MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-89

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

in a I.S. Vault Funeral, date, time Wed 9/27 1:00
Vault/Liner

Church, Chapel, Graveside Graveside ; Sowers Delaney Mortuary.

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

Lot 1684 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	185.00
Handling Fees	140.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 37969	712.25
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

Patrick E Denney Sr.
Signature
3141 Juniper St.
Address
San Diego Ca. 92104
State Zip Code
563-6785
Telephone

Work Order # E 8301

Invoice # ____

Acct. # ____

PY-593 (REV. 9-85)

E-4301

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
PATRICIA	ANN	HENRY	06-01-1937	09-24-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sherri Ann Matos - daughter 3020 Fir St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
3051 El Cajon Blvd. Lewis Colonial/Benbough San Diego, CA 92104	F-488

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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	9/26/89

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	SEP 27 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
	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 9-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/Cloth covered 1684-10 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 9/26/89

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

in a _____ Funeral, date, time Wed 9/27 1:00

Vault/Liner

Church, Chapel, Graveside Delivery Only Mayes Mortuary.

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

Lot 156 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. 107883

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8302

Invoice # 090974

Acct. # 000452

PY-583 (REV. 8-86)

E-8302

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
Anthony	Salvatore	Deglicomini	6-28-46	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
Lakeside	San Diego	Rosalie Gilliland – Cousind 2217 Boundary San Diego, CA 92104

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 9-26-89

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 4.00	9B. DATE PERMIT ISSUED SEP 27 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 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 3851 Rosecrans Ave. San Diego, CA 92101	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

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

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA 156-4B-1-12	11B. DATE INTERRED 9-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY No Liner/Russed 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-6301

OFFICIAL RECEIPT

No 37969

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

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

Date: 9-25-89

From: Irene C. Matos Address: 3020 Ira Ave #7, San Diego

Seven hundred twelve 25/100 Dollars ($ 712.25)

In Payment of Interment

CITY AUDITOR

Lot 1684 Grave Row Section Division 10 Block

OCT 02 1989

Invoice No.

Acct. No.

W.O. E-6301

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 2015

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	175	00
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	712	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-26-89

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

in a Double Crypt (Vault/Liner) Funeral, date, time 9/27 Wed 1:30

Church, Chapel, Graveside United Methodist Church Calif Berea Mortuary.

All Funeral cars must arrive 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 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	320.00
Handling Fees	70.00
Flower vases - Marker setting fee Disinterment	35.00
Recording and filing fee	23.10
Sales taxes	1408.10
Total Due	
Paid receipt number _____	
Balance due	

30 days note

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

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

_____
Signature of recorded holder of deed

M. Makeda Cheaton
Signature
938 Nolley St
Address
Cardiff 92007
State Zip Code
Telephone

Invoice # 090973

Acct. # 033006

Work Order # E 8303

PY-593 (REV. 8-85)

W.O. # E-8303

NOTE

$ 1408.10 San Diego, California September 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 2751 Market Street, San Diego, Ca 92102 the sum of Fourteen hundred eight 10/10 DOLLARS with interest from 11-27-89 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 M. MAKEDA CHEATOM SIGNATURE M. Makeda Cheatom

ADDRESS 938 Nolley st Cardiff 92007

CALIF. DRIVERS LIC. # passport-033084N2 SS# 564-56-2600

E-8303

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

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

September (MONTH) 89 (YEAR)

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

John Claxton

from Lot 8 Grave 10. Section 2 Row ____ Block ____ Div 12
and to remove the same to and reinter said remains in Lot 8 Grave 10
Section 2 Row ____ Block ____ Div 10. Double Depth

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.

Mariann E Makeda Claxton	Adessa Ogunlade	
Signature	Signature	Signature
daughter	granddaughter	
Relation to deceased	Relation to deceased	Relation to deceased
938 No1 Bay St	cardiff 1032 No Bay St 92007	
Address	Address	Address

I hereby authorized the above disinterment:

M. Makeda Claxton

(Lot owner must sign if not legal custodian)

E-8303

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
Fannie	Mae	Cheatom	1-20-1905	9-21-1989	Fe

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Solana Beach	San Diego	Marianne Makeda C[illegible]atom (Dtr.) 938 Nolbey Street Solana Beach, CA 92007

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

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Melissa C. Jones	9-26-89

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	SEP 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

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 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 9-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 8-10-2-12 DEL CRYAT 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.

Credit Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-89

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

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 5354 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 37975	50.00
Balance due	645.00

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 Donald R. Epps

Address 7445 Draper Av

State La Jolla, CA Zip Code 92037

Telephone 619 454-4063

Work Order # E 8304

Invoice # _____

Acct. # _____

PY-583 (REV. 8-88)

E-8304

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11820

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Donald Epps for the sum of $ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 5354, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8304

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:

Upright Only, in the style of other markers in this section.

Wendy Jo League
Cemetery Manager

Property Director

FY-534

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 27.00

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

$ 28.00

Amount Received $ 27.00

NAME Donald Epps

ADDRESS 7445 Draper

CITY La Jolla STATE Ca ZIP 92037

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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

$ 28.00

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-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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 ▶ $ 27.00

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

$ _____

Amount Received $ _____

NAME Donald Epps

ADDRESS 7445 Draper Av.

CITY La Jolla STATE Ca ZIP 92037

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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

$

Amount Received $

NAME Donald Epps

ADDRESS 7445 Draper Av

CITY La Jolla STATE Ca ZIP 92037

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. ▶ $ 27.00

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 any coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. ▶ $ 27.00

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-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. ▶ $ 27.00

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-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. ▶ $ 27.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 27.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON 14

ACCOUNT No. E-8304

Credit Lot

Donald Epps
7445 Dreger Avenue
La Jolla, CA 92037

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. $ 27.00

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-3304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6306 , Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. ▶ $ 27.00

Amount due if paid more than_____days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8305 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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. 3-8304 Credit Lot

Donald Lypo
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0304 Credit Let

Donald Kypa
7445 Draper Avenue
La Jolla, Ca 92037

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. ▶ $ 27.00

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-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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 only coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8304 Credit Lot

Donald Epps
7445 Draper Avenue
La Jolla, Ca 92037

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. $ 27.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0304 Credit Lee

Donald Epps
7445 Dropper Avenue
La Jolla, Ca 92037

Month and Day Due Indicated Below

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

[redacted]

re. $ 24.00

days $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

2

№ 41162

Date: 8 / 29 / 1991

From: Donald Epps Address: 7445 Draper Ave

Twenty four and 00/100 Dollars ($ 24.00)

In Part Payment of Credit Dept

Lot 5354 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. F-8304

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 Robert Jones

CREDIT	67007	24 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	$	24 00

OFFICIAL RECEIPT

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

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

№ 40809

Date: 6-7, 19 91

From: Lonnie Epps Address: 7445 Magnolia Ave La Mesa 91941

Ninety-seven Dollars ($ 97.00)

In Payment of Cedar Lot

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-1334

BALANCE DUE

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

AC-212 (Rev. 10-87)

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

ISSUED BY Waits

CREDIT	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	27 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	27 00

