED BY W J Teague

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	2	80
TOTAL PAID	$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Franscisco, Manuel

in a _____ (Vault/Liner) Funeral, date, time Mon 8/7 1pm

Church, Chapel, Graveside Delivery ; CA 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 142 Grave 10T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145
Paid receipt number	
Balance due	

P.A* 107775 LEE JAMES

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8223

Invoice # 089345

Acct. # 00092

PY-583 (REV. 8-85)

E8223

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
Manuel	Bartolo	Francisco	Unknown	6-18-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Encinitas	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
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: ▶ [signature]

8B. DATE SIGNED: 8-7-1989

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	AUG 07 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	

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: 8-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: NO LINER/ cardboard 142-10T-1-12	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.

Credit. Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of REV. JAMES L. EWINGS

in a DBL 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 NO.

Lot 98 Grave 4 Row _____ Section 2 Division/~~Block~~ II

Grave space & Care Fund FOR DBL CRYPT	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	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8224

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E8224

OFFICIAL RECEIPT

№ 37985

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-2 19 89

From: Rev. Jones Chivers Address: 872 Dorcas, SD 92102

Ten Dollars & no/100 Dollars ($ 10.00)

In _____ Payment of Credit Lot

Lot 98 Grave 4 Row _____ Section 2 Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. E-8224

BALANCE DUE 290.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1181

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Wick

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

CITY AUDITOR
OCT 10 1989

E-8224

NAME Rev. James L. Ewings ACCT. NO.

ADDRESS 872 Dassace San Diego CA. 92102 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
08/04 89	Lot 98, Grave 4, Section 2, Division 11 Double Crypt.	300 00		000 00	300 00
10-2 89	Receipt 67985			100	2900

Bobbi McFadden Claim

AIGNER FORM NO. 25-204 Rev. James L. Ewings 98-4-2-11 PRINTED IN U.S.

E8224

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Rev. James L. Ewings

Address 872 Dassco. S.D. CA 92102

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 98, Grave 4, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on August 4, 1989, by and between Mt. Hope Cemetery and Rev. James L. Ewings that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

E8224

3@ 12.00
1@ 24.00

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 4 day of August, 1989, between JAMES L. EWING, 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 98, Grave 4, Row _____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $300.00, payable as follows: $ -0- cash herewith, the receipt of which is hereby acknowledged; $12.00 on the 10 day of SEPTEMBER, 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.

E8224

WITNESS our hands this day and year above written.

Deed to be issued to: REV. JAMES L. AND GAYNELLA EWINGS
Name

872 DASSCO
Address

SAN DIEGO, CA 92102

PURCHASER

REV. JAMES L. EWINGS

SAME

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: W. J. Teague

GWS:baa(2)62
2-14-86

Top left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-89

(X) You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains (X)

of Mary M. Crumley

in a Ash Vault (Vault/Liner) Funeral, date, time Tues 8/8 2pm

Church, Chapel, Graveside Witness Interment ~~Duerets~~ Family Mortuary.

619 347-3531

All Funeral cars must 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 1530 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	prenead C1446 —
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	—
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38389	242.80
Balance due	-0-

PAID
AUG 08 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the [signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[signature]
Signature
1263 S Kelton
Address
National City Ca. 92050
State Zip Code
619-323-7188
Telephone

Work Order # E 8225

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

E8225
No 38389

Date: Aug 8, 19 89

From: Virginia Slough Address: 3939 Kenwood

Two Hundred Forty-Two — 80 Dollars ($ 242 80)

In Full Payment of Interment for Mary Crumley

Lot: 530 Grave Row Section 1 Division Block

CITY AUDITOR
AUG 12 1989

Invoice No.

Acct. No.

W.O. E-8225

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	195	—
Burial Containers	100 77182	80	—
Handling Fee	100 77185	60	—
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	80
TOTAL PAID	$	242	80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

ISSUED BY R Ellwood

AC-212 (Rev. 10-87) 338

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-08-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANGELA SUE RIDDLE

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 8/9 11am ✓

Church, Chapel, Graveside Chapel, M.L. ; 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

3609 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

PAID
AUG 08 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container T.S. Vault	170.00
Handling Fees Labor	175.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1407.25
Paid receipt number 38384	1407.25
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.

Signature

Address 3117 Sweetwater Springs Blvd

State Spring Valley CA Zip Code 92077

Telephone 660-6675 / 589-2357

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8226

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E8226

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]	Sue	Riddle	08-03-1965	08-04-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Dorothy Bellina:Mother 10323 Des Moines Memorial Dr.#10 Seattle, WA 98168

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Greenwood Mort:I-805 & Imperial, San Diego, CA	F-845

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
		Patricia D. Toman	8-9-89

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	AUG 09 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	

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 3609-10 Mt. Hope Cemetery 3751 Market St. San Diego 92113 Vault/metal casket	11B. DATE INTERRED 8-9-89	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.

E8226

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38384

Date: 8-08-, 1989

From: West Coast Pavement & Paint Address: 9600 Campo Rd. Spec, Spring Valley

Fourteen hundred seven dollars and 25/100 Dollars ($ 1407.25)

In Full Payment of gravespace and interment fee for Virginia Lee Riddle

CITY AUDITOR AUG 10 1989

Lot 3609 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E8226

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3512

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	12	25
TOTAL PAID	$	1407	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-08-89

(X) You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Ann Cilani (X)

in a _____ Vault/Liner Funeral, date, time Mon 9/11 AM

Church, Chapel, Graveside delivery-in office Humphries Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 104 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	14.00
Additional spaces and care fund	
Opening/Closing & Setup	29.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	43.00
Paid receipt number	
Balance due	

P.A. # 1077635 by Womack

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8227

PY-593 (REV. 8-88)

E8227

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
JULIA	ANN	CIANI	12-09-1982	12-09-1982	F

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	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
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: Judith E. King

8B. DATE SIGNED: 9-7-89

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	SEP 07 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	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 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 8-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDWARD CHARLES THOMAS III

in a NONE (Vault/Liner) Funeral, date, time WED 8/9 1pm ✓

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 3025 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 38402	199.00
Balance due	-0-

PAID
AUG 09 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring check

I hereby certify I am the Debra D. Owens of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Debra D. Owens
Signature
283 Henson St.
Address
San Diego Ca 92114
State Zip Code
264-4231
Telephone

Work Order # E 8228

Invoice # ____

Acct. # ____

PY-583 (REV. 6-86)

E8228

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
EDWARD	CHARLES	THOMAS, III	08/01/1989	08/01/89	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	Debra Denise Owens - Mother 283 Hanson 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	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 3050 Federal Blvd. San Diego, Ca.	F-1329	▶ Jim J. Davis	8-8-89

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.

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	AUG 8 1989	▶ Donald L. Conrad, 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 Vital Records 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

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
INTERMENT	Mt. Hope Cemetery San Diego, Ca. 3025-1-9	8-9-89	▶ Wendy Jo Teague
	12A. NAME AND ADDRESS OF CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY**
CREMATION	Mortuary/Cloth covered N/A		▶
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A		▶
	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 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.

E8228

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38402

Date: 8-9, 19 89

From: ANDERSON-RIVERSDALE Address: 5050 FEDERAL BLVD, S.D. CA 92102

One hundred ninety-nine dollars and XX/100 Dollars ($ 199.00)

In FULL Payment of Interment fees for Edward Charles Thomas III

Lot 3025 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E 8228

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4266

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	64	00
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	199	00

CITY AUDITOR
AUG 12 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-9-89

You are hereby authorized and instructed subject to your rules and regulations, to inter the remains of ANNA LEE DICKENS

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 8/11 2:30

Church, Chapel, Graveside Church, G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. D. I. P.; 10-77

Lot 26 Grave 2 Row ____ Section 1 Division/~~Block~~ 7

Grave space & Care Fund preneed C2054 D.I.P.- —

Additional spaces and care fund ____

Opening/Closing & Setup 320.00

Burial Container 170.00

Handling Fees 125.00

Flower vases - Marker setting fee ____

Recording and filing fee 35.00

Sales taxes 12.25

PAID
AUG 11 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 712.25

Paid receipt number 38416 712.25

Balance due 0

Mortuary to bring check Notified about O.T. Paid 8/10 O.T after 4:00 700.00

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Im[redacted]

Ac[redacted]

Work Order # E 8229

PY-583 (REV. 8-88)

E 8229

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
ANNA	LEE	DICKENS	12/15/1893	08/08/1989	Female

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	JoAnn Lister - Niece 4591 Berner 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
		Lan M Ums	8-9-89

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	AUG 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.	

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 26-2-1-7 Mt. Hope Cemetery San Diego, Calif. Vault/metal sealer	11B. DATE INTERRED 8-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy J. Teague	
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.

E8229

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38416

Date: Aug. 11, 19 89

From: A Rosedale Mort Address: 5050 Federal Blvd.

Seven Hundred-twelve 25/44 Dollars ($ 712.25/44)

In Full Payment of Interment for Anna Dickens
Preneed C2054-D.I.P.

Lot 26 Grave 2 Row — Section 1 Division Block 7

Invoice No.

Acct. No.

W.O. O-1629

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 4271

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 21 1989

ISSUED BY R Lawson

CREDIT 20% Sales Care	67007 77184	320	—
50% Sales of Lots	100 77184	176	—
Opening/ Closing	100 77181	170	—
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	35	—
Sales Tax	80101 78390	12	25
TOTAL PAID	$	712	25

NO	DATE	NU	CUSTOMER NAME FUND	DEPT	ORG	ACCT	J/O	DATE OPER	BN/EQ	FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
089262	08/17/89	032389	JOANN LISTER 100	072		77183	000072	09/07/89	CK	1016	100.00 100.00	100.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 100.00

8,829

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

30 day note $1000.00

Date 8-9-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLIE M. MIXON

in a T3. VAULT Vault/Liner Funeral, date, time FRI. 8/11: 1pm

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 WWII

Lot 2 Grave 1 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 38401	207.25
Balance due	1000.00

Pd 10/9/89

SET UP AT V.A. monument

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature Ernest Todd

Address 2555-55th St

State Rancho Cucamonga Ca Zip Code 91730

Telephone 262-7040

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice [redacted]

Acct. [redacted]

Work Order # E 8230

PY-583 (REV. 8-88)

W.O. # E8230

NOTE

$ 1000.00 San Diego, California 8-9- 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 dollars and 00/100 DOLLARS with interest from SEPT. 11, 1984 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 atatute 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 Eva J. Todd SIGNATURE Eva J. Todd

ADDRESS 2535-55th ST

CALIF. DRIVERS LIC. # B0850157

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8230

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
WILLIE		NIXON	5/17/20	8/7/89	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	Eva Josephine Todd - Sister 2535 55th. Street 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-Reynolds Mort.: 3050 Federal Blvd. San Diego, California	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
		▶ Family Hampton	8-11-89

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	AUG 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 Vital Records: San Diego, Calif.	

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 2-1-2-11 Mt. Hope Cemetery; San Diego, Ca.	11B. DATE INTERRED 8-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 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.

E8230

CITY TREASURER
SAN DIEGO, CALIFORNIA

5157	10/13/89	400.00	INVS
10/13/89	5157 5	400.00-	CA
10/13/89	5157 5	.00	BA

E8230

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38401

Date: 8-9- , 1989

From: Eva J. Todd Address: 2535 55th St. S.D. 92105

Two hundred seven dollars and 25/100 Dollars ($ 207.25)

In part Payment of interment fees for Willie M. Mixon

Lot 2 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E8230

BALANCE DUE $1000.00

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	87007	99 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	108 25
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	207 25

CITY AUDITOR
AUG 12 1989

8/28

E8230

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38442

Date: 8-21 19 89

From: Eva J. Todd Address: 2535 55th Street

San Diego, Ca

Dollars ($ 500.00)

In Payment of Willie Nixon's Interment

Lot 2 Grave 1 Row Section 2 Division Block 11

Invoice No. 089317

Acct. No. 032390

W.O. E-8230

BALANCE DUE 500.00

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 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		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

CITY AUDITOR
AUG 28 1989

E8230

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38025

Date: 10-9 19 87

From: Ira Todd Address: 2535 - 55th St, San Diego

Four hundred no Dollars ($ 400.00)

In Payment of Willie Meyer's Interment Final Payment

Lot 2 Grave 1 Row Section 2 Division Block 11

Invoice No. 089317

Acct. No. 032 370

W.O. 2-8230

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400.00

AC-212 (Rev. 10-87)

89317 08/18/89 032390	EVA J. TODD			08/21/89 CA	38442	500.00	1,000.00	500.00	
E-8230	100	072	77181	000072		160.00		PARTIAL	PAYMENT
	100	072	77182	000072		87.50			
	100	072	77183	000072		17.50			
	100	072	77184	000072		143.88			
	100	072	77185	000072		85.00			
	60101		78390			6.12			

	60101		78390						
089317 08/18/89 032390	EVA J. TODD			09/21/89 CA	37959	100.00	1,000.00	400.00	
E-8230	100	072	77181	000072		32.00		PARTIAL	PAYMENT
	100	072	77182	000072		17.50			
	100	072	77183	000072		3.50			
	100	072	77184	000072		28.78			
	100	072	77185	000072		17.00			
			78390			1.22			

Credit Lot 1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANETTE L. BLEDSOE (996)

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 70 Grave 4 Row _____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 38406	200.00
Balance due	295.00

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Ruth A. Moore
Signature
5207 San Bernardo Ter.
Address
San Diego CA 92114
State Zip Code
Telephone 264-1611

Work Order # E 8231

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before, due date above. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ 13.00

Amount Received $ 12.00

NAME Janette L Bledsoe

ADDRESS 5207 San Bernardo Terr.

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							1	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 $ 12.00

NAME Janette Bledsoe

ADDRESS 5207 San Bernardo Tr

CITY San Diego STATE Ca ZIP 9211 4

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 12.00

Amount Received $

NAME Ruth A. Mason

ADDRESS 5207 San Bernardo Tr.

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							/	10			

Amount due when paid on, or before, due date above. $ 12.00

Amount due if paid more than ~~10~~ **days after due date above.** $ 1.00

$ _____

Amount Received $ 12.00

NAME Janette L. Bledsoe

ADDRESS 5207 San Bernardo Tr.

CITY San Diego STATE Ca ZIP 92114

☐ check(✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before, due date above. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 12.00

NAME Janette L. Bledsoe

ADDRESS 5207 San Bernardo Tr.

CITY San Diego STATE ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							/	10			

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 12.00

NAME Janette L. Bledsoe

ADDRESS 5207 San Bernardo Terr

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 12.00

NAME Janette L. Bledsoe

ADDRESS 5207 San Bernardo Terr.

CITY San Diego STATE Ca ZIP 92114

(check ✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Amount due when paid on, or before, due date above. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $

NAME Janette L. Bledsoe

ADDRESS 5207 San Bernardo Tr.

CITY San Diego STATE Ca ZIP 92114

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Riedsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before, due date above ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 12.00

Amount Received $ _____

NAME Janette Riedsoe

ADDRESS 5207 San Bernardo Tr.

CITY San Diego STATE Ca ZIP 92114

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ 12.00

Amount Received $

NAME Janette L. Bledsoe

ADDRESS 5207 San Bernardo Terr.

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Riedsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before, due date above. $ 12.00

Amount due if paid more than 10 days after due date above. $ 1.00

$

Amount Received $ 12.00

NAME Janette Riedsoe

ADDRESS 5207 San Bernardo Terr

CITY San Bernardo STATE Ca ZIP 92114

Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8231 Credit Lot

Janette L. Bledsoe
5207 San Bernardo Tr.
San Diego, Ca 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								10			

Amount due when paid on or before, due date above. ▶ $ 12.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 12.00

NAME Janette L. Bledsoe

ADDRESS 5207 San Bernardo Tr

CITY San Diego STATE Ca ZIP 92114

[redacted] heck (✓) if this is new address

E8231

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38406

Date: 8-10- , 19 89

From: RUTH D. MOORE Address: 5207 SAN BERNARDO TERRACE S.D. 92114

Two hundred dollars and 1Y/100 Dollars ($ 200.00)

In part Payment of credit lot sale for Janette L. Bledsoe

Lot 70 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 8231

BALANCE DUE 295.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

344

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

001726

ISSUED BY W.J. Teague

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	101	00
Opening/ Closing	100 77181		
Burial Containers	100 77182	CITY AUDITOR	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	AUG 21 1989	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	200	00

E8231

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38490

Date: 9-6, 19 89

From: Jan the Plebeie Address: 5207 San Bernardo, SD
S. Euclid 92113

In _____ Payment of Coupon 1 Crudet Lot Dollars ($ 120.00)

Lot 70 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8231

BALANCE DUE 283.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 357

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	120 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	SEP 11 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	120 00

E-8231

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37993

Date: 10-4, 19 89

From: Jeanette Gutierrez Address: 5207 La Leonardo Ln SD

For Cash receipt Dollars ($ 12.00)

In Payment of Cash per 2 Credit Slip

Lot 170 Grave 4 Row Section 1 Division Block 11

Invoice No

Acct. No.