OFFICIAL RECEIPT

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

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

№ 41000

Date: 7-16, 1991

From: LORRAINE EPPS Address: 7945 DRAPER AVE LA JOLLA CA 92037

TWENTY SEVEN AND 00/100 Dollars ($ 27.00)

In Payment of CREDIT LOT

Lot 5351 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE

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

AC-212 (Rev. 10-87) #1098

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

ISSUED BY

CREDIT	67007	27.00
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	$	27.00

OFFICIAL RECEIPT

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

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

No 40659

Date: 5-6, 1991

From: Lovell Epps Address: 7005 Draper Ave, La Jolla 92037

Twenty-Seven 00/100 Dollars ($ 27.00)

In Payment of Cash Sale

Lot 5364 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. F-1301

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1074

AC-212 (Rev. 10-87)

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

ISSUED BY

CREDIT 20% Sales Care	67007 77184	7	00
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	$	27	00

OFFICIAL RECEIPT

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

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

№ 40606

Date: 4-25, 19 91

From: David Epps Address: 7445 Draper Ave, SD 92037

Twenty Seven Dollars ($ 27.00)

In Payment of Credit Int

Lot 5354 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E 8304

BALANCE DUE

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

AC-212 (Rev. 10-87) 1062

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

ISSUED BY Jwait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	27	00
Opening/ 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	$	27	00

OFFICIAL RECEIPT

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

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

No 39332

Date: 6-7, 1990

From: Donald Epps Address: 7445 Draper Ave, La Jolla 92037

Twenty Dollars 710/10 Dollars ($ 27.00)

In Payment of Credit Lot

Lot 5354 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. F-8304

BALANCE DUE

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

AC-212 (Rev. 10-87) 936

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

ISSUED BY W Mach

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	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	80101 78380		
TOTAL PAID	$	27	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

№ 40319

Date: 2-15, 19 91

From: Donald Epps Address: 7445 Draper Ave

Twenty-seven 00/100 Dollars ($ 27.00)

In Payment of Credit Lot

Lot 5354 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE 186.00

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

AC-212 (Rev. 10-87) 1053

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

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

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

No 40228

Date: 1-28, 1991

From: Donald R. Epps Address: 7445 Draper ave La Jolla CA 92037

Twenty seven & 00 Dollars ($ 27.00)

In Payment of Credit Lot

Lot 5354 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE 213.00

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

AC-212 (Rev. 10-87) 1046

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	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

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

№ 40128

Date: 1-3, 1971

From: Donald Epps Address: 7445 La Jolla Ca. 92037

Twenty-seven 00/100 Dollars ($ 27.00)

In Payment of Credit Lot

Lot 5354 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE $240.00

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

1034

AC-212 (Rev. 10-87)

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

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

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

No 40003

Date: 12/4, 19 70

From: Linda Epps Address: 7445 Draper La Jolla 92037

Twenty-Seven Dollars ($ 27.00)

In Payment of Cedar Lot

Lot 5354 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7207

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 Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

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

№ 39872

Date: 10-5, 19 80

From: Lovell Epps Address: 7445 Linda, La Jolla 92037

Twenty-seven Dollars ($ 27 00)

In _____ Payment of Cedar Lot

Lot 5354 Grave _____ Row _____ Section _____ Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. E-2304

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 1000

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	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

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

№ 39777

Date: 10 – 3 – , 1990

From: DONALD E. EPPS Address: 7645 DRAPER AVE. LA JOLLA, CA 92037

TWENTY SEVEN AND ⅟₀₀ Dollars ($ 27.00)

In Payment of CREDIT LOT

Lot 5354 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE

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

AC-212 (Rev. 10-87) # 990

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

ISSUED BY Rose Jones

CREDIT	67007	27.00
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	53033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	27.00

OFFICIAL RECEIPT

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

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

№ 39665

Date: 7 — 4 — , 1992

From: Dwela R Ford Address: 7444 Draper Ave La Jolla Ca 92037

Twenty Seven and 00 Dollars ($ 27.00)

In ____ Payment of Credit Bk

Lot 5334 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-4204

BALANCE DUE ____

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

AC-212 (Rev. 10-87) #918

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	27 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	27 00

OFFICIAL RECEIPT

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

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

№ 39543

Date: Aug 3, 19 70

From: Dia Epps Address: 744 [illegible] Ave, La Jolla 92037

Twenty Seven 24/100 Dollars ($ 27.00)

In Payment of Cemetery Lot

Lot 5354 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. C-8304

BALANCE DUE

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

AC-212 (Rev. 10-67) 969

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

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77184	27	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	$	27	00

OFFICIAL RECEIPT

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

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

MAY 29 1990

№ 39257

Date: 5-22, 19 90

From: David Epps Address: 7445 Hayes, La Jolla 92037

Twenty-seven and no/100 Dollars ($ 27.00)

In Payment of Cedar Lot

Lot 5354 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. F 1304

BALANCE DUE

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

AC-212 (Rev. 10-87) 952

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	27	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	60101 78390		
TOTAL PAID	$	27	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 30 1990

No 39153

Date: 4-25, 1990

From: David Epps Address: 7435 Mesa Rojo La Jolla Ca 92037

Twenty-Seven Dollars and No Dollars ($ 27.00)

In Payment of Credit Card

Lot 5354 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-9304

BALANCE DUE

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

AC-212 (Rev. 10-87) 941

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

ISSUED BY Ann Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	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	$	27	00

OFFICIAL RECEIPT

CITY AUDITOR

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

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

FEB 26 1990

No 38911

Date: 2-22, 1990

From: Donald Epps Address: 7445 Draper Ave La Jolla 92037

Twenty Seven Dollars 27/00 Dollars ($ 27.00)

In Payment of Order #T

Lot 5354 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE

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

925

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	27	00
Opening/ 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	$	27	00

OFFICIAL RECEIPT

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

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

No 38893

Date: 2-15, 1990

From: Donald Epps Address: 7445 Draper Ave.

Twenty Seven Dollars 7/No Dollars ($ 27.00)

In Payment of Grave Lot

Lot 5354 Grave Row Section Division Block 10

Invoice No

Acct. No.

W.O. E-8304

BALANCE DUE $413.00

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

AC-212 (Rev. 10-87) 723

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

CITY AUDITOR

FEB 20 1990

ISSUED BY Jolene Wist

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	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 78360		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

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

№ 38772

Date: 1-11, 1990

From: Donald Eppy Address: 7445 Draper Avenue

Twenty-Seven Dollars Flat Dollars ($ 27.00)

In Payment of Credit Lot

Lot 5354 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE

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

AC-212 (Rev. 10-87) 909

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

CITY AUDITOR

JAN 16 1990

ISSUED BY

CREDIT	67002	
20% Sales Care	77184	
80% Sales of Lots	100 77184	27 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	27 00

OFFICIAL RECEIPT

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

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

No 38561

Date: 11-13, 19 89

From: Donald Epps Address: 7495 Draper Ave., La Jolla

Fifty-four 70/100 Dollars ($ 54.00)

In 1 1 Payment of Interment 284 Mount Hope

Lot 5354 Grave Row Section Division 10 ~~Block~~

Invoice No.

Acct. No.

W.O. E-8804

BALANCE DUE 527.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY Andrea Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	54	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	60101 76390		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

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

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

No 38079

Date: 10-26, 1989

From: Donald R. Epps Address: 7745 Dawes Cove, La Jolla

Rosata - South 25/50

Dollars ($ 27.00)

In Payment of Cemetery Lot

Lot 5351 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE 591.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	00
Opening/ 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	$	27	00

CITY AUDITOR
OCT 30 1989

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

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87)

889

OFFICIAL RECEIPT

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

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

No 38009

Date: 10-5, 19 89

From: Donald Epps Address: 7445 Draper Ave, La Jolla

Twenty - Dollars Dollars ($ 27.00)

In Payment of Vaughn 1 Grave Lot

Lot 5354 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8304

BALANCE DUE 616.00

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

AC-212 (Rev. 10-87) 879

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

ISSUED BY Cindy Ward

CREDIT 20% Sales Care	57007 77184	
80% Sales of Lots	100 77184	27 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	83033 9022	
Sales Tax	50101 78390	
TOTAL PAID	$	27 00

OFFICIAL RECEIPT

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

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

№ 37975

Date: 9-27-1989

From: DONALD EPPS Address: 7445 DRAPER AVE, LA JOLLA CA 92037

Fifty dollars and xx/100 Dollars ($50.00)

In part Payment of Credit lot

Lot 5354 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E 8304

BALANCE DUE 645.00

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

AC-212 (Rev. 10-87) 878

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	CK 50 00	CASHIER
Opening/ Closing	100 77181		
Burial Containers	100 77182	OCT 02 1989	
Handling Fee	100 77185		
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

Date 9-27-89

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

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

Church, Chapel, Graveside _____ ; Rosedale Mortuary.

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

Lot 459 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
Total Due	1028.10
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8305

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Grewal Trust

Date 9-28-89

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

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 2044 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 37980	607.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

Colleen M. Reid
Signature
2118 Deerpark Dr
Address
San Diego 92110
State Zip Code
619-276-3820
Telephone

Work Order # E 8306

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

NO 37980

E-8306

Date: 9-28-89

From: Odessa Reid Address: 218 De Fonk Dr, San Dieg

for Interment Upon 10/10 Dollars ($ 607.00)

In Payment of Grave Liner Foundation

Lot 2040 Grave Row Section Division Block 15

Invoice No.

Acct. No.

W.O. E-8306

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	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	607 00
Sales Tax	60101 78390	
TOTAL PAID	$	607 00

CITY AUDITOR
OCT 02 1989

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

193

ISSUED BY Judy Reed

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 10/2 1:00

Church, Chapel, Graveside Tuttle & Sons, 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 5759 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

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

Added Tax. Claim to attorney

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.

Von D Bridges
Signature

537 E 1st
Address

Stockton
State

Ca. 95206
Zip Code

209-462 4106
Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 8307

Acct. # ____

PY-583 (REV. 8-86)

E-8307

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
PREABLE	FLEET	BRIDGES	7-2-00	9-27-89	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	Ralph Bridges - Brother 9723 Pace Avenue Los Angeles, Calif. 90002

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 Mortuary	10-2-89

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	OCT 2 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	

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 10-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5159-10 metal sealer/liner N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wanda H Fairchild 3pm

in a Ball Seal Vault/Liner Funeral, date, time Wed 10/4 ~~11:00~~

Church, Chapel, Graveside Witnes ; Hanghey Mortuary.

All Funeral cars must arrive 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 3-Top Dip 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 37984	607.00
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.

Linda Abbott
Signature

P.O. Box 2221
Address

MARTINEZ, CA. 94553
State Zip Code

(415) 646-5281 or (415) 229-3990
Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 8308

Acct. # ____

PY-593 (REV. 8-85)

E-8308

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
WANDA	ALIENE	FAIRCHILD	01-03-1920	09-30-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Linda Abbott -Daughter P.O. Box 2221 Martinez, CA 94553

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

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Judith E. King	10-3-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	OCT 4 1989	▶ Donald L. Rands, 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 10-4-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 3-3-17-7 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.

E-8308

OFFICIAL RECEIPT

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

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

No 37984

Date: 10-2 19 89

From: Linda Wyatt Address: 1382 Lomas Ln, Pasa, CA

Def. Funded 10/30 Dollars ($ 60.00)

In Payment of Verda A. Lawshe's interment

CITY AUDITOR
OCT 10 1989

Lot 3 Grave 3 Row Section 17 Division 17 Block

Invoice No.

Acct. No.

W.O. E-8308

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 3.725

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

ISSUED BY Linda Wyatt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-89

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

in a U.S. Vault Funeral date, time Tues 10/3 1:00
Vault/Liner

Church, Chapel, Graveside Peach & Grove Rosedale Mortuary.

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

Lot 19 Grave 10 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1407.25
Paid receipt number 37981	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.

Gloria M. Walshaw
Signature

224 No. Pacific St
Address

San Diego 92120
City State Zip Code

222-3677
Telephone

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

____
Signature of recorded holder of deed

Work Order # E 8309

Invoice # ____

Acct. # ____

PY-593 (REV. 9-85)

E-9309

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		BRAME	9-21-13	9-28-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Gloria Wilkens - Daughter 1050 Leland Street Spring Valley, CA 92077

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
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
		▶ Family Mangaton	10-2-89

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	OCT 2 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, 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, CA.	11B. DATE INTERRED 10-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/metal sealer 19-10-1-12 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-8309

OFFICIAL RECEIPT

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

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

No 37981

Date: 10-2, 1989

From: S. E. S. Realty Co. Address: 4304 Z Hunt, Jr. Decd
Funeral Services 2/100 Dollars ($ 1407.25)

In Payment of Grave Opening & Closing

Lot 19 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8309

BALANCE DUE

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

1203

AC-212 (Rev. 10-87)

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

CITY AUDITOR
OCT 10 1989

ISSUED BY

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1407	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-89

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

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 5321 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 37983	695.00
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

Judie Kaneko
Signature
1401 W 169th St #15
Address
Gardena, Cal 90247
State Zip Code
(213) 324-9085
Telephone

Work Order # E 8310

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

E-8310

OFFICIAL RECEIPT

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

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

No 37983

Date: 10-2, 19 89

From: Linda Vista Co Address: 1401 B. 16th Ave Escondido

Lot Location rights - Space 210 Dollars ($ 675.00)

In Payment of Perpetual Care

Lot 5321 Grave Row Section Division Block 10

Invoice No.

Acct. No. 1-0310

W.O.

BALANCE DUE

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

AC-212 (Rev. 10-87) 121

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

ISSUED BY Linda Vista

CREDIT	67007	121	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	554	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	675	00

CITY AUDITOR
OCT 10 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-89

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

in a T-S Vault Vault/Liner Funeral, date, time Sat 10/7 11:00

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

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

Lot 1624 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 Sat O.T.	280.00
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1092.25
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 8311

Invoice # ____

Acct. # ____

PY-583 (REV. 8-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-89

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

in a Sale Crypt Vault/Liner Funeral, date, time Sat 10/7 11:00

Church, Chapel, Graveside Chapel & Glove, 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 1624 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund Prenead E7999	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee Dat Device	380.00
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1408.10
Paid receipt number 37988	1408.10
Balance due	0

PAID DAUGHTERS 1989 CITY of SAN DIEGO, CALIF.