W.O. E-8231

BALANCE DUE 291.00

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 Cindy

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	12	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	OCT 10 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	12	00

E-8231

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38575

Date: 11-15 19 89

From: Mrs. Ruth A. Blake Address: 3207 La Cuenta Dr. SD

Twelve and no/100 Dollars ($ 12.00)

In Payment of One grave & Unmarked Lot

Lot 70 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8231

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 Sandy Ward

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

CITY AUDITOR
NOV 20 1989

345

E-8231

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38691

Date: 12-19 19 89

From: Janette Dickson Address: 5207 San Leandro St SD
Mission Hills

Dollars ($ 12.00)

In _____ Payment of Marker 4 Model Lot

Lot 70 Grave 4 Row _____ Section 1 Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. E-8231

BALANCE DUE 247.20

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	12 00
Opening/ Closing	100 77181		
Burial Containers	100 77182	DEC 26	1989
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$		12 00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

412

E-8231

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38830

Date: 2-2 19 90

From: Arlie Bledsoe Address: 5207 San Leandro Terrace, SD 92114

V. Twenty-four Dollars Dollars ($ 24.00)

In Payment of Credit Lot

Lot 70 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8231

BALANCE DUE $ 223.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 469 + 470

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Wall

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	24 00	CITY AUDITOR
Opening/ Closing	100 77181		
Burial Containers	100 77182		FEB 2 1990
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	24 00	

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
MAR 20 1990

E-8231
NO 39008

Date: 3-15, 1990

From: Anita Pledare Address: 5207 San Bruno Ter, 92114

Twenty Four Dollars ($ 24.00)

In Payment of Under Lot

Lot 70 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7231

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4M 491

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	24	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	93033 9022		
Sales Tax	90101 78390		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

MAY 29 1990

No E-8231 39246

Date: 5-11 , 19 90

From: Judith Blaine Address: 527 San Bernardino Ave #22

Twenty-four Dollars ($ 24.)

In Payment of Cash Lot

Lot 710 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8231

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 504

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	24	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E-8231
No 39642

Date: 8 — 24 — , 19 70

From: JEANETTE L. RIENCE Address: 32[illegible] SAN [illegible] TERRACE S.D. Calif.

Twenty four and 00 Dollars ($ 24.00)

In Payment of CREDIT LOT

Lot 70 Grave 4 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8231

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) #569 #568

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robert Jones

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	24 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	24 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-8231
№ 40799

Date: 6-7, 1991

From: Janette Bledsoe Address: 5207 La Reina Dr El Cajon

One Hundred Fifty-two ~~Dollars~~ Dollars ($ 152.00)

In _____ Payment of Crypt Lot

Lot 70 Grave 4 Row — Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-8231

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 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	152 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	152 00

NAME Bledsoe, Janette L. ACCT. NO. E-8231

ADDRESS 5207 San Bernardo Tr, San Diego, Ca 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8/10 89	Lot 70. Grave 4, Section 1, Division 11	495.00		200.00	295.00
9-6 89	Coupon 1, Receipt 38490			120.00	175.00
10-4 89	Coupon 2, Receipt 37993			120.00	271.00
11-15 89	Coupon 3, Receipt 38575			120.00	259.00
12-17 89	Coupon 4, Receipt 38691			120.00	247.00
2-2-90	Coupons 5+6, Receipt 38830			240.00	223.00
3-15-90	Coupons 7+8, Receipt 39009			240.00	199.00
5-17-90	Coupons 9+10 Receipt 39246			240.00	175.00
8-24-90	Coupon #11:12, Receipt # 39642			240.00	151.00
6-7-91	Receipt 40799			151.00	-0-

AIGNER FORM NO. 25-204 PRINTED IN USA

E-8231

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11786

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Janette L. Bledsoe for the sum of $ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 70; Grave 4; Section 1; Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8231

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 [illegible]
Cemetery Manager

[illegible]
Property Director

PV-884

E-8231

Credit Lot /

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANETTE L. BLEDSOE

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 70 Grave 4 Row _____ Section 1 Division ~~Block~~ II

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 38406	200.00
Balance due	295.00

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent *that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from* any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Ruth A. Moore
Signature
5207 San Bernardo Ter
Address
San Diego CA 92114
State Zip Code
Telephone 264-1611

Work Order # E 8231

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E-8231

23@ 12.00
1@ 7.00

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 10 day of August, 1989, between RUTH D. MOORE, 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 70, Grave 4, Row —, Section 1, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $495.00, payable as follows: $200.00 cash herewith, the receipt of which is hereby acknowledged; $12.00 on the 10 day of SEPTEMBER, 19 89; 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-823)

WITNESS our hands this day and year above written.

Deed to be issued to:

RUTH D. MOORE/JANETTE L. Bledsoe
Name

5207 SAN BERNARDO TERRACE
Address

SAN DIEGO, CA 92114

PURCHASER

RUTH D. MOORE

SAME

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Wendy Jo Teague

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LYDIA BERTHA MANHOLD

in a Liner (Vault/Liner) Funeral, date, time MON 8/14 [redacted] PM

Church, Chapel, Graveside DELIVERY/WITNESS Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 47 Grave 12 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 38424	607.00
Balance due	0

Mortuary 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

Rose Jones
Signature

Address

State Zip Code

Telephone

Work Order # E 8232

Invoice # _____

Acct. # _____

PY-583 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E8232

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
LYDIA	BERTHA	MANHOLD	4/2/1900	8/10/1989	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	ELLA J. LANGE-SISTER 3853 - 47TH 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
PACIFIC BEACH MORTUARY-SAN DIEGO, CA 92109 4710 CASS ST.	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	8/11/89

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	AUG 14 1989	▶ Donald L. Rowe, 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
	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 47-12-17-7 MT. HOPE CEMETERY-3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO CO.	11B. DATE INTERRED 8-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY liner/pressed wood	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.

E8232

OFFICIAL RECEIPT

№ 38424

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-14, 19 89

From: Madera

Address: 249 Hunsaker Lemon Grove 91945

Dollars ($ 607.00)

In Payment of Lydia P. Mandell

Lot 47 Grave 12 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-8232

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 21 1989

ISSUED BY Linda Wall

	CREDIT		
20% Sales Care	87007 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Louise Hall

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 161 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

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

Signature: [illegible]
Address: 40 18 Messina Dr
SD, CA 92113 apt A
State Zip Code
Telephone

Invoice # _____

Work Order # E 8233

Acct. # _____

PY-583 (REV. 8-85)

NAME Hall, Annie Louise ACCT. NO. E-8233

ADDRESS 4015 Messina Drive, #A, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
8/14	89	Lot 161, Grave 3, Section 2, Division 12	595.00			

No folder
5-20-98

E8233

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Louise Hall

In a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 161 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

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

Signature T. [illegible]

Address 4016 Mississippi St, CA 92116 apt A

State Zip Code

Telephone

Invoice # _____

Work Order # E 8233

Acct. # _____

PY-583 (REV 9-85)

E8233

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 16 day of August, 1989, between Annie Louise Hall, 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 161, Grave 3, Row ____, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $595, payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $24.00 on the 10 day of October, 1989; and the balance in installments of $24.00 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.

E8233

WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ 24.00
1 @ 43.00
595

Connie Louise Hall
Name

4015 Messina Dr #A
Address

San Diego, CA 92113

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By:

GWS:baa(2)62
2-14-86

E8233

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Annie Louise Hall

Address 4015 Messina Dr. #A S.D. CA 92113

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 161, Grave 3, Row —, Section 2, ~~Block~~/Division 12 in Mt. Hope Cemetery, entered into on August 14, 1989, by and between Mt. Hope Cemetery and Annie Hall that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene & Eula Gray

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 98 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	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature T. [illegible]

Address 3927 Wenlock

State San Diego CA 92113 Zip Code

Telephone _____

Invoice # _____

Work Order # E 8234

Acct. # _____

PY-693 (REV. 8-85)

NAME Gray, Eugene & Eula ACCT. NO. E-8234

ADDRESS 3927 Hemlock, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
8/14	89	Lot 98, Grave 8, Section 2, Division 11	300 00			

No folder
5-20-98

AIGNER FORM NO. 25-204 Gray, Eugene & Eula 98 - 8 - 2 - 12 PRINTED IN USA

E8234

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Eugene & Eula Gray

Address 3927 Hemlock, S.D. CA 92113

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 98, Grave 8, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on August 14, 1989, by and between Mt. Hope Cemetery and Eugene & Eula Gray that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

E 8234

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene & Eula Gray

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 98 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	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

T. J. Hancock
Signature
3981 Hancock
Address
San Diego CA 92113
State Zip Code
_____
Telephone

Work Order # E 8234

Invoice # _____

Acct. # _____

PY-593 (REV. 9-86)

E8234

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 14 day of August, 1989, between Eugene & Eula Gray, 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 98, Grave 8, Row 2, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $300.00, payable as follows: $— cash herewith, the receipt of which is hereby acknowledged; $12.00 on the 10 day of September, 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.

E8234

WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ 12.00
1 @ 24.00

Eugene & Eula Gray
Name

3927 Hemlock
Address

San Diego, CA 92113

PURCHASER

T. J.

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Ward

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tom Mims

in a Bell Liner Vault/Liner Funeral, date, time Thurs. 8/17 2:00

Church, Chapel, Graveside Chapel of the Hope, Pagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 146 Grave 11 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	
Balance due	

30 Day note

I hereby certify I am the Bertie Foster Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Bertie Foster

Address 336 Dears ave

State San Diego

Zip Code CA 92114

Telephone 698-2474

Invoice # [redacted]

Acct # [redacted]

Work Order # E 8235

PY-883 (REV. 8-85)

W.O. # E-8235

NOTE

$ 1102.00 San Diego, California August 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 eleven hundred two no/00 DOLLARS with interest from 10/17/89 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 Bartie Foster SIGNATURE Bartie Foster

ADDRESS 336 Dearborn ave San Diego CA 92114

CALIF. DRIVERS LIC. # N8666334

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

No E8235 38078

Date: 10-25, 19 89

From: Lorlie Foster Address: 336 Iowa Ave, San Diego

Eight hundred 00/100 Dollars ($ 800.00)

In Payment of Grave Mem's Interment

Lot 146 Grave 11 Row Section 1 Division Block 12

Invoice No. 089448

Acct. No. 032481

W.O. E-8235

BALANCE DUE 302.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Reed

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	NOV 14 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78300	
TOTAL PAID	$	800 00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

E8235

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
TOM		MIMS	8-10-30	8-11-89	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	Bertie Foster - Friend 336 Sears Avenue 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 Mort.: 3058 Federal Blvd. San Diego, California	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
		▶ Mark Jenkins	

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	AUG 15 1989	▶ Donald L. Powers, M.D. MC

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222 Vital Records: San Diego, California	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

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 146-11-1-12 Mt. Hope Cemetery: San Diego, California	11B. DATE INTERRED 8-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
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.

E8235

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tops Mims

in a Vault/Liner Sold Lawn Funeral, date, time Thurs. 8/17 2:00

Church, Chapel, Graveside Odgen & Glover 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 146 Grave 11 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 ____	
Balance due	

30 Day note

I hereby certify I am the Brother & Co-Executor of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Burtie Foster

Address 336 Dellwood Ave

State San Diego

Zip Code CA 92114

Telephone 698-2424

Invoice # 089496

Acct. # 062487

Work Order # E 8235

PY-583 (REV. 8-86)

E-8235 Dawn - Chief to Dawn - Correction for Court

E8235

W.O. # E-82

NOTE

$ 142.00 San Diego, California August 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 Forty Two and 00/100 DOLLARS with interest from 10/11/87 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Bartie Foster SIGNATURE Bartie Foster

ADDRESS 336 Dearborn Ave San Diego CA 92114

CALIF. DRIVERS LIC. # N8666334

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8235

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38078

Date: 10-25, 19 89

From: Bertie Foster Address: 336 Loma Ave, Coronado

Eight hundred 00/100 Dollars ($ 800.00)

In Payment of Lot Men's Interment

Lot 146 Grave 11 Row Section 1 Division Block 12

Invoice No. 089476

Acct. No. 032401

W.O. E1-625

BALANCE DUE 302.00

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	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	NOV 14 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	800	00

Oversize
30 day NOTE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L. C. GOTELL

in a T.S. Vault (Vault/Liner) Funeral, date, time FRI 8/18 11am

Church, Chapel, Graveside Church @ S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 1730 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container T.S. Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee	~~5.00~~
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number ____	
Balance due ____	

I hereby certify I am the F.C. mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Mary A. Gotell
Signature
435 N. 43 St
Address
San Diego Ca 92102
State Zip Code
263-1674
Telephone

[redacted]

Work Order # E 8236

PY-583 (REV. 8-86)

W.O. # E 8236

NOTE

$ 1307.25 San Diego, California 8-14- 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 and 25/100 DOLLARS with interest from 9-14-89 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 Mary A. Gatell SIGNATURE Mary A. Gatell

ADDRESS 435 N. 43rd St 92102

CALIF. DRIVERS LIC. # 50993122

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8236

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
L.	C.	GOTELL	12-2-56	8-9-89	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	Mary Gotell - Mother 435 No. 43rd Street San Diego, California 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.: 5095 Federal Blvd. San Diego, California	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
		▶	

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	AUG 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
P. O. Box 85222 Vital Records: San Diego, California	

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 1730-40 Mt. Hope Cemetery: San Diego, California	11B. DATE INTERRED 8-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/metal sales 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

10/2

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ E8236 37979

Date: 9-26 19 89

From: Mrs. Lot 1730 Address: 435 N. 43rd Street San Diego

Fifty dollars 2 cents Dollars ($ 50.02)

In Payment of L.C. Late Interest

Lot 1730 Grave Row Section Division Block 10

Invoice No. 069497

Acct. No. 032482

W.O. E-8236

BALANCE DUE 1252.25

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.

ISSUED BY Judy

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	50	02

CITY AUDITOR
OCT 02 1989

Oversize
30 day Hold

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROGERS & DUFFEY

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 8/18 11am

Church, Chapel, Graveside Church, G.S. ; Rugsdale Mortuary.

All Funeral cars must 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 1731 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	

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Lena Mae Duffey
Address: 7716 Cereza St #D
State: CA San Diego Zip Code: 92109
Telephone: 266 8582

[redacted]

Work Order # E 8237

PY-593 (REV. 8-86)

W.O. # E8237

NOTE

$ 1307.25 San Diego, California 8-14- 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 dollars and 25/100 DOLLARS with interest from 9-14-89 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 RENA MAE DUFFEY SIGNATURE Rena Mae Duffey

ADDRESS 4716 Cerezo St #B San Diego CA 92102

~~CALIF. DRIVERS~~ LIC. # 486-30-9495 Gov't I.D.
SSN

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8237

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
ROGERS		DUFFEY	11-2-24	8-10-89	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	Mona Mae Duffey - Wife 4716 Cereza St. Apt. B San Diego, California 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.: San Diego, California	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
		Mark Jenkins	

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	AUG 15 1989	Donald L. Romack, M.D. LC

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 Vital Records: San Diego, California	

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 1731-10 Mt. Hope Cemetery: San Diego, CA	11B. DATE INTERRED 8-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/sealed 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 8/15/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ezekiel White

in a Dale Cyp Vault/Liner Funeral, date, time Fri 8/18 11:00

Church, Chapel, Graveside Chapel & Grave, Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 82 Grave 2 Row ____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	23.10
Total Due	1028.10
Paid receipt number 38433	1028.10
Balance due	0

I hereby certify I am the Leda 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.

Leda Bitterwer White
Signature

2866 Delwood Ave.
Address

San Diego California 92113
State Zip Code

2345881
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8238

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E8238

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
Hezekiah	-	White	6-20-18	8-15-89	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	Leola White - Wife 2866 Webster 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
Cypress View/Benham 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	8-16-89

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	AUG 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
	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 82-2-14-7 Mt. Hope Cemetery 3751 Market Street, San Diego, CA.	11B. DATE INTERRED 8-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Jaeger	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A per Cypress Mitch Dealer	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.

E8238

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38433

Date: 8-17, 19 89

From: Leslie E. White Address: 2666 Webster Ave, SD CA 92113

One Thousand Twenty-eight 10/100 Dollars ($ 1028.10)

In _____ Payment of Hopkins White's Interment

Lot 22 Grave 2 Row _____ Section 14 Division 7 Block

• Invoice No. _____

Acct. No. _____

W.O. A-8232

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 AUG 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	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	33	10
TOTAL PAID	$	1028	10

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No E8238 38050

003709

Date: 10-12-, 19 89

From: Leola Betterson Address: 2866 Webester Ave, S.D. CA 92113

One hundred dollars and 00/100 Dollars ($ 100.00)

In Full Payment of location upgrade to upright monument

Lot 32 Grave 2 Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-8238

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. Tisque

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	100	00

CITY AUDITOR
OCT 16 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-16-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth J. Weiss

in a Cast Vault Vault/Liner Funeral, date, time Fri. 8/18 2:30

Church, Chapel, Graveside Graveside Featherngill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____. Ashes in office

Lot 133 Grave 10 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38430	242.80
Balance due	0

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Harley L Reed
Signature

4703 BARDONIA ST
Address

San Diego CA 92119
State Zip Code

465-2180
Telephone

Work Order # E 8239

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E8239

MOUNT HOPE CEMETERY

June 7 19 89

The undersigned hereby requests and authorizes the interment of the remains of Ruth J. Weiss in Lot 133 Gr 10 Row _____ Sec. 1 ~~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.

Katherine M a Hurley	4020 48th St San Diego CA 92105
Signature of relative or legal representative	Mother of deceased
	Address & relationship to deceased or authority to sign authorization

Stanley F Sealock
Witness

Barry Weiss
Witness

E8239

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1925

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
RUTH	J.	WEISS	5/24/1905	8/15/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Deigo	Barry Weiss son 10326 Kerrigan St Santee, CA 92071

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	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
		▶ [signature]	8/16/89

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	AUG 16 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 92138-5222	

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 133-10-1-4 Mt. Hope Cemetery 3751 Market St. San Diego, CA (Ash Vault)	11B. DATE INTERRED 8-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Lenedo Inc. 14065 Olde Highway 80 El Cajon, CA	12B. DATE CREMATED 8/16/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
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.

E8239

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38430

Date: 8-16, 19 89

From: Stanley Bielek Address: 6703 California St. SD

Two hundred forty-two 80/100 — Dollars ($ 242.80)

In Payment of Keith J. Wood Interment

Lot 133 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8239

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 234

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR AUG 21 1989

ISSUED BY Linda

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	40	00
Recording & Misc. Fees	100 77183	60	00
Pre-Need Trust	63033 9022	33	00
Sales Tax	60101 78390	8	80
TOTAL PAID	$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deceased Velma Cupp

in a Bell Series (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 1679 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 38318	607.00
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8240

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No E8240 38318

Date: July 27, 1989

From: Velma Cupp Address: P.O. Box 1214

Dollars ($ 607.-)

In full Payment of Pre-need trust for Velma M. Cupp

CITY AUDITOR
JUL 27 1989

Lot 1679 Grave Row Section Division Block 0

Invoice No.

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

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		
Opening/ Closing	100 77181	350	—
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	—

AC-212 (Rev. 10-87)

E8240

July 25 1989

Check for $607.00
for Burial Expenses -

Velma M. Cupp
Mrs James H. Cupp

E 8240

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821373

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of purchase of Pre-need Lot & Trust for Velma M. Cupp-Palensky. Lot 1679, Division 10 E-8240

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 03 / 28 / 02

FUND OVERRIDE ☐

PAYEE	BEG	PAYEE FORMAT — VENDOR NUMBER & ALPHA NAME, ADDRESS, CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A		Refund		4		827.00		
	B	David J. Mills							
	C	615 Archer							
	D	Boise, Idaho 83706							

TOTAL AMOUNT $ 827.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTBG LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100	072		77184					220.00
		63033			9022					607.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Kay Snider
DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Sue Shackelton PHONE 527-3400

DATE 03-20-02

DEPT./ DIV. NAME Park & Rec/Metro Mt. Hope Cemetery

M.S. # 72

DP

AC-468 (REV. 5-86) 593525

E8240

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-7 1980

CHARGE James H. Cupp

ADDRESS P.O. Box #1214 El Cajon 92022

NAME OF DECEASED Pre need

OWNER Same

ADDRESS

MORTUARY 444-7598

LOT 1679	GR	ROW	SEC	~~DIV~~ DIV 10	275	00
OPENING TIME		DAY DATE				
VAULT BOX		SIZE				
REMOVAL OR FOUNDATION VET.						
				TOTAL	$275	00
PAID RECEIPT NUMBER 28178				BALANCE		

PAID
MAR 7 1980
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

410247
AUTHORIZED IN PERSON / PHONE BY James H. Cupp ORDER TAKEN BY R. Rehne

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grieved Velma Cupp

in a Bell Liner (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran .

Lot 1679 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 38318	607.00
Balance due	0

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8240

PY-893 (REV. 8-85)

Invoice #

Acct. #

E8240

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 28178

DATE 3-7 19-

FROM Lonnie H. Cupp ADDRESS P.O. Box #1214 El Cajon, Ca

San Diego County, Ca DOLLARS ($ 275.

IN full PAYMENT OF Pre-need

LOT 1079 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Cash

W.O. E-1818

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 7-79)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 7 1980

ISSUED BY [signature]

CREDIT	67007	55
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	220
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
TOTAL PAID $		275

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38318

Date: July 27 1989

From: Valma Cupp Address: P.O. Box 1214

Dollars ($ 607.5

In full Payment of Pre-need trust for Valma M. Cupp

CITY AUDITOR

Lot 1079 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O.

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 R. Newton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	7	50
TOTAL PAID	$	607	—

1985

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-16-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Walter Bardell

in a ____ Vault/Liner Funeral, date, time Thurs. 8/17 1:00

Church, Chapel, Graveside Deleon ; Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ witness

Lot 163 Grave 4 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. 107820 See Jeanne

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

[redacted]

Work Order # E 8241

PY-583 (REV. 8-85)

E 8241

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
JOSEPH	WALTER	BARDELL	06-04-1902	08-10-1989	M

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	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
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. Kang	8-16-1989

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	AUG 16 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 163-4B-1-12 Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 8-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY No Liner/Pressed Wood 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.

E8241

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38434

001981

Date: 6-16, 19 89

From: Ruthie Cook Address: 1201 Kelton Rd, San Diego CA 92114

One hundred seven 10/100 — Dollars ($ 107.00)

In Payment of Interest for One Maker

Lot 101 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8243

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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 77186		
Pre-Need Trust	63033 9022	281	00
Sales Tax	50101 78390		
TOTAL PAID	$	907	00

CITY AUDITOR
AUG 28 1989

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

ISSUED BY Linda Cook

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Irene Guest

Date 8-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Stark White

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 82 Grave 2 Row _____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	355.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature [signature]

Address 831 S. 47th St #B

San Diego, CA

Telephone 264-5205 Zip Code 92113

Work Order # E 8242

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No E8242 38480

Date: 9-6-89

From: Nina S. White Address: 231 S 47th Apt B, SD 92113

Fifteen and 00 Dollars ($ 15.00)

In Payment of Perpetual Grave Trust

Lot 62 Grave 2 Row Section 14 Division Block 17

Invoice No.

Acct. No.

W.O. E-8242

BALANCE DUE 240.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0047705

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15 00
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

CITY AUDITOR
SEP 11 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E8242
№ 38037

Date: 10-10, 19 89

From: Patricia Stark Nolte Address: 8315 47th Street, #B, SD

Fifteen 00/100 Dollars ($ 15.00)

In Payment of Cemetery & Perpetual Trust

Lot 82 Grave 2 Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-8242

BALANCE DUE 325.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	15 00
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

CITY AUDITOR OCT 16 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 191-720-50 ISSUED BY

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8242 Preneed Trust

Patricia Starks White
831 S. 47th Street, Apt B
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. ▶ $ 14.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

M.O. 00477705 $ 15.00

Amount Received $ 15.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8242 Preneed Trust

Patricia Starks White
831 S. 47th Street, Apt B
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. $ 14.00

Amount due if paid more than 10 **days after due date above.** $ 1.00

$ 15.00

Amount Received $ 15

NAME Patricia A. White Starks

ADDRESS 831 S. 47th

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruthie Ash (funeral for Ernie Hopkins)

in a _____ (Vault/Liner) Funeral, date, time Ernie Hopkins

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 101 Grave 12 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	30.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	150.00
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 38434	907.00
Balance due	0

Paid

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Ruthie Ash
Signature
1201 Keltonia
Address
San Diego, Ca 92114
City Zip Code
262-6502
Telephone

Work Order # E 8243

Invoice # _____

Acct. # _____

PY-583 (REV. 9-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-21-89

ROMAN

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roxana Morescal

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 8/24 2:00

Church, Chapel, Graveside ~~Chapel~~ Thal 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 ____. needs help with setup 1:25

Lot 1 Grave 1 Row ____ Section FORE ~~Division~~/Block 39

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 38437	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.

Signature [signature]

Address 3120 Eldon St.

State CA Zip Code 92106

Telephone 225-3700

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8244

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E8244

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
RAMONA	C.	MARISCAL	09-12-1913	08-21-1989	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	MANUEL MARISCAL - SON 3130 ELLIOTT STREET SAN DIEGO CA 92106

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
3051 El Cajon Blvd. Lewis Colonial/Rembaugh 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 DM	8-21-89

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	AUG 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
	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. 1-1-100F-39	11B. DATE INTERRED 8-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 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.

E8244

OFFICIAL RECEIPT

No 38437

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-21 , 19 89

From: David Ramos Address: 3712 Felix St, SD 92104

Six hundred seven and no/100 Dollars ($ 607.00)

In Payment of Ramona Ramos

Lot 1 Grave 1 Row Section FOOF Division Block 39

Invoice No.

Acct. No.

W.O. E-8244

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1377

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 28 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	105	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	35	00
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward B. Matthews

in a Bell Top Vault/Liner Funeral date, time Wed 8/23 10:00

Church, Chapel, Graveside Chapel & Grave, Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 102 Grave 1 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 38436	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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

749 Ashbrook D.

Address

Chula Vista CA 92013

State Zip Code

421-6242

Telephone

Work Order # E 8245

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E8245

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
EDWARD	VIVIAN	MATHEWS	09/07/1907	08/19/1989	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	DAVID MATHEWS: SON 749 Ashbrook Drive Chula Vista, CA 92013

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Greenwood Mort.I-805 & Imperial Av, 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 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 ▶ Betty Harrison

8B. DATE SIGNED 8-22-89

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	AUG 22 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 102-1-1-11 Mount Hope Cemetery 3751 Market Street San Diego, CA 92113	11B. DATE INTERRED 8-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Steel/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

E8245
NO 38436

Date: 8-21, 19 89

From: David Matthews Address: 749 Oakbrook Dr, Chula Vista

Of Landed Lemon Dollars ($ 607.00)

In Payment of Deceased Matthews Interment

Lot 102 Grave 1 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 21-6245

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	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	63033 9022		
Sales Tax	80101 78390	17	00
TOTAL PAID	$	607	00

CITY AUDITOR AUG 28 1989

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Linda Wade

AC-212 (Rev. 10-87) 1092

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/21

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oscar Ortiz

in a Bell Liner Vault/Liner Funeral, date, time Wed 8/23 2:00

Church, Chapel, Graveside Lone Pine ; 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 2 Grave 6 Row ____ Section 3 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	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8246

Invoice # _____

Acct. # _____

PY-583 (REV. 8-66)

E8246

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
ANNA	FRANCES	ORDO	10-5-1897	8-19-1989	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	Greg Brown - Public Guardian 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
Chase Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045-1533	FD-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
		▶ Thomas Connell	8-22-89

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	AUG 22 1989	▶ Harold L. Ramos, M.D. et

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 92101	26-3-12 Liner/Cloth Covered	11B. DATE INTERRED 8-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
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

E8246
No 37978

Date: 9-27 19 89

From: Public Cemeteries Trustee Address: 5201-A Ruffin Road, SD

Def Installed Vaults 10/10 Dollars ($ 607.00)

In Payment of Crypt Floor Vaults Funeral

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8246

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 038419

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	325	00
Burial Containers	100 77182	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

CITY AUDITOR
SEP 27 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary C. Worfolk

in a T.S. Vault (Vault/Liner) Funeral, date, time 8/23 Wed 11am

Church, Chapel, Graveside Graveside ; Humphrey Mortuary.
Hood Pall Bearers

All Funeral cars must arrive 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 3 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 9/22/89	1207.25
Balance due	0

30 day 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.

Signature Harold M. Worfolk

Address 786 East L St

State Chula Vista, Ca 92010

Telephone California 420-6564

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 80

Acct # 0102474

Work Order # E 8247

PY-593 (REV. 8-86)

W.O. # E8247

NOTE

$ 1207.25 San Diego, California August 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 twelve hundred seven 25/100 — DOLLARS with interest from October 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 Morell M. Worfolk SIGNATURE Morell M. Worfolk

ADDRESS 186 East L St, Chula Vista, Ca. 92011

CALIF. DRIVERS LIC. # V0473726 S.S.N. # 377-18-8404

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8247

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	COYNE	NORFOLK	05-11-1919	08-18-1989	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	Morell N. Norfolk - Husband 196 East 'L' Street 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 355 Broadway Chula Vista, CA 92011	F-964	▶ Judith E. King	8-21-89

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	AUG 22 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 St. Hope Cemetary - 3751 MarketySt. San Diego, CA 92102	11B. DATE INTERRED 8-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 32-3-2-11 Vault/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.

089525	08/24/89	032494	MORELL	NORFOLK		09/22/89	CK 1342	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-8247

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Payne

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 8/24 2:00

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 ____. 8 chairs

Lot 253 Grave ____ Row ____ Section A Division/~~Block~~ 9

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	75.00
Handling Fees	25.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	5.25
Total Due	530.25
Paid receipt number 38439	100.00
Balance due	430.25

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: Hilary Payne

Address: 8035 Parkside Vly Rd #10

San Diego CA 92139

Telephone: (619) 263-3329

Invoice [redacted]

Acct. [redacted]

Work Order # E 8248

PY-593 (REV. 8-86)

W.O. # I-8248

NOTE

$ 420.25 San Diego, California August 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 four hundred three 25/100 DOLLARS with interest from Oct. 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 VANESSA L. Palmer SIGNATURE Vanessa L Palmer

ADDRESS 8035 Paradise Valley Rd. #10 San Diego 92139

CALIF. DRIVERS LIC. # N5034124 S.S.N. # 408-90-1268

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8248

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
JAMES	KEITH	PAYNO	5-8-88	8-19-89	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	Tiffany Payno - Mother 8035 Paradise Valley Road 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 Mort. San Diego, California	FD 1329

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 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: 8/24/89

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	AUG 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 Vital Records: San Diego, Calif.	

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 253-2-9 Mt. Hope Cemetery: San Diego, CA.	11B. DATE INTERRED 8-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 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.

E8248

OFFICIAL RECEIPT

No 38439

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-16 , 19 89

From: Lillian Layno Address: 2035 Paradise Valley Rd. 92154
Encinitas 92024

In Payment of Payment of Interment Dollars ($ 100.00)

Lot 252 Grave Row Section 2 Division 7 Block

Invoice No.

Acct. No.

W.O. 21-6211

BALANCE DUE 430.25

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
AUG 28 1989

ISSUED BY Sandra Ward

CREDIT	67007		
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 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray H Duerst Jr

in a Ash Vault (Vault/Liner) Funeral, date, time Wed 9/6 1:00

Church, Chapel, Graveside Graveside ; Oasis, Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 1458 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	38484 242.80
Balance due	0

PAID
SEP 05 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Stephany M. Piloggi
Signature
1930 Eisenada St Lemon Grove
Address
Ca 92045
State Zip Code
460-4001
Telephone

Work Order # E 8249

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E8249

Certificate of Cremation

NO. 2130 DATE August 23 19 89

THIS IS TO CERTIFY THAT THE REMAINS OF

Roy Howard Duerst

WHO DIED Approx. July 7, 1989 AT Mesitas, Colorado

AGE 68 YEARS, WERE THIS DAY CREMATED AT 128 BROADWAY, PUEBLO, COLO., WITH OBSERVANCE OF ALL LEGAL REQUIREMENTS.

Cremains are bone fragments.

Davis-Wallen Memorial Crematorium

BY

E8249

STATEMENT

DAVIS MORTUARY, INC.

Distinctive Service

128 Broadway

PUEBLO, COLO. 81004

PHONE 542-1984

No.

To Romero's Valley Funeral Home
Alamosa, Colorado

For: Roy Howard Duerst

SERVICES FOR:

Previous Balance $125.00

Less Payments ..... $

Adjusted Balance ..... $ /*/

FINANCE CHARGE ..... $

(Computed on Adjusted Balance /*/ at 1½% Per Month (ANNUAL PERCENTAGE RATE OF 18%)

New Balance $125.00

NOTE: Pay new balance by _____
to avoid further FINANCE CHARGES.

If payment has been made, kindly disregard this statement

E8429

COLORADO DEPARTMENT OF HEALTH
AUTHORITY FOR FINAL DISPOSITION

This final disposition permit, when completely filled out and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with 25-2-111 CRS. This permit must accompany the remains to the destination. Approx 7-20-89

Name of Decedent Roy Howard Duerst Date of Death Unknown

Sex M. Age 68 Date of birth 3-16-21 Place of Death Mesitas (City) Costilla (County)

Name of Funeral Establishment Romero's Valley Funeral Home, Inc.

Address of Funeral Establishment 1407 State Ave. Alamosa, Co. 81101

Type of Disposition Cremation Place Davis Memorial Chapel and Crematorium (Cemetery or Crematory) Pueblo (City)

I have examined the completed death certificate for the decedent named above and authorize final disposition of the remains.
(To be signed by the office designated or established pursuant to 25-2-103 CRS in the county where the death occurred, or if such an office does not exist in the county where the death occurred, by the coroner or the coroner's designee.)

Brenda Melgarejo — Signature, Title
9/23/89 — Date

Items below are to be completed by the cemetery or crematory official.
Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

Body was Cremated Date 8-23 In Lot _____ Block _____ Section _____

Place DAVIS - WACHN CREMATORY

[signature] — Signature, Title
8-24-89 — Date

READ CAREFULLY

A final disposition permit may be issued only upon receipt of a death certificate—not before.

A final disposition permit is required for any manner of disposition of a dead human body. When used as a permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate permit is required.

Before shipment by common carrier, the body must be embalmed or enclosed in a tightly sealed container.

Is is unlawful for any person in charge of a burial place or crematory to permit burial or other disposition of a dead human body before a final disposition permit is deposited with him.

All permits must be endorsed by the sexton, recorded in the sexton's register, and forwarded within five days to the person authorizing final disposition.