Date 10/14/89 100.00 100.00

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 [signature]

Address 4781 3RD AVE

City SAN DIEGO CA Zip Code 92103

Telephone (619) 233-1675

Work Order # E 8312

Invoice # [redacted]

Acct. # [redacted]

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8312

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

1A. NAME OF 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	George	Quin	01-19-1917	10-01-1989	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	Yvonne Quin: Wife 1490 Bridgeview Drive San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Kimberly L Ames	10-3-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	OCT 04 1989	▶ Donald L. Romas, M.D. JS

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 3751 Market Street San Diego, CA 92113	11B. DATE INTERRED 10-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teagle	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1624-10 DBL CRYPT / metal 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-8312

OFFICIAL RECEIPT

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

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

No 37988

Date: 10-3- 19 89

From: Yvonne Quin Address: 1490 Bridge View Dr., S.D. CA 92105

Fourteen hundred eight dollars and 10/100 Dollars ($ 1408.10)

In Full Payment of interment fees for Joseph Quin

Lot 1624 Grave — Row — Section — Division — Block —

CITY TREASURER

Invoice No.

Acct. No.

W.O. E 8312

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	OCT 10 1989	
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	330	—
Handling Fee	100 77185	320	—
Recording & Misc. Fees	100 77183	4 25	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	23	10
TOTAL PAID	$	1408	10

OFFICIAL RECEIPT

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

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

№ 38648

Date: 12-7, 19 89

From: Irene Quin Address: 1990 Bridge View Dr SD

fifteen 95/100 Dollars ($ 15.95)

In Payment of Flower Vase

CITY AUDITOR
DEC 11 1989

Lot 1624 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8312

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		
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

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

ISSUED BY Sandra Clark

AC-212 (Rev. 10-87) 591

01742	10/11/89	033229	JACQUELN QUIN					100.00	100.00	0.00
	E-8812		100 072	77183	000072	10/14/89	CK 219	100.00		PAID IN FULL

MBER OF INVOICES PAID 2
TAL AMOUNT PAID 120.00

wp

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-89

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

in a Ash Vault Funeral, date, time 10/23/89 AM

Vault/Liner

Church, Chapel, Graveside Deluxe Only, Rosedale Mortuary.

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

Lot 1438 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38076	100.00
Balance due	242.80
	50.00
	192.80

$192.80 50.00 - rec# 38994 1/1/9 10/89

3/12 $142.80 30.00 - rec# 39139 - rec# 39502 - rec# 39831

192.80 50.00 142.80 $0.00

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

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

Signature of recorded holder of deed

Signature Arthur A Grupe

Address 1851 Indiana #5

State San Diego Calif Zip Code 92113

Telephone 239-1515

Work Order # E 8313

Invoice # ____

Acct. # ____

PY-503 (REV. 8-85)

How was your day?

Sandra Giacinto
(Daughter)

449-5078

Notified when paid off

1926 Ventana Way
EL CAJON. 92020



HAS been notified
10/28/90
11:45
HLW

E-8313

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
BERNICE	CAROLYN	BEARD	2-19-23	9-23-89	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	Tony Griego - Conservator 1851 Irving Avenue 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-1339

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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
			9-28-89

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	SEP 28 1989	Donald L. Rowe, M.D. M.P.H.

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 Mt. Hope Cemetery: San Diego, California	11B. DATE INTERRED 10-23-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY El Cajon, California Lanada, Inc.: 14065 Olde Highway 80;	12B. DATE CREMATED 10/1/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY Sally Stevens	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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

CITY AUDITOR NO 38994

MAR 20 1990

Date: 3-12-, 19 90

From: Anthony Griego Address: 1851 Irving Avenue, S.D.

Fifty dollars and 00/100 Dollars ($ 50.00)

In part Payment of Interment of Bernice Beard (x)

Lot 1438 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 2312

BALANCE DUE 142.80

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

AC-212 (Rev. 10-87)

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

ISSUED BY W. J. League

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	50 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	50 —

OFFICIAL RECEIPT

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

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

No 38677

Date: 12-11, 1989

From: Ella Lucia Address: 1851 Lovers Cir. D

Fifty & dollars 50/100 Dollars ($ 50.00)

In Payment of Lorene Board's Interment

Lot 1436 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8313

BALANCE DUE 192.80

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

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Wood

CREDIT	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	DEC 18 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50 00	

OFFICIAL RECEIPT

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

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

No. 38076

Date: 10-24, 19 89

From: Cotton Diego Address: 1851 Lorie Avenue San Diego

One hundred 00/100 Dollars ($ 100.00)

In Payment of Partial Payment on Lorie Lease

Lot 1432 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-5213

BALANCE DUE 242.80

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

ISSUED BY Sandra Ward

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	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	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

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

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 39502

Date: 7-17, 19 80

From: Amy Sias Address: 1831 Irving, SD 92113

Fifty Dollars 00/100 Dollars ($ 50.00)

In Payment of Lina Beach Interment

Lot 1438 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E 8313

BALANCE DUE

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

AC-212 (Rev. 10-87) 559

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

ISSUED BY J Wait

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

OFFICIAL RECEIPT

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

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

No 39851

Date: Oct 22, 1990

From: Anthony Griego Address: 1871 Loring Ave San Diego 92109

Forty-Two and 80/100 Dollars ($ 42.80)

In Payment of Bernice Beard Interment (Final)

Cash

Lot N38 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-3313

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 K. L. Kendall

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	5 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2 80
TOTAL PAID	$	42 80

OFFICIAL RECEIPT

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

CITY AUDITOR

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

APR 23 1990

No 39139

Date: 4-19, 1990

From: Anthony Griego Address: 1751 Irving Ave Ste

Fifty Dollars and No Dollars (50 00)

In Payment of Burial Permit

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8313

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

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	5	00
Burial Containers	100 77182	45	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-89

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

in a F.S. Vault (Vault/Liner) Funeral, date, time Thurs 10/5 11:00

Church, Chapel, Graveside Grace Rosedale Mortuary.

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

Lot 127 Grave 1 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number 37990	1207.25
Balance due	0

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

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

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

Signature of recorded holder of deed

Billy C. Wiley
Signature
1202 KELTON ROAD
Address
SAN DIEGO, CA 92114-1226
State Zip Code
(619) 263-7489
Telephone

Work Order # E 8314

Invoice # ____

Acct. # ____

PY-693 (REV. 8-95)

E-8314

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	BELL	WILEY	01/05/1905	10/1/1989	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	Elizabeth Wilder - Daughter 1202 Kelton Road 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.	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
		▶ Francis L. Ragsdale	10-5-89

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	OCT 5 1989	▶ Donald L. Remus, M.D. for

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 10-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/cloth covers 27-1-2-12 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.