AD RS 3 (7/64)

E8429

NO 38484

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-5 19 89

From: Lord Miller Address: 1930 Cromwell Ave. Spc. 106

two hundred fifty-two and no/100 Dollars ($ 252.00)

In _____ Payment of Rhey H. Everett's interment

CITY AUDITOR

Lot 1456 Grave _____ Row _____ Section 1 Division _____ Block 7

SEP 11 1989

Invoice No. _____

Acct. No. _____

W.O. 8-8249 4

BALANCE DUE _____

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	145	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	10	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	21	60
TOTAL PAID	$	252	60

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 6905

ISSUED BY Linda Wood

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Lot Date 8-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorra Abernathy

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 99 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	495.
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.
Paid receipt number	
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
Address 6776 Corsento Del Cielo
SD, CA 92120
State Zip Code
265-1091
Telephone

Invoice # _____

Work Order # E 8250

Acct. # _____

PY-693 (REV. 8-85)

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38046

Date: 10 - 11 , 19 89

From: Irma Courtette Address: 6776 Camino Del Greco SD

Twenty dollars no/100 Dollars ($ 20.00)

In: Payment of Grant Deed Transfer

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 1-6250

BALANCE DUE 475.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 599

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	OCT 16 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38520

Date: 11-7, 19 89

From: Darra Cherpatte Address: 6776 Camino Del Sur

Twenty 10/100 Dollars ($ 20 00)

In Payment of Design 2 Grave Lot

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE 455.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 611

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
NOV 13 1989

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38638

Date: 12-6 , 19 89

From: Donna Abernathy Address: 6776 Lance To Del Mesa

Thirty dollars 00/100 Dollars ($ 20.00)

In Payment of Coupon 3 Credit Lot

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 2-6250

BALANCE DUE 435.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 110

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	DEC 11	1989
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38862

Date: 2-7 , 1990

From: Donna Oberwally Address: 6776 Camino Del Sur, SD 92120

Forty-one Dollars 00/100 Dollars ($ 41.00)

In Payment of Cedar Lot

CITY AUDITOR

Lot 99 Grave 2 Row Section 1 Division

FEB 12 1990

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE $374.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 132

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jan Waite

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 78380		
TOTAL PAID	$	41	00

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

MAY 07 1990

No 39180

Date: 5-3, 1990

From: Dana Abernathy Address: 6776 Conrad Ct. San Diego, CA 92120

Thirty Dollars Dollars ($ 30.00)

In Payment of Grave Lot

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-1250

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1/14

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	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

E8250

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

APR 9 1990

No 39069

Date: 4-3, 1990

From: Dora Abernathy Address: 67 No Commercial Ave Imperial Beach CA 92032

Twenty Dollars

Dollars ($ 20.00)

In Payment of Credit Lot

Lot 99 Grave 2 Row Section 1 Division 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1-55

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ann White

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 39308

Date: 6-4, 19 90

From: Dena Eisenath Address: [illegible]

[illegible] Dollars ($ 20.00)

In Payment of Cash Lot

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 8250

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1 C

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	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR JUN 08 1990

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39432

Date: 7-3, 19 70

From: Lena Abernathy Address: 6416 Corwin Pl Goleta

Twenty Dollars and 00/100 Dollars ($ 20.00)

In Payment of Cash Lot

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 195

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Dait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8250
№ 39581

Date: 8 — 7 —, 1990

From: Alternative Funeral Address: 6711 Cowles Mt Blvd S.D. Ca. 92120

Twenty and 00 Dollars ($ 20.00)

In Payment of Credit Ref

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

212

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39718

Date: 9-17 , 19 90

From: Dora Abernathy Address: 6776 Cardinal Drive

Twenty and no/100 Dollars ($ 20.00)

In Payment of Cedar Lot

Lot 97 Grave 2 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 222

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39821

Date: 10 — 10 —, 19 [illegible]

From: LENNO P. BERNATH Address: 6776 CAMINITO DEL CERRO S.D. CA. 92120

TWENTY AND 00/100 Dollars ($ 20)

In Payment of CREDIT LOT

Lot 77 Grave 2 Row — Section 1 Division Block 15

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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	

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 935

ISSUED BY [illegible]

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8250
No 39891

Date: 11-5-, 19--

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 20.00)

In [illegible] Payment of [illegible]

Lot 99 Grave [illegible] Row [illegible] Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 263

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39982

Date: 12-3 , 1970

From: Donna Abernethy Address: 6776 Camino Del Greco S.D. 92120

Twenty 00 Dollars ($ 20.00)

In part Payment of

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E [redacted] 8250

BALANCE DUE 234.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

289

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	20	00
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-6151

E8250
№ 40050

Date: 12-10, 19[illegible]

From: Monica Legg for Dorothy Address: 4776 Lomita Del Cerro [illegible]

Lomita [illegible] Dollars ($ 20.00)

In Payment of adult lot

Lot 77 Grave [illegible] Row [illegible] Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE 211.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

751

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY H. Ferguson

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

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40121

Date: 1-3, 19--

From: Vernon Legg Address: [illegible]

[illegible] Dollars ($ 20.00)

In [illegible] Payment of [illegible]

Lot 27 Grave 2 Row [illegible] Section 1 Division Block 12

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-8250

BALANCE DUE 20.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Torguson

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	$		

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8250

№ 40274

Date: 2-5, 1971

From: Donna Abernathy Address: 6776 Caminito Del Grano S.D.

Twenty ^00 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 99 Grave 2 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE 194.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 338

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Lequerica

CREDIT	67037		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8250
No 40442

Date: 3-11 , 1971

From Donna Alexander Address: 6774 Caminito Del Greco S.D.

Twenty 00 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 79 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-2250

BALANCE DUE 153.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 355

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Pequeen

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

E8250

OFFICIAL RECEIPT

WHITE .....TO CUSTOMER
CANARY .....CEMETERY
PINK .....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40566

Date: 4-11, 19 91

From: Doris Abernathy Address: 1776 Cuenta Del Greco S.D. 92120

Twenty 00/100 Dollars ($ 20.00)

In Cash Payment of Cedar Lot

Lot 99 Grave 2 Row ____ Section 1 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-8250

BALANCE DUE $133.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

377

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Nadell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8250
№ 40653

Date: 5-6, 1941

From: Doug Abernathy Address: 776 Coronado Del Mar, La 92014

Twenty Dollars Dollars ($ 20.00)

In Payment of Order for

Lot 97 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	20	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

353

ISSUED BY Walt

AC-212 (Rev. 10-87)

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40945

Date: 7-8-, 19 4

From: Lenna Abernathy Address: 776 Caminito La Brea S.D. CA. 92120

twenty and 2/100 Dollars ($ 20.00)

In Cash Payment of Cemetery Fee

Lot 19 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8250

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) # 423

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dolores Lopez

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	270
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	20.00

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41101

Date: 8/8/, 1911

From: DONNA ABERNATHY Address: 6776 CAMINITO DEL GREC SAN DIEGO CA 92120

TWENTY AND 00/100 Dollars ($ 20.00)

In PART Payment of CREDIT LOT

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8250

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) # 440

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT 20% Sales Care	67007 77184	20 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	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

E8250

№ 41206

Date: _____, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

E8250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40314

Date: 2-13, 1991

From: Veronica Prego Address: 6776 Caminito Del Horno S.D. Ca

Twenty-one ~~Dos~~ Dollars ($ 21.00)

In _____ Payment of Credit Lot

Lot 99 Grave 2 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-8250

BALANCE DUE 173.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 976

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 15 1991

008281

ISSUED BY Norma Terquin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

E6250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40835

Date: 6/17, 19 91

From: Dora Abernathy Address: 6776 Cowley Rd San Diego, CA 92120

Twenty Dollars Dollars ($ 20)

In Payment of

Lot 99 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6250

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 4/10

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Dale

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	20 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

Send or bring your coupon with each remittance **COUPON** I

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Caminto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

1 or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Caminto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Caminto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ 20.00

$ [redacted]

Amount Received $ 20.00

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-8250 Credit Lot

Donna Abernathy
6776 Caminto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
									10		

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 21.00

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ **check (✓) if this is new address**

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Camino Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Caminto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
									10		

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Camino Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Camino Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									10		

Amount due when paid on or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Douna Aberuathy
6776 Camipto Del Greco
San Diego, Ca* 92120

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

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-8250 Credit Lot

Donna Abernathy
6776 Cominto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Douna Abernathy
6776 Camino Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									10		

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK --

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Cominto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8250 Credit Lot

Donna Abernathy
6776 Candnto Del Greep
San Diego, Ca 92120

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 ~ Credit Lot

Donna Abernathy
6776 Cominto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. H-8250 Credit Lot

Donna Abernathy
6776 Camino Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8250 Credit Lot

Donna Abernathy
6776 Cendnto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									10		

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Cradle Lot

Donna Abernathy
6776 Camino Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
									10		

Amount due when paid on or before, due date above ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-434 Credit Lot

Donna P. Abernathy
6776 Camanito Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
			10								

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME Veronica Peggy Donnabernathy

ADDRESS 6776 Camanito Del Greco

CITY San Diego STATE Calif ZIP 92120

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0256 Credit Lot

Dorsha Abernathy
6776 Caminito Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Mail or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8250 Credit Lot

Donna Abernathy
6776 Corsinto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than_____days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-4347 **Credit Lot**

Donna P. Abernathy
6776 Caminito Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
			10								

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than 10 days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME Veronica Peggy Downz Abernathy

ADDRESS 6776 Caminito Del Greco

CITY San Diego STATE Calif ZIP 92120

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Donna Abernathy
6776 Camino Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
									10		

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

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-8250 Credit Lot

Donna Abernathy
6776 Camlato Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									10		

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8250 Credit Lot

Dennis Abernathy
6776 Cowinto Del Greco
San Diego, Ca 92120

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									10		

Amount due when paid on or before due date above. ▶ $ 36.00

Amount due if paid more than ____ days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

E-8250

E-8250

6/28/05

To: Mt. Hope Cemetery

From: Donna Pegg Abernathy, CDL A0617094

Subj: Div. 12, Sect. 1, Lot 99, Grave 2

I, Donna Pegg Abernathy, wish to add my mother, Veronica Pegg, and my husband, Alan Kent Abernathy, as co-purchasers/ owners of the above mentioned lots (graves).

Donna Pegg ~~Horn~~ da Abernathy

7700 Homewood Pl.
La Mesa, CA 91941

619/469.8544

P.O. Box 1634
La Mesa, CA 91944

619-469-9440

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102
Cemetery Manager
6/28/05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nellie Torrecaso

in a Oak Vault Funeral, date, time Wed 8/23 11:30
Vault/Liner

Church, Chapel, Graveside Home Delivery Balboa Crem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 59 Grave 79 Row ____ Section 3 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	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

Prepaid Trust 80.24

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8251

Acct. # ____

PY-503 (REV. 8-88)

E8251

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
Nellie	Montelongo	Torrescano	11-13-09	8-19-89	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 V. lelevier, Son 5105 Joyce Place San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Balboa Cremation Services 4658 30th St. San Diego, CA92116	FD 1370

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.	8C. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8D. DATE SIGNED
		▶ Robert D. Reuben	8/21/89

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
		$40	AUG 21 1989	▶ Donald L. 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
	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 59-79-3-1 Mount Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 8-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendell Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Lemeda Inc. 14065 Olde Hwy. 80; El Cajon, , CA 92021 Ash Vault	12B. DATE CREMATED 8/21/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Sally Stevens	
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 8-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henrey Jones Harris Jr.

in a Dble Crypt (Vault/Liner) Funeral, date, time Fri 8/25 11:00

Church, Chapel, Graveside Chapel of the Pines; 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 19 Grave 2 Row ____ Section 1 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1028.10
Paid receipt number	10/2/89 1028.10
Balance due	0

30 Day Note

I hereby certify I am the Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Jason L. Reed

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

1350-47th St. #4

Address

California 92102

State Zip Code

260-9668

Telephone

[redacted]

Invoice

Acct. #

Work Order # E 8252

PY-583 (REV. 8-85)

W.O. # E-8252

NOTE

$ 1028.10 San Diego, California August 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 One thousand twenty-eight 10/100 DOLLARS with interest from Oct 25, 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 VIVIAN J. REID SIGNATURE Vivian J. Reid

ADDRESS 1350 - 47th St. #4

CALIF. DRIVERS LIC. # F0340971 S.S.N # 562-20-6313A

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8252

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
HENRY	JAMES	HARRIS	4-2-16	8-21-89	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	Vivian Janetta Reid - Sister 1350 N. 47th St. Apt. 4 San Diego, California 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.: 2950 Imperial Ave. San Diego, California	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 R. Ragsdale	8/24/89

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	AUG 24 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 Vital Records: San Diego, California	

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 19-2-1-7 Mt. Hope Cemetery: San Diego, CA	11B. DATE INTERRED 8-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY DBL CRPT/metal sales 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

10/2

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8252

No 37966

Date: 9-22, 19 89

From: Vivian Reid Address: 1350 47th Street SD

One Thousand twenty-eight 10/100 Dollars ($ 1026.10)

In Payment of Henry Jones Hopes Jr.

Lot 19 Grave 2 Row Section 1 Division Block 17

Invoice No. 089591

Acct. No. 032520

W.O. E-6252

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 Gordon Wade

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1028 10

CITY AUDITOR
OCT 02 1989

089591	08/28/89	032520	VIVIAN J. REID		10/02/89 CA		1,028.10	1,028.10	0.00
			100 072	77181	000072		320.00		
			100 072	77182	000072		330.00		
			100 072	77183	000072		35.00		
			100 072	77185	000072		320.00		
			60101	78390			23.10		

E-8252

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jar Lee Flowers

in a T.S. Vault (Vault/Liner) Funeral date, time Tues 8/29 1:00

Church, Chapel, Graveside Chapel of the Roses Glendale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 86 Grave 7 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	____
Opening/Closing & Setup	320.00
Burial Container	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 38454	1207.25
Balance due	0

30 days 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

Charles E. Flowers Jr.
Signature

1390 Carlsbad St
Address

San Diego Cal 92114
State Zip Code

6974307
Telephone

Work Order # E 8253

Invoice # ____

Acct. # ____

PY-503 (REV. 5-86)

W.O. # E-8253

NOTE

$ 1207.25 San Diego, California August 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 twelve hundred seven 25/100 DOLLARS with interest from Oct 25, 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 Charles E. Flowers Jr. SIGNATURE Charles E. Flowers Jr.

ADDRESS 1390 Carlsbad St

CALIF. DRIVERS LIC. # PO 324700 SS# 549-64-6063

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8253

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
TIM	LEE	FLOWERS	9/22/31	8/22/89	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	Charles Flowers - Son 1390 Carlsbad 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
Anders on-Ragsdale Mort. 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
		▶ Emily Grantham	8/24/89

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	AUG 24 1989	▶ Donald L. Conrad, 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 San Diego, CA	86-17-2-12 metal liner	11B. DATE INTERRED 8-29-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
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.

E8253

OFFICIAL RECEIPT

No 38454

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Aug 25, 19 89

From: Mary C. Fox Address: 652 Main Street SD 92114

twelve hundred Dollars 25/100 Dollars ($ 1207.25)

In _____ Payment of Sir Lee Harkins Interment

Lot 60 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1253

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 Mc

CREDIT	67007	71	00
20% Sales Care	77184		
50% Sales of Lots	100 77184	296	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	179	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	53033 (40227)		
Sales Tax	80101 78390		
TOTAL PAID	$	1207	25

CITY AUDITOR
SEP 5 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Johnson in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 8/25 2:00 Church, Chapel, Graveside Chapel & Lane 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 33 Grave 11 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	25.00
Recording and filing fee	12.25
Sales taxes	
Total Due	1207.25
Paid receipt number 38450	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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Elsie D Johnson
Signature
4972 Burwell St.
Address
San Diego, CA 92113
State Zip Code
619 264-4532
Telephone

Work Order # E 8254

Invoice # ____

Acct. # ____

PY-553 (REV. 8-86)

E8254

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
CHARLEY		JOHNSON	7/05/04	8/22/89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Henry Johnson - Brother 4972 Dunnell Street San Diego, Calif. 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mortuary 3520 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	8/25/89

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	AUG 25 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.	

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, Calif. 33-11-1-12	11B. DATE INTERRED 8-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 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.

E8254

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38450

Date: Aug 24, 19 89

From: Henry Olivas Address:

Tuolumne Hundred Lane 2110 Dollars ($ 120.25)

In Payment of Plot & Liner & Opening

Lot 32 Grave 11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8254

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 28 1989

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	2	10 00
Opening/ Closing	100 77181	3	20 00
Burial Containers	100 77182	1	75 00
Handling Fee	100 77185	1	20 00
Recording & Misc. Fees	100 77183		3 00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		12 25
TOTAL PAID	$	120	25

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0202156

ISSUED BY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-25-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Brewster Jr

in a T.S. Vault (Vault/Liner) funeral, date, time Wed 8:30 2:00

Church, Chapel, Graveside Chapel & Shore, Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 68 Grave 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 3853	200.00
Balance due	812.25

30 Days to Settle Balance
Victim Asst will pay

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mary L. Coates
Signature

4565 "T" St.
Address

San Diego Ca. 92113
State Zip Code

(619) 263-2922
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 089762

Acct. # 032631

Work Order # E 8255

PY-583 (REV. 8-86)

W.O. # E-8255

NOTE

$ 812.25 San Diego, California Aug 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 eight hundred twelve 25/100 DOLLARS with interest from Oct 25 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 MARY L. EASTER SIGNATURE Mary L. Easter

ADDRESS 4565 "T" St.

CALIF. DRIVERS LIC. # S0622681 SS N # 429-82-2137

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8255

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
CHARLES	DEVON	BRUNSON, JR.	2-1-76	8-21-89	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	Hazel McLemore -Great Aunt 4944 Logan Ave. Apt. 4 San Diego, California 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.: San Diego, California	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]	8/29/89

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
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		4.00	AUG 29 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: P. O. Box 85222 San Diego, California	

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 68-3-2-11 Mt. Hope Cemetery: San Diego, California	11B. DATE INTERRED 8-30-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal 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.