OFFICIAL RECEIPT

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

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

F-8314
№ 37990

Date: 10-3-, 1989

From: Betty C. Wiley Address: 1202 Kelton Road, S.D., CA 92114-1326

Twelve hundred seven dollars and 25/100 Dollars ($ 1207.25)

In Full Payment of interment fees for Grace Wiley

AUDITOR
OCT 10 1989

Lot 127 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. F 8314

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-3-89

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

in a B.S. Vault (Vault/Liner) Funeral, date-time Wed 10/4 11:00

Church, Chapel, Graveside Vogel & Hunt, 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

PAID
OCT 04 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Lot 2271 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	25.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number 38007	1307.25
Balance due	0

Marker will follow

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

John O Webb
Signature

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

Signature of recorded holder of deed

4518B Dinant Dr
Address

England Air Force Base Louisiana 71103
State Zip Code

487-2037
Telephone

Work Order # E 8315

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8315

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
CLOTEAL		WYATT	1-19-33	9-28-89	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	Lester Knox - Brother 5208 S. 20th Place Phoenix, AZ 85040

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 Chamberlain	10-2-89

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	OCT 2 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, 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 Mt. Hope Cemetery: San Diego, CA	11B. DATE INTERRED 10-4-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2271-10 Vault/ non-seller 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-8315

OFFICIAL RECEIPT

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

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

No 38007

Date: 10-4- 1989

From Anderson-Ragsdale Address 5050 Federal Blvd, San Diego, CA 92102

Thirteen hundred seven dollars and 25/100 Dollars ($ 1307.25)

In Full Payment of Closeal Wyatt services

CITY AUDITOR
OCT 10 1989

Lot 2271 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E8315

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4555

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	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1307	25

Credit Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-3-89

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

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 83 Grave 4 & 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 37989		100.00
Balance due		890.00

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

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

_____
Signature of recorded holder of deed

Julius L Logan
Signature
[redacted]
Address
San Diego 92114
State Zip Code
[redacted]
Telephone

Work Order # E 8316

Invoice # _____

Acct. # _____

PY-583 (REV. 9-85)

NAME Logan, Julius L. ACCT. NO. E-8316

ADDRESS 5257 Velma Terrace, San Diego, Ca 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
10-3 89	Lot 83, Graves 4 & 5, Section 2, Div 12	990.00		100.00	890.00
11-1 89	Coupon 1 Receipt 38096			100.00	790.00
12-4 89	Coupon 2, Receipt 38623			100.00	690.00
1-4-90	Coupon 3, Receipt 38731			100.00	590.00
1-30-90	Coupon 4 Receipt 38815			100.00	490.00
3-5-90	Coupon 5, Receipt 38942			100.00	390.00
4-3-90	Coupon 6 receipt 39063			100.00	290.00
5-2-90	Coupon 7 receipt 39167			100.00	190.00
6-6-90	Coupon 8 receipt 39328			100.00	90.00
7-2-90	Coupon 9, receipt 39428			90.00	-0-

AIGNER FORM NO. 25-204 Logan, Julius L. 83 - 4&5 - 2 - 12 PRINTED IN USA

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8316 Credit Lot

Julius L. Logan
5257 Velma Terrance
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. ▶ $ 38.00

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

$ [redacted]/ea.

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8316 Credit Lot

Julius L. Logan
5257 Velma Terrance
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. $ 38.00

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

$ 39.00

Amount Received $ 100.00

NAME Julius Logan

ADDRESS 5257 Velma Ter

CITY San Diego **STATE** Ca **ZIP** 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. F-8316 Coupon Lot 3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Julius L. Logan
5257 Velma Terrance
San Diego, CA 92114

Month and Day Due Indicated Below 10

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									38.00		

Amount due when paid on, or before 10 due date above. ▶ $ 1.00

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

$ _____

Amount Received $ 1.00

NAME Julius Logan

ADDRESS 5257 Velma Terr

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

mistake name address -

E-8316

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT Mrs L. Logan
5257 Velma Terrance
San Diego, Ca 92114

Month and Day Due Indicated Below 10

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								38.00			

Amount due when paid on, or before, due date above. 10 ▶ $ 1.00

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

$ _____

Amount Received $ 100.00

NAME Julia Logan

ADDRESS 5257 Velma Terr.

CITY S.D. 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.

Juliana L. Logan
5257 Velma Terrance
San Diego, CA 92114

Month and Day Due Indicated Below 10

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									38.00		

Amount due when paid on, or before due date above. 10 $ 1.00

Amount due if paid more than ____ days after due date above. $ 39.00

$ 101.00

Amount Received $ _____

NAME Juliana Logan

ADDRESS 5257 Velma Terrance

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO. Julius L. Logan
5257 Velma Terrance
San Diego, Ca 92114

Month and Day Due Indicated Below 10

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									38.00		

Amount due when paid on, or before, due date above. ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 39.00

$ _____

Amount Received $ 100.00

NAME Julius Logan

ADDRESS 5257 Velma 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.

Julius L. Logan
5237 Velma Terrance
San Diego, CA 92114

Month and Day Due Indicated Below 10

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								38.00			

Amount due when paid on, or before due date above. ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 39.00

$ _____

$ _____ Amount Received

NAME Julio Logan

ADDRESS 5237 Velma Ter

CITY SD 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. Louise L. Logan
5257 Velma Terrance
San Diego, Ca., 92114

Month and Day Due Indicated Below 10

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									38.00		

Amount due when paid on, or before, due date above. 10 ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 39.00

$ _____

Amount Received $ 100.00

NAME Louise Logan

ADDRESS 5257 Velma Terr

CITY San Diego STATE Calif 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. Julia L. Logan
5237 Palma Terrance
San Diego, CA 92114

Month and Day Due Indicated Below 10

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									38.00		

Amount due when paid on, or before due date above. ▶ $ 1.00

Amount due if paid more than _____ days after due date above. ▶ $ 39.00

$ _____

$ _____

Amount Received $ 9.00

NAME Julia L Logan

ADDRESS 5237 Palma Ter

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 39428

Date: 7-2, 1990

From: Julia Logan Address: 5257 Velma Terrace

Thirty Dollars ($ 30.00)

In Payment of Credit Lot 71

Lot 43 Grave 4 Space 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. F-4316

BALANCE DUE

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

AC-212 (Rev. 10-87) 2404

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

ISSUED BY J. Wirt

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

OFFICIAL RECEIPT

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

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

№ 39328

Date: 6-6 , 19 90

From: Alice Logan Address: 5557 Valma Terrace S.D.

The Sum of: One Hundred Dollars ($ 100.00)

In Payment of Crypt Lots

Lot 13 Grave 4-5 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. F 1316

BALANCE DUE

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

AC-212 (Rev. 10-87) 2384

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

ISSUED BY

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

CITY AUDITOR JAN 08 1990

OFFICIAL RECEIPT

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

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

CITY AUDITOR
MAY 07 1990

No 39167

Date: 5-2 , 1990

From: Julia Lopez Address: 5257 Velma Terrace Dr, Ca 92114

Re Harvard M/no Dollars ($ 100.00)

In Payment of Cedar Lot

Lot 73 Grave 4+5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. F-9316

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 Ann Wark

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 78360		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

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

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

CITY AUDITOR APR 9 1990

No 39063

Date: 4-3 , 19 90

From: Julia Lopez Address: 5257 Vella Terrace, SD 92114

One Hundred Dollars ($ 100.00)

In Payment of Order Lot

Lot 13 Grave 4-5 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-2316

BALANCE DUE

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

AC-212 (Rev. 10-67) 2334

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

ISSUED BY [signature]

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

OFFICIAL RECEIPT

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

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

CITY AUDITOR MAR 12 1990

No 38942

Date: 3-5 , 19 90

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 100.00)

In _____ Payment of [illegible]

Lot 83 Grave [illegible] Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8314

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

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

ISSUED BY [illegible]

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

OFFICIAL RECEIPT

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

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

No 38815

Date: 1-30, 19 90

From: Julius Logan Address: 5257 Velma Terrace, S.D. 92114

One Hundred Dollars 00/100 Dollars ($ 100.00)

In _____ Payment of Credit Lot

Lot 83 Grave 4 & 5 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-4316

BALANCE DUE $490.00

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

AC-212 (Rev. 10-87) 2276

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	100	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	80101 78390		
TOTAL PAID	$	100	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

No 38731

Date: 1-4, 1990

From: Julia Logan Address: 5257 Velma Terrace, SD 92114

One Hundred ~~No~~ Dollars ($ 100.00)

In Payment of Comp 3 - Cedar Lots

Lot 93 Grave 475 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E- 8316

BALANCE DUE ~~$590.00~~

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

AC-212 (Rev. 10-87) 2255

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

ISSUED BY J. Waits

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

CITY AUDITOR

JAN 08 1990

OFFICIAL RECEIPT

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

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

No 38623

Date: 12-4 19 89

From: Julius Logan Address: 5257 Velma St. San Diego

One Hundred no/100 Dollars ($ 100.00)

In Payment of Canyon 6 Unit Lot

Lot 23 Grave 185 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-5316

BALANCE DUE 670.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1229

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

CITY AUDITOR
DEC 11 1989

OFFICIAL RECEIPT

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

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

No 38096

Date: 11-1 1989

From: Julius Shapiro Address: 5252 Velma Ter, San Diego

One Hundred and no/100 Dollars ($ 100.00)

In _____ Payment of Cremation & Vault Lot

Lot 83 Grave 4 5 Row _____ Section 2 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. 2-8316

BALANCE DUE 190.00

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

2199

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	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
NOV 06 1989

OFFICIAL RECEIPT

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

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

No 37989

Date: 10-3- , 1989

From: Julius L. Logan Address: 5257 Velma Terrace, S.D. CA 92114

One hundred dollars and no/100 Dollars ($ 100.00)

In part Payment of Credit lots

Lot 53 Grave 4 & 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E8316

BALANCE DUE 890.00

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

AC-212 (Rev. 10-67) 2168

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

ISSUED BY W.J. Teague

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	100 —
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 76390	
TOTAL PAID	$	100 —

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-4-89

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

in a ~~Vault/Liner~~ Funeral, date, time Thurs 10/5 1:00

Church, Chapel, Graveside Deluxe Chapel; Alvarado Mortuary.

All Funeral cars must arrive 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 3 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.A. 108717

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 091567

Acct. # 000952

Work Order # E 8317

PY-593 (REV. 8-85)

E-8317

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
Edenia	-	Estrada-Olea	9-29-89	9-29-89	F

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	Clemente Estrada-Father 1721 Washington Ave. Escondido, CA 92026

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Albiser-Wilson Mortuary 225 S Broadway Escondido, CA 92025	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
		▶ [signature]	10/4/89

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	OCT 04 1989	▶ Donald L. Rowe, M.D.

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

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

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

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92003	11B. DATE INTERRED 10-4-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY No line / Light metal 13-3-100F-43	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 10-2-89

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

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 5324 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	695.00
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

Shirley Nishiguchi
Signature

3851 Byrd St.
Address

SD. CA 92154
State Zip Code

690-6078
Telephone

Work Order # E 8318

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

E-8318

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-89

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

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 5324 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	69.50
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 Shirley Nishiguchi

Address 3851 Byrd St.

State SD. CA 92154 Zip Code

Telephone 690-6078

Work Order # E 8318

Invoice # _____

Acct. # _____

PY-583 (REV. 9-86)

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 4 day of October, 19 89, between Richard D Nishiguchi, 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 534 Grave ____, Row ____, Section ____, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $695.00, payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $ 29.00 on the 10 day of November, 1989; and the balance in installments of $ 29.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

WITNESS our hands this day and year above written.

Deed to be issued to: Richard K & Shirley F. Nishiguch
Name

$89 X 23 = $667
28 X 1 = 28
$695

3851 Byrd Street
Address

San Diego, CA 92154

PURCHASER

Shirley F. Nishiguchi

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Gordon Ward

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

NAME Nishiguch, Richard & Shirley ACCT. NO. E-8318

ADDRESS 3851 Byrd Street, San Diego, Ca 92154 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
10-2	89	Lot 5324, Division 10	695.00			
11-9	89	Coupon 1, Receipt 38358			30.00	665.00
11-30	89	Coupon 2, Receipt 38607			30.00	635.00
12-29	89	Coupon 3, Receipt 38727			29.00	606.00
2-2	90	Coupon 4, Receipt 38829			29.00	577.00
3-9	90	Coupon 5, receipt 38979			29.00	548.00
4-4	90	Coupon 6, Receipt 39086			29.00	519.00
5-7	90	Coupon 7, Receipt 39196			29.00	490.00
6-5	90	Coupon 8, receipt 39315			29.00	461.00
7-12	90	Coupon 9, receipt 39473			29.00	432.00
8-10	90	Coupon #11, receipt #39600			58.00	374.00
10-10	90	Coupon #12, Receipt #39818			29.00	345.00
11-7	90	Coupon 13, Receipt 39909			29.00	316.00
12-6	90	Coupon 14, Receipt 40035			29.00	290.00
1-15	91	Coupon 15, receipt 40194			29.00	261.00
2-5	91	Coupon 16, receipt 40272			29.00	231.00
3-11	91	Coupon 17, receipt 40435			29.00	202.00
4-8	91	Coupon 18 Receipt 40500			29.00	173.00
5-10	91	Coupon 19 RECEIPT 40699			29.00	144.00

Pd In Full 10-7-91

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-5-91	COUPON #20, RECEIPT 40787			29.00	115.00
7-5-91	Coupon #21 receipt 40934			29.00	86.00
8-2-91	COUPON # 22 RECEIPT # 41064			29.00	57.00
9-5-91	COUPON #23 RECEIPT # 41211			29.00	28.00
10-7-91	Coupon #24, Receipt # 41357			29.00	-0-

(Note: Fine Pd Due Coupon)

Pd-In-Full

AIGNER FORM NO. 25-204 PRINTED IN U.S.A.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-4-89

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

in a — Vault/Liner Funeral, date, time Fri 10/6 1:00

Church, Chapel, Graveside Delivery Only, El Cajon Mortuary.