E8255

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38453

Date: 9-25-01

From: Mary L Estes Address: 4565 T Street, San Diego

Dollars ($ 200.00)

In _____ Payment of Opening Closing Interment

Lot 61 Grave 3 Row _____ Section 2 Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8255

BALANCE DUE 0.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Cers	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	200	00

CITY AUDITOR
SEP 05 1989

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY Judy Ward

AC-212 (Rev. 10-87) 462

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-28

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen A. Jennings

in a well Vault (Vault/Liner) Funeral, date, time 8-30 Wed 10:30

Church, Chapel, Graveside Witness ; 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 2 Grave 7 Row ____ Section 2 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	175.00
Flower vases - Marker setting fee Marker Dev	125.00
Recording and filing fee	35.00
Sales taxes	
Total Due	655.00
Paid receipt number 38458	655.00
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 8256

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E8256

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	Adell	Jennings	02-07-1894	08-26-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Iris Morse:Daughter 150 S. Anza Sp#42A El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Greenwood Mort:I-805 & Imperial, San Diego, CA	F-343

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
		▶ Patricia D Putman	8-29-89

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	AUG 30 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
	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. 92113 2-7-2-7	11B. DATE INTERRED 8-30-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sondra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Alta Cremed	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.

E8256

OFFICIAL RECEIPT

No 38458

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-30, 19 89

From: Inglewood Address: P.O. Box 88 SD

Six hundred fifty five no/100 Dollars ($ 655.00)

In Payment of Helen M. Jennings Interment

Lot 2 Grave 7 Row Section 2 Division Block 7

CITY AUDITOR

Invoice No.

Acct. No.

W.O. 2-6256

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182		
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	160	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 75390		
TOTAL PAID	$	655	00

SEP 05 1989

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Sandra Cook

AC-212 (Rev. 10-87) 1498

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Infant Detellom

in a — Vault/Liner Funeral, date, time Thurs 8/31 2:00

Church, Chapel, Graveside Deleney McLeod - 30 Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

X Lot C07 Grave 6 Row ____ Section IOOF Division/Block 43

Grave space & Care Fund (plastic cast vault)	28.00
Additional spaces and care fund	
Opening/Closing & Setup	45.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	73.00
Paid receipt number	
Balance due	

Woman's P.A. 10-7860

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 089765

Acct. # 000752

Work Order # E 8257

FY-593 (REV. 9-85)

E8257

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
BABY BOY		DETELLEN	JULY 30 1989	JULY 30 1989	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	DENNIS DETELLEN SAN MARCOS, CA. 92069

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
HELTON MORTUARY ESCONDIDO CHAPEL 1919 E. VALLEY PKWY. ESCONDIDO, CA.	F299

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	AUG 30 1989	▶ Donald E. Romer, 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 107-6-LOT 43 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA.	11B. DATE INTERRED 8-31-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra A Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A plastic ash urn	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 8-29-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bellez Roy Stallsworth

in a F.S. Redd Funeral, date, time Fri 8-1 1:30

Church, Chapel, Graveside Bell Lawn Memorial Park Church & Store 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 9 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	108.00
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 38042	1102.00
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.

Willie J Stallsworth
Signature of recorded holder of deed

Willie Stallsworth
Signature
5823 Roswell
Address
San Diego Ca 92114
State Zip Code
2622302
Telephone

Work Order # E 8258

Invoice # ____

Acct. # ____

PY-593 (REV. 9-85)

E8258

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
Billy	Ray	Stallsworth	12-24-1936	8-27-1989	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	Willie F. Stallsworth(Wife) 5823 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
California Burial Chapel 5602 El Cajon Blvd. San Diego, CA	F-1367

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	8-30-89

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	AUG 31 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
	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	9-3-212	11B. DATE INTERRED 9-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY —	metal	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.

E8258

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38042

Date: 10-10 19 89

From: Calif Funeral Mut Address: 2622 J Ogden Blvd SD

Three Hundred Twenty Seven Dollars Dollars ($ 327.00)

In Payment of Life Plan Forfeiture, Cost Incurred at Memorial Gardens Accounts Paid In Full

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8258/E-7063

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	87007		
20% Sales Care	77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	180	00
Handling Fee	100 77185	179	00
Recording & Misc. Fees	100 77183	160	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	7	08
TOTAL PAID	$	1327	08

CITY AUDITOR OCT 16 1989

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

553

E6258

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38582

Date: 11-20 89

From: Willie Stallworth Address: 823 Roseveld St SD

One Hundred Thirty-five Dollars ($ 135.00)

In Payment of

Lot 9 Grave 3 Row Section 2 Division/Block 12

Invoice No.

Acct. No. E-8258

W.O. E

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1045

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		2.50
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$		135.00

CITY AUDITOR
NOV 24 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/30/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muriel White

in a Oak Vault (Vault/Liner) Funeral, date, time Fri 9/1 11:30

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 ____ .

Lot 180 Grave 1 Row ____ Section 5 Division/~~Block~~ 4

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	____
Burial Container	____
Handling Fees	____
Flower vases - Marker setting fee	____
Recording and filing fee	____
Sales taxes	____
Total Due	____
Paid receipt number ____	____
Balance due	____

Received August 30
Fri 9/1

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8259

Acct. # ____

PY-563 (REV. 8-85)

E8259

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 58358

Cypress View/BB

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
Muriel	K.	White	6-09-09	8-29-89	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	Raymond A. White - Husband 745 Oceanerest Road Cardiff, CA. 92007

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Cypress View/Denham 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 8-30-89

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	AUG 30 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 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 Mt. Hope Cemetery 3751 Market Street, San Diego, CA. 180-1-5-4	11B. DATE INTERRED 9-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sondra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cypress View Crematory 3953 Imperial Avenue, San Diego, CA.	12B. DATE CREMATED 8-30-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ A Steele	
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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marsia Tudor

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 9/1 2:45

Church, Chapel, Graveside Witness Cty: 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 554 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 9/5/89	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. Walse L. Olsenwold

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature 5449 Nottingham Ct

Address S.D. CA 92117

State Zip Code

Telephone 279-4712

Invoice [redacted]

Acct. # [redacted]

Work Order # E 8260

PY-693 (REV. 5-85)

E8260

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
Marcia	Neal	Fudge	Dec. 23, 1896	Aug. 30, 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	Watse Oostenveld (son) 5449 Northridge Ct. San Diego, CA 92117

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	F296

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 D Swanson	Sept. 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	AUG 31 1989	Donald L. Remal, 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 5540	11B. DATE INTERRED 9-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Dalied Wood-Maz	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.

090601	09/18/89	032848	WATSE L. OOSTENVELD 100 072	77183	000072	09/25/89	CK	201	35.00 35.00	35.00 PAID IN FULL 0.00

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 2,320.35

E-8260

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Tyler

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 9-6 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 71 Grave 2 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	330.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 38469	200.00
Balance due	1007.25

10/29/89 Paid

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Daniel J. Tyler

Address 1748 Via Las Palmas #24

State N. C. CA. Zip Code 92050

Telephone 477-5329

Invoice [redacted]

Acct. # [redacted]

Work Order # E 8261

PY-593 (REV. 8-86)

W.O. # E-8261

NOTE

$ 1007.25 San Diego, California September 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 One Thousand Seven 25/100 — DOLLARS with interest from November 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 SAMUEL J. TYLER, JR. SIGNATURE Samuel J Tyler

ADDRESS 1748 VIA LAS PALMAS #24 N.C. CA. 92050

CALIF. DRIVERS LIC. # 259-98-2451 CA. DR. LIC

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8261

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	WATKINS	TYLER	04/18/1941	08/29/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Samuel J. Tyler, Jr.-Husband 1748 Via Las Palmas #24 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
		▶ Lenaly Charleston	

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	SEP 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.	

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, Calif. 71-2-212	11B. DATE INTERRED 9-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal 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.

E8261

OFFICIAL RECEIPT

№ 38469

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-1 19 89

From: Irma C. Sykes Address: 1748 Via Del Monte #24 N.C.

Two hundred 20/100 Dollars ($ 200.00)

In Payment of Evelyn Sykes Interment

Lot 71 Grave 2 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-8261

BALANCE DUE 1001.25

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 075625

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Rita Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	200 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	SEP 11 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
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

E8261
No 38083

Date: 10-30-89

From: Anderson-Rosedale Address: 5050 Federal Blvd SD 92

One Hundred Twenty-five 00/100 Dollars ($ 125.00)

In Payment of Indian Weis Marker
installation fee

Lot 71 Grave 2 Row Section 2 Division Block- 12

Invoice No.

Acct. No.

W.O. E-8261

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 4646

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	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 8022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

CITY AUDITOR
NOV 06 1989

E8261

OFFICIAL RECEIPT

11/6

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

112 38084

Date: 10-20 19 89

From: Anderson-Rossville Address: 5050 Federal Blvd. D
92 Thousand Dollars 25/100 Dollars ($ 1007.25)

In Payment of Evelyn Sykes Interment

Lot 71 Grave 2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8261

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

4646

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	$	1007 25

CITY AUDITOR
NOV 13 1989

090669 09/20/89 032880	SAMUEL J. TYLER, JR			10/29/89 CK	4646	1,007.25	1,007.25	0.00
E-8261	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		196.00		
	100	072	77185	000072		170.00		
	60101		78390			12.25		
	67007		77184			99.00		
091054 10/02/89 004821	CONTI AND SON MEMORIAL CO			11/03/89 CA		0.10	1,490.10	0.00
	100	072	77183	000072		0.10		PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,007.35

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond H. Young

in a Bell Liner (Vault/Liner) Funeral, date, time Sat 2:00 9/2

Church, Chapel, Graveside Church & Grave ; Lemon Grove Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes.

Lot 81 Grave 1 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee O.T. Sat	480.00
Recording and filing fee	25.00
Sales taxes Note	7.00
Total Due	1682.00
Paid receipt number 38461	1000.00
Balance due	682.00

Pd 11/28/89

30 days

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 Geraldine Young

Address 1008 Tucker Way

State San Diego Ca Zip Code 92114

Telephone 263-4280

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 8262

PY-563 (REV. 8-86)

W.O. # E-8262

NOTE

$ 682.00 San Diego, California August 31 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 eighty-two DOLLARS with interest from November 2, 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 GERALDINE YOUNG SIGNATURE Geraldine Young

ADDRESS 7008 TUTHER WAY San Diego Ca 92114

CALIF. DRIVERS LIC. # N3189669

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8262

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
RAYMOND	HENRY	YOUNG	10/24/40	FD: 8/28/89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Brawley	Imperial	Geraldine Young - Wife 7006 Tuther Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF FACILITY OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Simpson's Funeral Home Inglewood, CA 90305	FD 1443

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
		▶ Sheila R. Kruger	9/1/89

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	Sept 1, 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 FINAL DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	Imperial Co. Health Dept. 935 Broadway El Centro, CA 92243	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 81-1-2-11 3761 Market Street San Diego, CA	11B. DATE INTERRED 9/2/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Jordea L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal Dealer	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.

E8262

OFFICIAL RECEIPT

No 38461

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8 31 57

From: Mildred Gray Address: 7008 Lotus Way San Ysidro

Dollars ($ 1000.00)

In Payment of Raymond H. Gray's Interment

Lot 61 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6262

BALANCE DUE 662.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2171

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda

CREDIT	87007	117	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	416	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	[illegible]	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

CITY AUDITOR
SEP 05 1989

										BALANCE
090602 09/18/89 032849	GERALDINE YOUNG				10/26/89 CK	0286		200.00	682.00	482.00
	100	072	77182	000072				4.40		PARTIAL PAYMENT
E-8262	100	072	77183	000072				151.03		
	100	072	77185	000072				42.52		
	60101		78390					2.05		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 200.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antonee Smith

in a Bell Series Vault/Liner Funeral, date, time Wed 9/6 11:00

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 ____ . 4' 6" flat

Lot 407 Grave ____ Row ____ Section 2 Division/~~Block~~ 9

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	75.00
Handling Fees	25.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	5.25
Total Due	530.25
Paid receipt number 35499	530.25
Balance due	0

Mortuary will pick 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 8263

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E8263

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
ANTOINE		SMITH	11-2-88	8-29-89	M

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	TABITHA WHITEHURST - MOTHER 4326 - 50th Street San Diego, California 92115

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
		▶ Family Dimpton	9-1-89

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	SEP 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
	Vital Records P.O. Box 85222 San Diego, California	

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 407-2-9 Mt. Hope Cemetery 3751 Market Street San Diego, CA.	11B. DATE INTERRED 9-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sondra L. Wold
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Date Cremed	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.

E8263

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38499

Date: 9-6 . 19 89

From: [illegible]-Reynolds Address: 5050 Federal Blvd, SD 92102

Four Hundred Thirty & 25/100 — Dollars ($ 530.25)

In _____ Payment of Certificate Spaces

CITY AUDITOR
SEP 11 1989

Lot 407 Grave _____ Row _____ Section 2 Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8263

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
4405

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Wood

CREDIT	67007		
20% Sales Care	77184	39	00
80% Sales of Lots	100 77184	156	00
Opening/ Closing	100 77181	195	00
Burial Containers	100 77182	75	00
Handling Fee	100 77185	25	00
Recording & Misc. Fees	100 77183	2	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	5	25
TOTAL PAID	$	530	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruquest Mary Washington

in a ~~Vault~~ Vault/Liner Funeral, date, time Tues 9/5 2:00

Church, Chapel, Graveside None : 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 ____ . 2" casket

Lot 2027 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 38485	199.00
Balance due	0

Mortuary will bill

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8264

Acct. # ____

PY-583 (REV. 8-95)

E8264

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
AUGUST	IVY	WASHINGTON	8-23-89	9-1-89	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	Danitra Smith - Mother 1632 Presioca Street Apt.16 Spring Valley, CA. 92077

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; San Diego, California	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
		Family Plan Johnson	9-5-89

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	SEP 5 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
	P. O. Box 85222 Vital Records; 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 3027-1-9 Mt. Hope Cemetery; San Diego, California	11B. DATE INTERRED 9-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Sandra L Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Waits Covered	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.

E8264

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38485

Date: 9-5 19 89

From: Gideon - Ewald Address: 5050 Eldred Blvd. SD

Dollars ($ 199.00)

In _____ Payment of Cost of Lining Installment

Lot 3027 Grave _____ Row _____ Section 1 Division _____ Block 9

Invoice No. _____

Acct. No. _____

W.O. 21-6264

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4399

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007	20 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	80 00
Opening/ Closing	100 77181	60 00
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	39 00
Sales Tax	60101 78390	
TOTAL PAID	$	199 00

CITY AUDITOR
SEP 11 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Janese Smith in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 9/5 10:00 Church, Chapel, Graveside Church & Shore Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 68 Grave 5 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	Bal E-7372	98.00
Additional spaces and care fund	(250.00)	
Opening/Closing & Setup		320.00
Burial Container		175.00
Handling Fees		170.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		12.25
Total Due		810.25
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

Work Order # E 8265

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

E8265

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
JANICE	MARIE	SWEET	7/23/1957	8/30/1989	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	Emma Sweet - Mother 3633 Marlborough Ave. Apt. Q San Diego, Calif. 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Reynolds Mortuary 3311 Sports 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
		▶ Hunter R. Reynolds Jr.	9/5/89

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	SEP 5 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.	

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, Calif. 68-5-2-11	11B. DATE INTERRED 9-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sondra L. Wold	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Seals 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 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.

E826S

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37961

Date: 9-22 , 19 89

From Cadaza - Davila Address: 5050 Federal Blvd. SD 92102

eight hundred ten dollars 25/100 Dollars ($ 810.25)

In Payment of James Smith's Interment

CITY AUDITOR
OCT 02 1989

Lot 68 Grave 5 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-6265

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4471

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Marsha Ward

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	48	00
Opening/ Closing	100 77181	325	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	$	810	25

E8265

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

004002 NO. 38052

Date: 10-13, 1969

From: Tipsic Lipsic Address:

Four hundred notes — Dollars ($ 400.00)

In 1 Payment of Josie Smiths interment

Lot 68 Grave 5 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-8265

BALANCE DUE 410.25

Dec 11-10-89

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

344

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wade

CREDIT	67007	50	00
20% Sales Care	77184	40	00
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	OCT 24 1989	
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	400	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Trust

Date 9-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Beavers

in a Top Seal Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 106 Grave 5 Row _____ Section 2 Division/Block H

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 38471	25.00
Balance due	687.25

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

Laura D. Beavers
Signature
3236 L Street
Address
San Diego, CA, 92102
State Zip Code

_____
Telephone

Work Order # E 8266

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

COUPON 5

Laura Beavers
3236 K Street
San Diego, Ca 92102

E-8266

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									10		

AMOUNT DUE $ 25.00

$ 50.00 25.00

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $ 50.00

E8266

OFFICIAL RECEIPT

No 38471

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 9-5 89

From: Laura Deakers Address: 3226 E. Street SD 92119

Twenty-five 00/100 Dollars ($ 25.00)

In Payment of Funeral Trust Service

Lot 106 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8266

BALANCE DUE 681.25

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 9022	25 00
Sales Tax	60101 78300	
TOTAL PAID	$	25 00

CITY AUDITOR
SEP 11 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0590

ISSUED BY Sandra Hall

E8266

NO 38616

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-4, 1989

From: Dayna Reeves Address: 3236 K Street, San Diego, CA

Grave - Lying No

Dollars ($ 25.00)

In Payment of Interment Services

Lot 106 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8266

BALANCE DUE 662.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1057

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CITY AUDITOR
DEC 14 1989

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		
Pre-Need Trust	63033 9022	25	00
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

E8266

OFFICIAL RECEIPT

CITY AUDITOR

No 38953

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

MAR 12 1990

Date: 3-6, 1990

From: Laura Beavers Address: 3236 K St. SD 92102

Fifty-Dollars 7/10/90 Dollars ($ 50.00)

In Payment of Pre Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8266

BALANCE DUE $612.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1158

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	60101 78360		
TOTAL PAID	$	50	00

E8266

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40252

Date: 2-4, 19 91

From: Laura Beaver Address: 3236 K St SD 92102

Fifty Dollars Dollars ($ 50.00)

In Payment of 3 Pre-Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-1266

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watts

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	W
Sales Tax	60101 78390		
TOTAL PAID	$	50	W

E8266

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39654

Date: Sept 4, 19 90

From: Laura Beaver Address: 332 K St, SD 92102

Twenty Five and no/100 Dollars ($ 25.00)

In _____ Payment of Perpetual Trust

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E8266

BALANCE DUE $0.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☑ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	25	00
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

E8266

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41074

Date: 8/5/1991

From: LAURA BEBUSEE Address: 3236 K ST S.D. CA. 92102

TWENTY FIVE AND 00/100 Dollars ($ 25.00)

In Part Payment of PRE-NEED TRUST

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8266

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) #1516

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kyle Jones

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	25.00
Sales Tax	80101 78390	
TOTAL PAID	$	25.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8266
№ 40770

Date: 5-31, 19 91

From: Linda L Guerra Address: 3236 "K" St. San Diego Ca 92102

Twenty-five dollars 10/100 Dollars ($ 25.00)

In part Payment of Pre-need Trust

Lot 106 Grave 5 Row — Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-82606

BALANCE DUE 487.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1467

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dora Black

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	25	00
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

E8266

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40489

Date: April 1, 19 91

From: Louis Beavers Address: 3236 "K" Street San Diego Ca 92102

Twenty-five & ~~no~~/cents Dollars ($ 25.00)

In part Payment of pre-need trust

Lot 106 Grave 5 Row ____ Section 2 Division Block 11

Invoice No. ____

Acct. No. ____

W.O. E-8266

BALANCE DUE $ 512.25

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	25	00
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #427

ISSUED BY K L Sudall

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E8266
No 42015

Date: 3-12, 1992

From: Laura Beaver Address: 3236 K St, SD Calif

Twenty five 10/100 Dollars ($ 25.00).

In Payment of 009893

Lot 202 Grave 4 Row — Section 4 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1647

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 17 1992

ISSUED BY Walt

CREDIT	67007		
20% Sales Cars	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 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

E8266
46511

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

(new)

Date: 8/8, 19 95

From: Laura Beavers Address: 2885 55th St # SD 92105

Four Hundred & twelve & twenty-five Cents Dollars ($ 412.25)

In Full Payment of Pre-Need Trust for Laura Beavers

Lot 106 Grave 5 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E8266

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ #2878

AC-212 (Rev. 5-96)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Wesson

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	412	25
Sales Tax	80101 78380		
TOTAL PAID	$	412	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beatrice Reaves

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 9/6 11:00

Church, Chapel, Graveside Abbey Mem Park Woodlawn Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 98 Grave 2 Row ____ Section 2 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 38482	100.00
Balance due	507.00
37919	

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.

Beatrice Perkins
Signature

I hereby authorize the interment in lot I hold under deed.

Signatures of recorded holder of deed

271 South Coast Dr
Address

SD CA 92113
State Zip Code

2669195
Telephone

Work Order # E 8267

Invoice # ____

Acct. # ____

PY-593 (REV. 9-88)

W.O. # E-8267

NOTE

$ 507.00 San Diego, California 9-5 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Five Hundred Seven DOLLARS with interest from 10-5-89 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 Berneice Cothorn SIGNATURE Berneice Cothorn

ADDRESS 271 Southwark Ave S.D Ca

CALIF. DRIVERS LIC. # N861208, 573-29-9380

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8267

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
Bunye	Pauri	Reeves	5-29-33	9-1-89	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	Bernice Ochieng- Daughter 271 Southlook 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
Goodbody Mortuary, 3027 El Cajon Bl., San Diego, CA	FD793

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 9-5-89

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	SEP 5 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
3051 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 Mount Hope Cemetery 98-2-2-11 3751 Market Street, San Diego, CA 92102		11B. DATE INTERRED 9-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Date Cancelled		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

E8267
№ 37919

Date: 9-8, 19 89

From: Janice Cotton Address: 271 S. Lark Ln.

Five Hundred Seven 20/100 — Dollars ($ 507.00)

In Payment of Lesage Rivers' interment

CITY AUDITOR
SEP 18 1989

Lot 98 Grave 2 Row Section 2 Division Block 77

Invoice No.

Acct. No.

W.O. 2-8267

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 Janice Ward

CREDIT		
20% Sales Care	67007 77184	220 00
80% Sales of Lots	100 77184	102 00
Opening/ Closing	100 77181	145 00
Burial Containers	100 77182	35 00
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	7 00
Sales Tax	60101 78390	
TOTAL PAID	$	507 00

E8267

OFFICIAL RECEIPT

№ 38483

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-5, 19 89

From: Lorna Cotton Address: 271 South Chatsworth Blvd

One hundred 15/100 Dollars ($ 100.00)

In Payment of Grazing Permit Interment

Lot 18 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-8267

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 Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	SEP 11 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Angela~~ JOSEFA Provencio

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 9/7 10:00

Church, Chapel, Graveside Graveside ; Neptune Mortuary.

All Funeral cars must 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 101 Grave 7 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	350.00
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 38474	907.00
Balance due	-0-

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

C. Claudia M. Reserva
Signature
4295 48TH ST
Address
San Diego, CA 92115
State Zip Code
(619) 283-2483
Telephone

Work Order # E 8268

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

E8268

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
Josepha	Guerra	Provencio	9-14-1899	9-1-1989	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	Mary Ann Orozco-niece 4295 N 48th St San Diego, Ca 92115

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon, Ca	F-1352

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 Ann Orozco	9/5/89

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	SEP 5 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
	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 Mt Hope Cemetery 101-7-2-11 3751 Market St San Diego, Ca	11B. DATE INTERRED 9-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sondra L Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a Clotilde Covered	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	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.

E8268

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38474

Date: 9-5 , 19 89

From: Claudia Vesenia Address: 9295 Mira Lirada Dr #10 SD 92145

Mira Lirada Dancing Pony Dollars ($ 240.00)

In Payment of Joseph P Meneses (Interment)

CITY AUDITOR
SEP 11 1989

Lot 101 Grave 7 Row Section 2 Division Block

Invoice No.

Acct. No.

W.O. E-8268

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 76390	7	00
TOTAL PAID	$	907	00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY Linda Ward

AC-212 (Rev. 10-87) 2-16

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Thompson (X)

in a Liner-n-place (Vault/Liner) Funeral, date, time Thurs 9/14 A 7P

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 320 Grave _____ Row _____ Section 2 Division/~~Block~~ 8

Grave space & Care Fund	50.00
Additional spaces and care fund	
Opening/Closing & Setup	15.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	.35
Total Due	100.35
Paid receipt number 38475	100.35
Balance due	0

Please call when completed 470-7224 Betty 698-5618 ASK FOR JESSIE CALLED 9-15-89

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

Jesse E Thompson Jr
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 8269

Acct. # _____

PY-593 (REV. 8-86)

E8269

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
Travis	Eugene	Thompson	8-23-89	8-23-89	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	Jesse E. Thompson - Father 8714 Tyler Street Apt. A Spring Valley, CA 92077

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	9-7-89

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	SEP 7 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 Ave. 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, CA	11B. DATE INTERRED 9-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 320-2-8 Leneda Crematory 14065 Old Hwy 80 ElCajon, CA	12B. DATE CREMATED 9/12/89	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.

E8269

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38475

Date: 9-5-89

From: [illegible] Address:

[illegible] Dollars ($ 100.35)

In Payment of [illegible]

CITY AUDITOR

Lot 220 Grave Row Section 2 Division Block 8

Invoice No.

Acct. No. E-8269

W.O.

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 [illegible]

SEP 11 1989

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	50	00
Burial Containers	100 77182	15	00
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183	3	00
Pre-Need Trust	63033 8022		
Sales Tax	60101 78390		35
TOTAL PAID	$	100	35

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reginald Estrada

in a Vault/Liner Double Crypt Funeral, date, time Fri 9/8 9:00

Church, Chapel, Graveside Edwards & Dean Hemphill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 957 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	(595) balance	527.00
Additional spaces and care fund	Dec 8/95	
Opening/Closing & Setup	8-8-95	330.00
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		1555.10
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.

Signature [redacted]

Address 109 E. NAPLES C.V.

State CA. Zip Code 92011

Telephone 691-5341

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice [redacted]

Acct # [redacted]

Work Order # E 8270

PY-593 (REV. 8-86)

W.O. # 2-8270

NOTE

$ 1555.10 San Diego, California September 5 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Fifteen Hundred Fifty-five 10/100 DOLLARS with interest from Nov 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 RICHARD MARIO ESTRADA SIGNATURE Richard M. Estrada Jr.

ADDRESS 109 E. NAPLES, CHULA VISTA CA. 92011

CALIF. DRIVERS LIC. # N2357465 SS/Nbr 550-11-5239

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8270

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
RICHARD	MARIO	ESTRADA	05-01-1926	09-04-1989	M

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	Carmen Estrada - Wife 1484 Max 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	9-6-89

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	SEP 6 1989	Donald L. Powers, M.D. per

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 957-10 Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 9-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Wood	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.

E8270

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38019

Date: 10-6 , 19 89

From: Richard Hinkle Address: 1092 E. Norma, Chula Vista

Fifteen hundred fifty-five 10/100 Dollars ($ 1555.10

In Payment of Lot 951 Grave Row Section Division Block 10

Invoice No.

Acct. No. 1-8270

W.O.

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Wise

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 80022		
Sales Tax	80101 78390		
TOTAL PAID	$	1555	10

AC-212 (Rev. 10-87)

E6270

CITY TREASURER
SAN DIEGO, CALIF.

5156510/13/89		1555.10 INVS
10/13/89 5156	5	1555.10- CA
10/13/89 5156	5	.00 BA

					67007		77184	000072	22.40	
							77184		5.60	
090671	09/20/89	032879	RICHARD MARIO ESTRADA, JR.					10/06/89 CA 38019	1,555.10	1,555.10 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	408.00	
				100	072		77185	000072	320.00	
				60101			78390		23.10	
				67007			77184		119.00	

E-8270

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evada L. Adams

in a _____ (Vault/Urn) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 167 Grave 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
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	395.00
Paid receipt number 37902	395.00
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. EVADA ADAMS

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
Address 7117 Beechview St Dr.
Washington, DC 20011
State Zip Code
Telephone

Work Order # E 8271

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E8271

Enclosed check in amount of
$395.00 for Grave for:

Evada L. Adams
1117 Buchanan Street N.W.
Washington, DC 20011

E8271

OFFICIAL RECEIPT

№ 37902

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-6, 19 89

From: Linda L. Cadman Address: 1117 Leucadia Blvd. #N.W., Washington

Three hundred sixty-five and no/100 Dollars ($ 395.00)

In Payment of

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8271

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	87007		
20% Sales Care	77184	79	00
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	SEP 11 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	395	00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4267

ISSUED BY Linda Cadman

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Venetez

in a Bell Jenie Vault/Liner Funeral, date, time Fri 9/8, 10:00

Church, Chapel, Graveside Grandeside ; Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 36 Grave 5 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund See attached	0
Additional spaces and care fund Transferred from Charles Corbin Est.	
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	

P-11 Womack

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

[redacted]

Work Order # E 8272

Acct # [redacted]

PY-593 (REV. 9-85)

E6272

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/14/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Carlson

in a No Vault/Liner Funeral, date, time NONE YET

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 36 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 33948	495.00
Balance due	0

Pre need S.P. Via P.A. of Estate # 4749

PAID
NOV 17 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

11-17-86

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 6275

Acct. # _____

PY-583 (REV. 8-85)

#11362

Will be selling grave to offset P.A.. Funds will be deposited into Charles Carlson's estate.

E8272

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
Carlos	M.	Venitez	4-01-19	9-02-89	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	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
Cypress View/Resham 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 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
		▶ C. Hughes	9-07-89

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	SEP 07 1989	▶ Donald E. Powers, 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
	San Diego County - Vital Records 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 36-5-1-12 Mt. Hope Cemetery 3751 Market Street, San Diego, CA.	11B. DATE INTERRED 9-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Wood
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Data Entered	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.

E8272

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38556

Date: 11-9, 1989

From: Nellie Johnson Address: 5201-A Ruffin Rd, SD

Six hundred seven 68/100 Dollars ($ 607.68)

In Payment of Carlos Ventley's interment

CITY AUDITOR
NOV 20 1989

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6272

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

040042

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Reid

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 77155	14	00
Recording & Misc. Fees	100 77183	33	68
Pre-Need Trust	63033 9022		
Sales Tax	60101 78090	7	00
TOTAL PAID	$	607	68

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Randolph

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 9/11 2:00

Church, Chapel, Graveside Chapel of the Groves 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 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 37930	903.00
Balance due	4.00

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8273

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E8273

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		RANDOLPH	8/29/14	9/6/89	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	Ruby Bridgewater - Sister 6888 Golfcrest Dr. #301 San Diego, CA 92119

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Hagedale Mort. 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
		Kathleen Hagedale	9/8/89

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	SEP 08 1989	Donald G. Camras, 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 Mt. Hope Cemetery 3751 Market St. San Diego, CA		11B. DATE INTERRED 9-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY W. J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 107-11-2-11 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.

E8273

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37930

Date: 9-12, 19 89

From: Ragsdale For Helen Randolph Address: 5050 Federal Blvd. San Diego 92102

Nine Hundred & Three + 00/100 Dollars ($ 903.00)

In Payment of Helen Randolf Interment

CITY AUDITOR

Lot 107 Grave 11 Row — Section 2 Block

DUPLICATE 18/1989

Invoice No.

Acct. No.

W.O. E 8273

BALANCE DUE 0.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	00
TOTAL PAID	$	903	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4421

ISSUED BY Sally Smart

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E8273
No 37962

Date: 9-22 , 19 89

From: Anderson-Kandak Address: 2050 Adams Blvd. SD 92102

Four dollars Dollars ($ 4.00)

In Payment of Balance on Helen Randolph's Service

Lot 107 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-6273

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4471

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wade

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	4 00
TOTAL PAID	$	4 00

CITY AUDITOR
OCT 02 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Richards Webb ✓

in a Cash Vault Funeral, date, time Fri 11/24 AM

Vault/Liner

Church, Chapel, Graveside Delivery Only ; Pentecostal-Mitch Mortuary.

Keator

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3 Grave 1 Row ____ Section FOOF Division/Block 6

Grave space & Care Fund	____
Additional speces 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	3.50
Sales taxes	2.80
Total Due	242.80
Paid receipt number 3857	242.80
Balance due	0

Mortuary would 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 8274

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E8274

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
Dorothy	Richards	WEBB	Nov.28,1896	Sep.6,1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Garden Grove	Orange	Self- Pre Need

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Pinkham-Mitchell Mortuary Imperial Beach,CA.	F1178

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: ▶ Susie Evans

8B. DATE SIGNED: 9/8/89

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	SEP 8 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 355, Santa Ana, CA. 92702	3851 Rosecrans Street, San Diego, CA. 92110

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 11-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Greenwood Memorial Park 3-1-100F-6 San Diego, CA.	12B. DATE CREMATED SEP 13 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Adolfo Perez	
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.

E8274

OFFICIAL RECEIPT

№ 38591

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date 005670 11-22 .19 89

From Sullivan - Metsker Address 808 - 13th Street Imp Board

Two hundred forty-two 80/100 Dollars ($ 242.80)

In _____ Payment of Disinterment & Webb Vault

CITY AUDITOR

Lot 2 Grave 1 Row _____ Section IOOF Division 6 Block _____

DEC 04 1989

Invoice No _____

Acct. No _____

W.O. E-8274

BALANCE DUE 0

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	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 78380	2	80
TOTAL PAID	$	242	80

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87)

7185

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Connie J. Lash

in a T-S. Vault Vault/Liner Funeral date, time Fri 9/8 11:00

Church, Chapel, Graveside Church Home 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 163 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	125.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	912.25
Paid receipt number 27913	300.00
Balance due	612.25

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.

Charles E Brown
Signature

7044 S 42nd St
Address

San Diego Cal 92113
State Zip Code

619-262 1397
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Inv[redacted]

Acct. #[redacted]

Work Order # E 8275

PY-583 (REV. 8-85)

W.O. # E-8225

NOTE

$ 712.25 San Diego, California 9-8 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 Seven hundred twelve 25/00 DOLLARS with interest from 11-9-89 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 CHARLES E. BROWN SIGNATURE Charles E Brown

ADDRESS 1944 S. 43rd ST SAN DIEGO CA 92113
P.O. BOX 13915

CALIF. DRIVERS LIC. # K0709826 SS# 560 68 5227

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8275

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
CONNIE	JEAN	FARR	6/28/45	9/3/89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Torrence Farr - Son 1944 S. 43rd 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 Mort. 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]	9/8/89

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	SEP 08 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 92138-5222	

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 13-9-2-11	11B. DATE INTERRED 9-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal non-Deals	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.

E8275

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 37913

Date: 9-8, 19 89

From: Charles Green Address: 1344 S. 43rd Street

#Five hundred 00/100 — Dollars ($ 500.00)

In _____ Payment of Cassie J Jones Interment

Lot 113 Grave 4 Row _____ Section 2 Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. E-8275

BALANCE DUE 712.25

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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	53033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	300	00

CITY AUDITOR
SEP 11 1989

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred Holden

in a DBL CRYPT (Vault/Liner) Funeral, date, time Tues 9/12 10:00am

Church, Chapel, Graveside Chapel, G.S. ; PARIS/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 NO .