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

Lot 156 Grave 4 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 9/23/98	55.00
Additional spaces and care fund Family no prices M	
Opening/Closing & Setup Paying back County 1/2 cemetery	90.00
Burial Container To Allen marker for grave	
Handling Fees Total price to charge family	
Flower vases - Marker setting fee 6 795 - lot	
Recording and filing fee 45 - Recording	
Sales taxes 0 8.40	
Total Due	145.00
Paid receipt number ____	
Balance due	

P.A. 108066

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 091565

Acct. # 000952

Work Order # E 8319

PY-693 (REV. 8-85)

E-8319

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
Allan	P.	Ellington	3/18/61	8/20/89	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	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
El Cajon Mortuary 684 So. Mollison Ave. - El Cajon, CA 92020	F-1022

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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 10-6-89

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	OCT 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 Mt. Hope Cemetery 3751 Market St. - San Diego, CA 92102	11B. DATE INTERRED 10-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 156-4-1-12 N/A NO LINER / cardboard	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joshat Vivar - Cotes

in a _____ Vault/Liner Funeral date, time Fri 10/6 1:00

Church, Chapel, Graveside Delivery Only, El Cajon Mortuary.

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

Lot 121 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

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

P.P. 1080628

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 091561

Acct. # 00095L

Work Order # E 8320

PY-583 (REV. 8-85)

E-8320

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
Josafat	Felicito	Vivar-Cateco	11/15/1952	9/12/1989	M

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

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
El Cajon Mortuary 884 So. Mollison Ave. - El Cajon, CA 92020	F-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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]	10-6-89

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	OCT 06 1989	▶ Donald L. Ramos, 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 Mt. Hope Cemetery - 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 10-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY NO LINER 1121-3-1-12 cardboard 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 10-5-89

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

in a — Vault/Liner Funeral, date, time Fri 8/6 1:30

Church, Chapel, Graveside Delivery ; Calif Berryman Mortuary.

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

Lot 121 Grave 3 Bottom 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	145.00
Paid receipt number	
Balance due	

P.A. - Lee Jones # 108087

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 091563

Acct. # 000752

Work Order # E 8321

PY-583 (REV. 8-85)

E-8321

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
Felipe	—	Manjarrez	10-25-1934	9-4-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	San Diego County Coroner 555 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
California Burial Chapel 5602 El Cajon Blvd, San Diego, CA	F-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Orlie A Cass	10-5-1989

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	OCT 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	

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 10-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY — 121-38-1-12 NO LINER / cardboard	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 10-6-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 10/10 12:30

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 5077 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1407.25
Paid receipt number 38021	1407.25
Balance due	0

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

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

Signature of recorded holder of deed

Signature: Charles L. Simms

Address: 214 Cedardge Dr.

State: Cal. Zip Code: 92114

Telephone: 479-2158

Work Order # E 8322

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E-8322

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
CECIL	ALLEN	DIMRY	3/30/53	10/5/89	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	Charles Louis Dimry - Father 214 Cedaridge Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-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]	10/8/89

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	OCT 9 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 Dept. of Health 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 5077-10 Mt. Hope Cemetery San Diego, CA	11B. DATE INTERRED 10-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal dealer/Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-8322

OFFICIAL RECEIPT

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

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

No 38021

Date: 10-6, 19 89

From: Miles Denby Address: 214 Columbine St, San Dec 6

Fourteen hundred seven 25/100 + Dollars ($ 1407.25)

In Payment of Cecil Allen Denby Interment

Lot 5077 Grave Row Section Division 10 Block

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) 2607

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

ISSUED BY Sonia Ward

CREDIT 20% Sales Care	67007 77184	132 00
80% Sales of Lots	100 77184	528 00
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	175 00
Handling Fee	100 77185	19 00
Recording & Misc. Fees	100 77183	25 00
Pre-Need Trust	63033 6022	
Sales Tax	60101 78390	12 25
TOTAL PAID	$	1407 25

CITY TREASURER OCT 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-9-89

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

in a Bill Lyon Vault/Urn Funeral, date, time Fri 10/13 2:00

Church, Chapel, Graveside Chapel of Belvue 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 50 Grave 9 Row ____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number 38029	607.00
Balance due	0

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

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

Signature of recorded holder of deed

Signature John A Frances

Address 2055 Main Ave

State Lemon Grove Zip Code 92045

Telephone 465-8429

Work Order # E 8323

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E-8323

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Reba	Dove	Francis	06-02-1912	10-08-1989	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	Justin Francis:Husband 2055 Massachusetts Ave. Lemon Grove, CA 92045

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-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 L. Tomas	10-12-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	OCT 13 1989	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 10-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 50-9-16-7 LINER / metal / non-sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
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-8323

OFFICIAL RECEIPT

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

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

No 38029

Date: 10-9 19 89

From: Lizzie Francis Address: 2055 Mountain View Dr. El Cajon

Dollars ($ 607.00)

In Payment of Perp. Care Interment

Lot 50 Grave 9 Row Section 16 Division 17 Block

Invoice No.

Acct. No.

W.O. 2-6323

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 5632

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

ISSUED BY Linda J. Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	OCT 16 1989	410 00
Burial Containers	100 77182		150 00
Handling Fee	100 77185		25 00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		7 00
TOTAL PAID	$		607 00

BY AUDITOR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-9-89

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

in a Sole Crypt Vault/Lined Funeral, date, time Fri 10/13 1:30

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 95 Grave B Row ____ Section 2 Division/Block 12

Grave space & Care Fund ..... Prepaid

Additional spaces and care fund .....

Opening/Closing & Setup ..... E 7793

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 8324

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E-8324

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
Harold	Truly	Wells, Sr.	8/4/36	10/7/89	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	Arletha D. Wells, Wife 6375 Belle Glade Avenue 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-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
		▶ Pamela Hamilton	10-12-89

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	OCT 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
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 Mt. Hope Cemetery: 3751 Market Street San Diego, CA. 92102	11B. DATE INTERRED 10-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 95-11-2-12 DBL CRYPT/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.

E-8324

OFFICIAL RECEIPT

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

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

No 006229 38655

Date: 12 8, 19 89

From: Urletha L Wells Address: 6375 Bella Vista Cmy, SD

Dollars ($ 25.96)

In September 1989 Payment of Flower Cmy for Harold Wells

Lot 95 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O 2-6324

BALANCE DUE —

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

3294

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 77181	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	15 60
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	36
TOTAL PAID	$	15 96

CITY AUDITOR
DEC 18 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-10-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 10/12 2:00

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 741 Grave ____ Row ____ Section L Division ~~Block~~ 8

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 38051	1307.25
Balance due	0

PAID OCT 12 1989 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

well fee at time of Service

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

Bert Zarkin
Signature

12646 3rd Ave
Address

Chgo Ca 91710
State Zip Code

628-0672
Telephone

Comrad 283-2919

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

____
Signature of recorded holder of deed

Work Order # E 8325

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E-8325

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
MONTA	C.	BIRCH	12-4-1918	10-10-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Betty Tacker sister 12646 3rd Street Chino, CA 91710

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 Ulrich	10/11/89

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	OCT 11 1989	▶ Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	P.O. Box 85222 San Diego, CA 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 10-12-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 741-1-8 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.