-5070-

Lot 5071 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund 20.695	1390.00
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	2418.10
Paid receipt number 37920	1000.00
Balance due 37918	1418.10 1418.10

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

L B Holden
Signature

Address 5825 Wolff Ct

State CA Zip Code

Telephone 466-4179

Invoice # ____

Work Order # E 8276

Acct. # ____

PY-693 (REV. 8-85)

E8276

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
Mildred	Jane	Holden	5-24-15	9-8-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Lawrence Holden - Husband 5825 Wolff Ct. La Mesa, CA 92042

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Parle-Frederick Mortuary-374 N. Magnolia Ave. 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 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
		Kenneth Bacled	9-12-89

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	SEP 12 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
3851 Rosecrans St. 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 9-12-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A DBLCRYPT / 5070-10 cloth covered	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

E8276
No 37920

Date: 9-11- 19 89

From: L.L. Holden Address: 5825 Wolff Court, La Mesa CA 92041

One thousand dollars and xx/100 Dollars ($ 1000.00)

In part Payment of interment fees for Mildred Holden

Lot 5070 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E 8276

BALANCE DUE 1418.10

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3345

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	305	00
Burial Containers	100 77182	CITY AUDITOR	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	SEP 18	1989
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	1000	00

E8276

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37948

Date: 9-19-89

From: Lawrence Holder Address: 5825 Valley St. La Mesa

Dollars ($ 1773.10

In _____ Payment of Interment Services & Miscellaneous Related Charges for Interment of Lawrence Holder

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. 50708-8771

Acct. No. _____

W.O. E-2276 & E-2272

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 Ortiz

CREDIT	87007		
20% Sales Care	77184	270	00
80% Sales of Lots	100 77184	112	00
Opening Closing	100 77181	220	00
Burial Containers	100 77182	330	00
Outside Services	100 77185	220	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022	352	00
Sales Tax	60101 78390	73	10
TOTAL PAID	$	1773	10

CITY AUDITOR
SEP 25 1989

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERTA SANDERS

in a Liner Vault/Liner Funeral, date, time Thurs. 9/14 1pm

Church, Chapel, Graveside Church, G.S. ; Markley Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 38 Grave 2 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container 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 37943	100.00
Balance due	1002.00

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

Sarah Miller
Signature
711 No. 1st St Apt B
Address
San Diego Ca. 92114
State Zip Code
(619) 2168988
Telephone

[redacted]
Inv
Acct. #

Work Order # E 8277

PY-593 (REV. 8-88)

W.O. # E8277

NOTE

$ 1102.00 San Diego, California 9-11 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 dollars and 00/100 DOLLARS with interest from Oct 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 Robert L. Miller Sr SIGNATURE [signature]

ADDRESS 7111 Westview Place #C Lemon Grove, 92045

~~CALIF~~. DRIVERS LIC. # Arizona B627370 SSN # 383-52-4329

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8277

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
ROBERTA	MARIE	SANDERS	AUG 18, 1952	SEP 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
NATIONAL CITY	SAN DIEGO	SARAH MILLER, MOTHER 711 NORTH 63RD STREET, #8 SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
MORLEY-MITCHELL MORTUARY, 3665 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 10378 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	SEP 11, 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	SEP 12 1989	▶ Donald L. Remer, 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, 3761 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)	11B. DATE INTERRED 9-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner/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.

E8277

OFFICIAL RECEIPT

№ 37943

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-14- , 1989

From: Dan Tyler & Sarah Miller Address: 711 No 61st St Apt B, S.D. CA 92114

One hundred dollars and 1X/100 Dollars ($ 100.00)

In part Payment of interment For Roberta Sawers

Lot 38 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E8277

BALANCE DUE 1002.00

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	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

CITY AUDITOR
SEP 18 1989

090674	09/20/89	032877	ROBERT L. MILLER, SR			10/07/89	CK	096064144	20.00	
			100	072	77181	000072			6.39	
			100	072	77182	000072			2.00	
			100	072	77183	000072			0.70	
			100	072	77184	000072			5.91	
			100	072	77185	000072			2.89	
			60101		78390				0.14	
			67007		77184				1.97	

2-8277

1,002.00

982.00

PARTIAL PAYMENT

E8277

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 39081

Date: 4-4, 1990

From: Sarah Miller Address: 3679 45th St, Apt B, SD 92114

Twenty-five Dollars 00/100 Dollars ($ 25.00)

In Payment of Rosita Sanders Service

Lot 37 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-8277

BALANCE DUE $152.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 10506711451

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sue Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thad J. Epps

in a DBL CRYPT (Vault/Liner) Funeral, date, time 9/14 Thurs 12 pm

Church, Chapel, Graveside Church, G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 5353 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container DBL 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	1723.10
Paid receipt number 37922	1723.10
Balance due	-0-

PAID
SEP 11 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature [signature]
Address 6658 Mallard St
State San Diego Ca Zip Code 92114
Telephone 619/286-6686

Work Order # E 8278

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E8278

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
THAD	JOSEPH	EPPS, SR.	3/17/05	9/9/89	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	Randall S. Epps - Son 6658 Mallard 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 Mort. 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]	9/12/89

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	SEP 13 1989	▶ Donald S. 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 5353-10 Mt. Hope Cemetery San Diego, CA	11B. DATE INTERRED 9-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY DBL CRYPT / 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.

E8278

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37922

Date: 9-11- , 19 89

From: Epps Residence Address: 7445 Draper Ave La Jolla 92037

One thousand twenty-three dollars and 10/100 Dollars ($ 1023.10)

In Full Payment of Interment fees for Thad J. EPPS

CITY AUDITOR
SEP 18 1989

Lot 5353 Grave — Row — Section — Division Block —

Invoice No.

Acct. No.

W.O. E 8278

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

0240

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. League

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	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	$	1723	10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NAJLA F. KHOURI

in a Vault (Vault/Liner) Funeral, date, time Sat 9/16 10am

Church, Chapel, Graveside Church, G.S. ; Woodbody 16 Mtn. Mortuary.

All Funeral cars must 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 5274 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 settings	380.00
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1787.25
Paid receipt number 37928	1787.25
Balance due	0

PAID
T.S. Vault
Labor
Sat OT Charge
SEP 11 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address 5681 Lancaster Dr

San Diego Ca. 92120

Phone 265.0353

Work Order # E 8279

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

E8279

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
NAJLA	FIAD	KHOURI	1-1-1912	9-10-1989	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	Victor Khouri son 3681 Lancaster Drive San Diego, CA 92120

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
		▶ Patty L Mancl	9/14/89

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	SEP 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 3751 Market St., San Diego, CA 92102	11B. DATE INTERRED 9-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5274-10 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.

E8279

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37928

Date: 9-11-89 19 89

From: Speedy Bindery Inc Address: 4386 Jutland Dr. S.D. CA 92117

One thousand seven hundred eighty-seven 25/100 Dollars ($ 1787.25)

In Full Payment of interment fees for Nayla F. Khouri

Lot 5274 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 8279

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ # 1434

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
	100	700	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	415	00
Pre-Need Trust	9033 9022		
Sales Tax	60101 78390	72	25
TOTAL PAID	$	1787	25

CITY AUDITOR
SEP 18 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (X) Sydney Aaron Parker (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Wed 9/13 3pm

Church, Chapel, Graveside G.S. ; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 2145 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund ..... preneed E-8353	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ..... Ash vault	40.00
Handling Fees ..... Labor	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 37929	242.80
Balance due	0

PAID
SEP 11 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Set up for Graveside Top left (4)

I hereby certify I am the maternal aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Eva M. Monroe
Signature of recorded holder of deed

Eva M. Monroe
Signature
24310 Kirby St #96
Address
Hemet Ca. 92343
State Zip Code
(714) 925-3689
Telephone

Work Order # E 8280

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E8280

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0142

STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED	SOCIAL SECURITY NUMBER
Sydney Aaron Parker	55-92-9000
	FOR SSA USE ONLY

Please complete the items below, and return the form in the enclosed addressed, postage-*paid envelope*. Your assistance and cooperation are appreciated.

PAPERWORK ACT NOTICE: The information on this form is authorized by sections 404.715 and 404.720 of Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

1. NAME OF DECEASED

Sydney A. Parker

2. DATE OF DEATH	3. SOCIAL SECURITY NUMBER
August 30,1989	550-92-9000

4. NAME OF WIDOW OR WIDOWER (*if known*)

Dennis Parker

5. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (*if known*)

108 Parkdale Drive

CITY	STATE	ZIP CODE	TELEPHONE NUMBER (*area code*) If Available
Greenville	S.C.	29611	

I hereby certify that I am an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used on connection with an application for Social Security benefits.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE	
Jones-Brashier Funeral Home 6010 White Horse Road Greenville,S.C. 29611		
	TELEPHONE NUMBER (*area code*) 269-5073	DATE 9-6-89

FOR SOCIAL SECURITY USE ONLY – DO NOT WRITE IN THIS SPACE

DO Processed (Date)

Form SSA-721 (4-85)

★U.S.GPO:1988-0-241-314/00077

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E8280
No 37929

Date: 9-11- , 19 89

From: Myrtle M. Piercey Address: 24310 Kirby Sp. 96 Hemet CA 92343

Two hundred forty-two 80/100 Dollars ($ 242.80)

In Full Payment of Interment fees for Sydney Aaron Parker

CITY AUDITOR

Lot 2145 Grave Row Section Division Block 10

SEP 18 1989

Invoice No.

Acct. No.

W.O. E 8280

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 211

ISSUED BY W.J. Teague

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8280
No 37941

Date: 9-13- 19 89

From: GEORGE R. MONROE Address: 24310 Kirby St. Sp. 96 Hemet, CA 92343

Thirty-one dollars and 90/100 Dollars ($ 31.90)

In Full Payment of installation of two flower vans for DAVID MONROE SYDNEY PARKER

Lot 2144/2145 Grave Row Section Division Block 78

CITY AUDITOR
SEP 1 1989

Invoice No.

Acct. No.

W.O. E8280

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 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	21	20
Recording & Misc. Fees	100 77183	27	20
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		70
TOTAL PAID	$	31	90

E-8281 is not included in this spindle

E8201 - E8300

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marsha Neuendorf

in a ~~Box~~ Std Crypt (Vault/Liner) Funeral date, time Fri 9/15 2:00

Church, Chapel, Graveside Church of the Glade, 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 132 Grave 12 Row Bottom Section 1 Division/~~Block~~ 11

Grave space & Care Fund	50
Additional spaces and care fund	
Opening/Closing & Setup	12 + 50 + Full
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	Cate Monaghan 100.00
Recording and filing fee	35.00
Sales taxes	
Total Due	135.00
Paid receipt number 40103	135.00
Balance due	0

Rogsdales confirmed Mrs Family has been notified of O.T. Charges

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8282

Acct. # _____

PY-593 (REV. 8-88)

E8282

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
Marsha	Ann	Newsome	12-7-42	9-5-89	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	Mark Anthony Newsome - Son 225 Sychar Road 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 Mort.: 3550 Pasadena Blvd. San Diego, California	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]	9/13/89

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	SEP 13 1989	▶ Donald E. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222 Vital Records: San Diego, California	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

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
INTERMENT	Mt. Hope Cemetery: San Diego, California	9-15-89	▶ Wendy J. League

	12A. NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
CREMATION	137-12-1-11 DBL CRYPT / METAL SEALER N/A		▶

	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC USE	N/A		▶

	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 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.

E8282

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40103

Date: 12/26, 19 90

From: Wm K Dawson Address: 1551 4th Ave Apt 12 Chula Vista

One Hundred Thirty-five 00/100 Dollars ($ 135.00)

In Payment of Services for Wm K Dawson

Lot 137 Grave 12 B Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-8282

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 105

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	135	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 76390		
TOTAL PAID	$	135	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WALTER McCLOUD

in a Liner (Master/Liner) Funeral, date, time Fri 9/15 11am

Church, Chapel, Graveside Chapel/G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 161 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Liner	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 37931	1002.00
Balance due	-0-

PAID
SEP 12 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Lena McCloud
Signature
1772 Shady Glade Lane
Address
CA 92114
State Zip Code
470-8654
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 8283

Acct. # _____

PY-583 (REV. 9-85)

E8283

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
WALTER		McCLOUD	4/5/44	9/11/89	M

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	Rena McCloud - Wife 7772 Shadyglade 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 Mort. 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
		Hartzell W. Ragsdale II	9/13/89

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	SEP 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
P. O. Box 85222 Vital Records: San Diego, California	

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:San Diego, California	11B. DATE INTERRED 9-15-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy LaTorgue
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 161-3-1-12 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 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.

E8283

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37931

Date: 9-12- , 19 89

From: ESTHER T. HENDRIX Address: 3859 SUPERIOR, S.D., CA 92115

ONE THOUSAND TWO DOLLARS AND 1 CENT/100 Dollars ($ 1002.00)

In Full Payment of Interment Fees for WALTER McCLOUD

CITY AUDITOR
SEP 18 1989

Lot 161 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E8283

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒ 221

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

002705

ISSUED BY W.J. Teague

CREDIT	67007	79	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	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	$	1002	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorine Bonner

in a _____ (Vault/Liner) Funeral, date, time Wed 9/13 2pm

Church, Chapel, Graveside Delivery ; Markley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 163 Grave 4 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.# 1079492

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery hermless from any liability on account of said authorization and 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 8284

PY-583 (REV. 8-86)

E8284

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
LORINE	UNK	BONNER	5-15-30	9-8-89	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	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
BERKLEY-MITCHELL MORTUARY, 3655 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
		▶ Thomas C. Mitchell	9-12-89

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	SEP 13 1989	▶ Donald G. 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 92138-5222	

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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 163-4T-1-12	11B. DATE INTERRED 9-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY No Liner/Pressed Wood	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 9-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Senobio Berlanga

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 9/18 9am

Church, Chapel, Graveside Church, G.S. ; 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 . Korea

✓ Lot 5192 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container T.S. Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1407.25
Paid receipt number 10/20/89	1407.25
Balance due	0

Called by Joe 30 day note

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature [redacted]

Address 3784 1/2 Bird St

City San Diego State CA Zip Code 92114

Telephone (619) 338-7908

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # [redacted]

Work Order # E 8285

Acct. # [redacted]

PY-583 (REV. 8-88)

W.O. # E 8285

NOTE

$ 1407.25 San Diego, California SEPT. 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 four hundred seven and 25/100 DOLLARS with interest from Oct. 16, 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 ADRIAN BERLANGA SIGNATURE Adrian Berlanga

ADDRESS 3784 1/2 Birch St SD.

CALIF. DRIVERS LIC. # C5636091 SS# 547-59-8509

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E8285

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
Smebie	-	Berlanga	10-21-25	9-14-89	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	Adrian Berlanga - Son 3784½ Birch 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
Cypress View/Benham 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
		▶ C. Hughes	9-15-89

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	SEP 18 1989	Donald G. 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
	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.	11B. DATE INTERRED 9-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5192-10 N/A vault / metal-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.

									BALANCE
090675 09/20/89 032876	ADRIAN BERLANGA			10/20/89 CK	150	1,407.25	1,407.25		0.00
	100	072	77181	000072		320.00		PAID IN FULL	
E-8285	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			

wgj

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,407.25

E8285
№ 38070

OFFICIAL RECEIPT

1874

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 10- , 19 89

From: Adrian Cedeno Address: 3712 ½ Cushetunt SD

Fourteen Hundred Twenty-five Dollars ($ 1425)

In Payment of Perpetual Care 705 Interment +

Lot 3772 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 21-0705

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 120

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 24 1989

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1425

Prenead Treest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES AND MARY ELLEN PORTER

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 154 Grave 4 Row _____ Section 1 Division/~~Block~~ II

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	640.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee 5.00	70.00
Sales taxes	23.10
Total Due	1383.10
Paid receipt number 37945	1383.10
Balance due	-0-

MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. SEP 15 1989 PAID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8286

Invoice # _____

Acct. # _____

PY-693 (REV. 6-86)

E8286

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37945

Date: 9-15- 1989

From: James & Mary Ellen Porter Address: 537 So. 38th ST San Diego 92113

One thousand ~~eight~~ three hundred eighty-three and 10/100 Dollars ($1383.10)

In Full Payment of preneed trust For James / Mary Ellen Porter

Lot 154 Grave 4 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-3701-C-8286

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	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	SEP 25 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1383	10
Sales Tax	60101 78390		
TOTAL PAID	$	1383	10

02.13625

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence E. McCLURE

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 9/19 2pm

Church, Chapel, Graveside Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 144 Grave 2 Row ____ Section 1 Division/Block 12

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 37946	300.00
Balance due	712.25
	712.25

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Dorothy Hubbell
Signature

1011 BEVER WAY SO30
Address

SAN DIEGO CA 92154
City Zip Code

(619) 428-2584
Telephone

Work Order # E 8287

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

W.O. # E-8287

NOTE

$ 712.25 San Diego, California Sept. 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 Seven Hundred twelve 25/100 ~~DOLLARS~~ with interest from 11-19-89 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 Dorothy Hubbell SIGNATURE Dorothy Hubbell

ADDRESS 1011 BEYER WAY Sp 30 SAN DIEGO, CA 92154

CALIF. DRIVERS LIC. # B-1528076

E8287

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
FLORENCE	E.	McCLURE	04-17-1912	09-14-1989	F

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	Dorothy Rubbell - Daughter 1011 Bayer Way #30 San Diego, CA 92154

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. Kane	

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	SEP 19 1989	▶ Donald L. 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
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 92102	11B. DATE INTERRED 9-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/metal sealer 44-2-1-12 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.

E8287

OFFICIAL RECEIPT

No 37946

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-12 19 89

From: Dorothy Hufford Address: 1011 Gage Rd, Sp 20 SD

Three Hundred 10/100 Dollars ($ 300.00)

In Payment of Interment E. McClure

Lot 144 Grave 2 Row Section 1 Division 12 Block

Invoice No.

Acct. No. E-8287

W.O.

BALANCE DUE 712.25

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.

ISSUED BY Sandy Wood

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
SEP 25 1989

E8287

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38045

Date: 10-11, 1989

From: Dorothy Hubbell Address: 1911 Dwyer Way, Sp 36 SD

Seven hundred twelve 25/100 — Dollars ($ 712.25)

In _____ Payment of Florence E. McClurg Interment

Lot 144 Grave 2 Row _____ Section 1 Division _____ Block 172

Invoice No. _____

Acct. No. _____

W.O. E-8287

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 Linda Ward

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	712	25

AUDITOR OCT 6 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Billie Mae Cleary

in a Bell Seal Vault/Liner Funeral, date, time Tues 9/19 3:00

Church, Chapel, Graveside Graveside; Memphis Mortuary.

All Funeral cars must arrive 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 3 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	-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 8288

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E8288

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
BILLY	ALTON	McQUARY	05-12-1930	09-17-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	James A. McQuary - Grother 1579 Sierra Drive Cottonwood, AZ 86326

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Humphrey Chula Vista Mortuary 866 Broadway Chula Vista, CA 92011	F-966

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	9-18-89

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	SEP 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 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 9-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner/metal sealer 96-3-2-11 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.

E-8288

NAME McQuary, Billy ACCT. NO. E-8113

ADDRESS C/O James McQuary 1579 Sierra Drive, Cottonwood, AZ 86326 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
2	89	Opening/Closing, Bell Liner, Recording	607 00		607 00	00

AIGNER FORM NO. 25-204 McQuary, Billy 96 ~ 3 ~ 2 ~ 11 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Viola Perdue

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 9/20 11:30

Church, Chapel, Graveside Graveside ; Featherstone Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 1106 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 37953	35.00
Balance due	0

Funeral Est. 897

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

June D. Lorraine
Signature
4509 Culbertson Ave.
Address
La Mesa, Ca 92041
State Zip Code
469-9876
Telephone

Work Order # E 8289

Invoice # ____

Acct. # ____

PY-593 (REV. 9-85)

E8289

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
WILLIAN	VIOLA	PIONTEK	8/24/1900	9/17/1988	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	June Loraine, daughter 4509 Culbertson 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
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	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
		Ronald Feell	9/18/89

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	SEP 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 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 San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1106-10 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.

E8289

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37953

Date: _____, 19____

From: Irene Lorraine Address: 4509 Cultivation Ave, La Mesa

Thirty-five no/100 Dollars ($ 35.00)

In _____ Payment of Transfer Fee for Lillian V. Poptek

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8289

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

318

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Reid

CREDIT	67007	
20% Sales Care	77184	CITY AUDITOR
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	SEP 25 1989
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 9-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNIE KING

in a Liner Funeral, date, time Thurs. 9/21 2pm

Vault/Liner

Church, Chapel, Graveside Chapel/Delivery ; 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 81 Grave 12 Row _____ Section 16 Division/Block 7

Grave space & Care Fund Preneed D3462 _____

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 37960 35.00

Balance due -0-

Called by Sharon at Greenwood 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 8290

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E8290

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
Annie	Marie Lavina	~~Rigg~~ King	05-20-1902	09-16-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Charles L. King:Husband 306 Shady Lane #118 El Cajon, CA 92021

7A. (TYPE) NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Greenwood Mort:I-805 & Imperial, 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: Patricia D. Fotman

8B. DATE SIGNED: 9 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	SEP 20 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
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	11B. DATE INTERRED 9-21-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jordeaux	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 81-12-16-7 LINER / cloth covered/non-access	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.

E8290

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37960

Date: 9-21 , 19 89

From: Greenwood Mortuary Address:

Thirty-five 20/100 Dollars ($ 35.00)

In Payment of Willie Mae's Grant

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6290

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 16637

AO-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	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	35 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

CITY AUDITOR
SEP 25 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lonnie Kaleem Watson

in a ——— (Vault/Liner) Funeral, date, time Tues 9/19 2:00

Church, Chapel, Graveside Graveside ; Eastlawn Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ——— .

Lot 353 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 37947	50.00
Balance due	149.00

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.

Avalon Watson
Signature

4916 Decatur Drive
Address

San Diego Ca. 92102-1311
State Zip Code

(619) 263-2675
Telephone

I hereby authorize the interment in lot I hold under deed.

———
Signature of recorded holder of deed

Invoice # 090188

Acct. # 022918

Work Order # E 8291

PY-583 (REV. 8-85)

W.O. # E-8291

NOTE

$ 149.00 San Diego, California Sept. 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 One Hundred Forty-Nine DOLLARS with interest from 11-19-89 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 AVALON WATSON SIGNATURE Avalon Watson

ADDRESS 4916 Dexter Dr. San Diego Ca. 92102-1311

CALIF. DRIVERS LIC. # SSN # 104540646

E8291

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
LONNIE	KALEEM	WATSON	9-13-89	9-13-89	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	Shakeela Hasan - Mother 4916 Deaton Drive San Diego, California 92102

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 Bl.; 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
		Lori Moons	9-18-89

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	SEP 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
Vital Records: San Diego, California	

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: San Diego, CA.	11B. DATE INTERRED 9-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3153-1-9 No 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.

E 8291

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37947

Date: 9-18, 19 89

From: Linda Pittman Address: 4916 Dentin Ave, SD 92102-4911

Fifty dollars no/100 Dollars ($ 50.00)

In Payment of Lonnie C. Hooker's Interment

Lot 3153 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-8291

BALANCE DUE 149.00

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	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50 00	CITY AUDITOR
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		SEP 25 1989
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50 00	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renewal Grant

Date 9-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Holden

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 5070 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	355.00
Paid receipt number 37948	355.00
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.

Lawrence Holden
Signature

5825 Waltt Ct
Address

La Mesa, CA 92041
State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 8292

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pamela Elles

in a Vault (Vault/Liner) Funeral date, time Fri 9/22 11:00

Church, Chapel, Graveside Chapel & Hall, 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 151 Grave 12 Row ____ Section 1 Division/Block 12

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 37964	1012.25
Balance due	0

Mortuary - please

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

Theresa B Elles
Signature
755 Alma St
Address
S. D CA 92114
State Zip Code
264-6720
Telephone

Work Order # E 8293

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E8293

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
PAMELA	DELORES	ELLIS	7/3/53	9/19/89	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	Earl Ellis -Father 755 Alvin 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
		▶ [signature]	9-20-89

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	SEP 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
Vital Records 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 San Diego, Calif.	11B. DATE INTERRED 9-22-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 151-12-1-12 N/A Vault / metal 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.

E8293

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37964

Date: 9-22 19 89

From: Anderson-Rydell Address: 5050 Federal Blvd. 92114

One thousand twelve 25/100 Dollars ($ 1012.25)

In Payment of Vesta Ellis' Interment

CITY AUDITOR
OCT 02 1989

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-8292

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4496

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Ward

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	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	$	1012	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Girl Diaz-Rodriguez

in a _____ (Vault/Liner) Funeral, date, time Fri 9/22 2:00

Church, Chapel, Graveside Delivery Only ; 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 _____ . 26 1/2 x 30" D 15" W

Lot 113 Grave 4 Row _____ Section IOOF Division/Block 43

Grave space & Care Fund	28.00
Additional spaces and care fund	
Opening/Closing & Setup	45.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	73.00
Paid receipt number	
Balance due	

P.P. 10798 6

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 092872

Work Order # E 8294

Acct. # 000952

PY-593 (REV. 8-88)

E8294

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
Baby Girl	----	Diaz-Rodriguez	07-01-1989	07-01-1989	F

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	Public Administrator Indigent Burial Office 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
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	9-20-89

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	SEP 21 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

- ☒ 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 Cemetary 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 9-22-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Pressed Wood/No Liner 113-4-100F-43 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

Disenterment Date 9-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yuichi & Chiyoko Hirai

in a _____ Vault/Liner Funeral, date, time Motsumoto

Church, Chapel, Graveside _____ ; 9/22/89 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 12 Grave 2 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 216.00	420.00
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		420.00
Paid receipt number 3795		420.00
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.

Kiyoko Matsumoto
Signature
4300 Williamsburg Lane #129
Address
La Mesa, CA 92041
State 462-0058 Zip Code
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 8295

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

Started Paperwork 4/12/88

E8295
May not be needed
Till 1989-

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE C[redacted]R

MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the ~~remains~~ Cremains of: Chuyoko, Yuichi & Midori Matsumoto all Cremains

from Lot 17 Grave 2 Section 11 Row [redacted] Block [redacted] Div 7
and to remove the same to ~~and reinter said remains in Lot Grave Section Row Block Div~~ We will take Common Contains and Common Contains to Japan.

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal [redacted].

x Isao Matsumoto		
Signature	Signature	Signature
BROTHER		
Relation to deceased	Relation to deceased	Relation to deceased
5841 Los Feliz DR		
Address	Address	Address
BOCA RATON, CA 91620		

I hereby authorized the above disinterment:

* Teiko Matsumoto
(Lot owner must sign if not legal custodian)

4800 Williamsburg Lane, Apt. #129
La Mesa, CA 92041
462-0056

Cert #6074
E8295

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
YUICHI	-	MATSUMOTO	12-16-88	10-8-63	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 COUNTY	KIYOKO MATSUMOTO 4800 WILLIAMSBURG LANE LA MESA, CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
KIYOKO MATSUMOTO, 4800 WILLIAMSBURG LN, LA MESA	

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
		▶ Kiyoko Matsumoto	9-20-89

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	SEP 20 1989	▶ Ronald L. Romack, M.D. LV

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ 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	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 YASUO HIRAI YONAGO SHI, TOTTORI, JAPAN	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.

Cert # 10020
E8295

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
CHIYOKO	HIRAI	MATSUMOTO	11-2-44	11-10-74	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 COUNTY	KIYOKO MATSUMOTO 4800 Williamsburg Lane LA MESA, CA 92041

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
RIYOKO MATSUMOTO, 4800 Williamsburg Lane, LA MESA	

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 ▶ Riyoko Matsumoto	8B. DATE SIGNED

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	SEP 20 1989	▶ Donald L. Powers, M.D. Ls

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
- [X] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [X] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
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 YASUO HORI, YONAGO SHI, Tottori, JAPAN	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.

E8295

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 37955

Date: 9-20 19 89

From: Kirk's Nursery Address: 4100 Mississippi Ave #129, L.A.

Four hundred twenty & no/100 Dollars ($ 420.00)

In Payment of Disinterment & Upgrade Interment

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. 21-8295

BALANCE DUE -0-

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

CREDIT	67007	CITY AUDITOR	
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	SEP 25 1989	
Burial Containers	100 77182		
Handling Fee	100 77185	420	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	420	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benjamin J Woodey

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 9/25 11:00

Church, Chapel, Graveside Chapel of the Lawn 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 ____ .

Lot 32 Grave 9 Row ____ Section MAS Division/Block R

Grave space & Care Fund	Pierced
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 37456	607.00
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.

Anna L. Kesler

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Anna L. Kesler
Signature

2649 San Marcos Ave
Address

Cal. 92104
State Zip Code

284-6298
Telephone

Work Order # E 8296

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

E8296

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
BENJAMIN	FRANKLIN	WOODY	07-08-1908	09-20-1989	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	Anna L. Kesler - sister 2644 San Marcos Avenue 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/Rembough 3051 El Cajon Blvd. San Diego, CA 92104	F-486

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
		▶ Malinda N. Stewart for DCB	09-22-1989

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	SEP 22 1989	▶ Donald L. Conrad, 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	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 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.

E8296

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37956

Date: 9-26 19 89

From: Anna L. Kesler Address: 2644 La Mirada Dr, #D

Del Landed Lease 10/10 — Dollars ($ 607.00)

In Payment of Benjamin F Wentz's Interment

Lot 32 Grave 9 Row Section 11/15 Division 22 Block

CITY AUDITOR

Invoice No.

Acct. No.

W.O. E-8296

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 520

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	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	00
TOTAL PAID	$	607	00

SEP 25 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wynona L. Fitzgerald

in a F.S. Vault (Vault/Liner) Funeral, date, time Mon 9/25 10:00

Church, Chapel, Graveside Chapel & Grave; Merkley-Mt Lawn Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 23 Grave 10 Row ____ Section 8 Division/Block 5

Grave space & Care Fund	Buried E-2725
Additional spaces and care fund	
Opening/Closing & Setup	
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	392.25
Paid receipt number	
Balance due	

Mortuary will file

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8297

Invoice # ____

Acct. # ____

PY-583 (REV. 9-85)

E8297

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
WILMA	LORETTA	FITZGERALD	11/18/09	9/20/1989	FEML

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
BULLHEAD CITY	AZ	SELF PER-NEED RECORDS @ MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103

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
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103	F-119	John C. Mitchell	9/21/1989

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

THIS PERMIT 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	SEP 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
BULLHEAD CITY, AZ	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: 9-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: 23-10-8-5 Vault/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.

E8297

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37972

Date: 9-26 19 89

From: Nedra Mitchell Address: 3655 54th St Lot 6 San Diego 92105

Three hundred ninety-two 25/100 Dollars ($ 392.25)

In Payment of Lot 23 Grave 10 Row Section 8 Division Block

CITY AUDITOR
OCT 02 1989

Invoice No.

Acct. No.

W.O. E-8297

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 883

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Landy

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	175 00
Burial Containers	100 77182	120 00
Handling Fee	100 77185	35 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78360	12 25
TOTAL PAID	$	392 25

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn McBride

in a Liner (Vault/Liner) Funeral, date, time Mon 9/25 11:00

Church, Chapel, Graveside Church of Our Lady of the Rosary de Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 129 Grave 6 Row ____ Section 1 Division/Block 12

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 37970	357.00
Balance due	550.00
37971	550.00

Mortuary will pick up

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8298

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E8298

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		McBRIDE	5-15-29	9-13-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Eloise Holloway- Mother 245 Vista Horizon Apt. B San Diego, California 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Regsdale 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
		Donald D. Regsdale	9/19/89

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	SEP 19 1989	Donald E. 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 Vital Records: San Diego, California	

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: San Diego, California	11B. DATE INTERRED 9-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner/cloth covered 129-6-1-12 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.

E 8298

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 37971

Date: 9-25, 19 89

From: Lopez, Cassidy Address: 5050 Federal Blvd 2D

Five hundred fifty dollars ~~no~~ Dollars ($ 550.00)

In Payment of Perpetual Care Endowment

CITY AUDITOR

Lot 129 Grave 6 Row Section 1 Division Block 12

OCT 02 1989

Invoice No.

Acct. No. E-8298

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

4483

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	263	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	$	550	00

E8298

OFFICIAL RECEIPT

№ 37970

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-25 19 89

From: Anderson-Parsdale Address: 3050 National Ave #B

Three hundred sixty-seven 70/2 Dollars ($ 367.00)

In Payment of Daylight Mt Hope Grave Opening

Lot 124 Grave 6 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. 21-8298

BALANCE DUE 250.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

494.20
4375

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Reed

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	57	00
Burial Containers	100 77182	CITY AUDITOR	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	OCT 02 1989	
Sales Tax	60101 78390		
TOTAL PAID	$	357	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roderick D. McKnight

in a Vault/Liner Funeral, date, time Tues 9/26 11:00

Church, Chapel, Graveside Angel View, 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 123 Grave 1 Row ____ Section L Division/~~Block~~ 12

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 31965	907.00
Balance due	0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Geraldine McKnight
Signature

9064 Mesacrest Drive #41
Address

California 92123
State Zip Code

286-9467
Telephone

Work Order # E 8299

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E 8299

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
RODERICK	GORDON	McKNIGHT	2/25/67	9/18/89	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	Geraldine McKnight-Mother 9064 Gramercy Dr. Apt. 41 San Diego, CA 92123

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 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
		▶ Emily Hampton	9/25/89

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	SEP 25 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: San Diego, CA	11B. DATE INTERRED 9-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 123-1-1-12 N/A Cloth covered 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37965 8299

Date: 9-22, 19 89

From: Frederick McKnight Address: 2064 Hanna, St, SD 92

Dollars ($ 702.00) CITY AUDITOR

In Payment of Frederick McKnight

OCT 02 1989

Lot 123 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 21-8299

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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	150	00
Handling Fee	100 77185	14	00
Recording & Misc. Fees	100 77183	3	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	00
TOTAL PAID	$	702	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 07592

ISSUED BY

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Grenoed Trust Date 9-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vivian J. Reid

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 19 Grave 2 Row _____ Section 1 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	35.00
Total Due	355.00
Paid receipt number 27967	355.00
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

Vivian J. Reid
Signature
1350 - 47th St. #4
Address
CALIFORNIA 92102
State Zip Code
266-9668
Telephone

Work Order # E 8300

Invoice # _____

Acct. # _____

PY-593 (REV. 5-88)

E 8300

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37967

Date: 9-22, 19 89

From: Virginia Reed Address:

Two Hundred Fifty - Six Dollars ($ 256.00)

In Payment of Perpetual Trust for Vision Care & Burial Service

Lot 19 Grave 2 Row Section 1 Division Block 7

Invoice No.

Acct. No.

W.O. E-8300

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 Sandra Dail

CREDIT	67007	
20% Sales Care	77184	CITY AUDITOR
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	OCT 02 1989
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	256 00
Sales Tax	50101 78390	
TOTAL PAID	$	256 00