OFFICIAL RECEIPT

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

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

E-8325
No 38051

Date: 10-16, 19 89

From: Betty Faber Address: 12646 3rd Street Otero

Three hundred Seven 25/100 Dollars ($ 307.25)

In Payment of Monta Linda Interment

CITY AUDITOR
OCT 16 1989

Lot 741 Grave Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. E-8325

BALANCE DUE

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

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Cook

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	280	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	23	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1307	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid lot & Trust Date 10-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ross & Irene Nielsen

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 245 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund	215.00
Additional spaces and care fund	
Opening/Closing & Setup 2 @ 105.00 =	210.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee 2 @ 35.00 =	70.00
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

Ross Nielsen
Signature
3521-6 ave. #9
Address
San Diego Calif. 92103
State Zip Code
298-3073
Telephone

Work Order # E 8326

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E-8326

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 № 330423

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of purchase of lot and pre need trust. Owners have moved to [redacted] Canada and will be buried there. Ownership of lot will revert back to cemetery. E-8326

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO.: 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

Refund

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 9 / 2 / 93 FUND OVERRIDE ☐

PAYEE	SEG	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A B C D E		Ross Nielsen 1703 - 1321 Halifax St. Burnaby, B.C. Canada V5A 4R5	Refund		4		$452.00		

TOTAL AMOUNT $ 452.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTIVITY LINE	CY FY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100	072	-	77184	80 %				$172.00
		100	072		77181	Opening		Closing		210.00
		100	072		77183	Perp. Fee				70.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

JoAnn Waits

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Kathy Wigdahl PHONE 527-3400 DATE 9-30-93 DEPT./ DIV. NAME Prop./Mt. Hope Cem. M.S. # 72

AC-486 (REV. 5-86) 593525

DP № 330423

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8326 Credit Lot & Tru

Ross & Irene Nielsen
3571 Sixth Avenue #9
San Diego, Ca 92103

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. $ 21.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8326 Credit Lot & Trust

Ross & Irene Nielsen
3571 Sixth Avenue, #9
San Diego, CA 92103

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. ▶ $ 21.00

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-8326 Credit Lot & Tru

Rops & Irene Nœlsen
35/1 Sixth Avenue, #9
San Diego, Ca 92103

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 21.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8326 Credit Lot & Trus

Ross & Irene Nielsen
3571 Sixth Avenue, #9
San Diego, CA 92103

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. ▶ $ 21.00

Amount due if paid more than_____days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8326 Credit Lot & Tru

Ross & Irene Nielsen
3571 Sixth Avenue, #9
San Diego, Ca 92103

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. ▶ $ 21.00

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

$ _____

Amount Received $ _____

NAME Ross & Irene Nielsen

ADDRESS 3571-6 ave #9

CITY San Diego STATE Ca ZIP 92103

☐ check (✓) if this is new address

OFFICIAL RECEIPT

CITY AUDITOR

No 38944

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

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

MAR 12 1990

Date: 3-5 19 90

From: Ross Nelson Address: 3571 6th Ave #2, SD 92103

Twenty-One Dollars 00/100 Dollars ($ 21.00)

In Payment of Pre Need Trust

Lot 245 Grave Row Section 4 Division Block F

Invoice No.

Acct. No.

W.O. E-8326

BALANCE DUE

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

AC-212 (Rev. 10-87) 4255

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	21	00
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

CITY AUDITOR

APR 9 1990

No 39049

Date: 3-30, 1990

From: Kevin Scott Gibson Address: 3571 64th Ave, #7 SD 92103

Ninety Dollars Dollars ($ 390.00)

In Payment of Under Lot, 2 Spaces 2 Interments
(1 Cr.)

Lot 245 Grave Row Section 4 Division Block 7

Invoice No.

Acct. No.

W.O. E-1336

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	43 00
80% Sales of Lots	100 77184	67 00
Opening/ Closing	100 77181	210 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	70 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	390 00

OFFICIAL RECEIPT

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

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

NO 38823

Date: 2-1, 19 90

From: Ross Nielsen Address: 3571 Sixth Ave, #19, SD 92103

Twenty One Dollars 00/100 Dollars ($ 21.00)

In Payment of Burial Vault

Lot 245 Grave Row Section 4 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-8326

BALANCE DUE ~~$411.00~~

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

AC-212 (Rev. 10-87) 4287

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

ISSUED BY John 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	21	00
Sales Tax	80101 78390		
TOTAL PAID	$	21	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

No 38721

Date: 1-2 19 90

From: Lois Nielsen Address: 3571 Eighth Ave, SD

Twenty-one 00/100 Dollars ($ 21.00)

In Payment of One space 3 Credit Lot

Lot 245 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-8326

BALANCE DUE 42.00

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

4242

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	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

CITY AUDITOR

JAN 08 1990

OFFICIAL RECEIPT

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

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

No 38624

Date: 12-4, 19 89

From: Ross Nielsen Address: 3571 Ohio Ave #9, SD

Twenty-one 00/100 Dollars ($ 21.00)

In Payment of Vaugan 2 Vault Lot

Lot 245 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-8326

BALANCE DUE 453.00

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

AC-212 (Rev. 10-87) 4230

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	21 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	$	21.00

OFFICIAL RECEIPT

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

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

No 38097

Date: 11-1, 1989

From: Lois Jackson Address: 3571 54th St. #D

Four-one

Dollars ($ 21.00)

In Payment of Casper 1 Grave Lot

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-2326

BALANCE DUE 479.00

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

4200

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Wood

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

CITY AUDITOR
NOV 06 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Lot

Date 10-11-89

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

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 5785 5786 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	695.00
Additional spaces and care fund	1390.00
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1390.00
Paid receipt number _____	
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

Maria J. Paniagua
Signature

121 E. 2nd St.
Address

National City 92050
State Zip Code

619-474-0763
Telephone

Work Order # E 8327

Invoice # _____

Acct. # _____

PY-583 (REV. 8-95)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

Amount due if paid more than ____ days after due date above. $ 11-1-87

$ _____

Amount Received $ 58.00

NAME MARIA J. PANIAGUA

ADDRESS 121 2ND ST. #A

CITY NATIONAL STATE City ZIP 92050

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8327 Credit Lot

Maria Paniagua
121 E. 2nd Street
National City, Ca 92050

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. ▶ $ 58.00

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-8327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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. ▶ $ 58.00

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

$ _____

Amount Received $ _____

NAME MARIA J. PANIAGUA

ADDRESS 121 E 2nd ST.

CITY NATIONAL STATE City ZIP 92050

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~B-8327~~ Credit Lot

Maria Paniagua
121 E. 2nd Street
National City, Ca 92050

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. ▶ $ 58.00

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

$ _____

Amount Received $ _____

NAME Maria J Paniagua

ADDRESS 121 E 2nd ST.

CITY National City STATE City ZIP 92050

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-1327 **Credit Lot**

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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

$ _____

Amount Received $ _____

NAME MARIA J. PANIAGUA

ADDRESS 121 E 2Nd ST

CITY NATIONAL STATE CITY ZIP 92050

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8327 Credit Lot

Maria Paniagua
121 E. 2nd Street
National City, Ca 92050

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. ▶ $ 58.00

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-8327 **Credit Lot**

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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

$ _____

Amount Received $ _____

NAME MARIA J PANIAGUA

ADDRESS 1342 B SAN YSIDRO BL.

CITY SAN YSIDRO STATE CAL. ZIP 92073

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8327 Credit Lot

Maria Paniagua
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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-6327 Credit Lot

Maria Paniagua
121 E. 2nd Street
National City, Ca 92050

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. ▶ $ 58.00

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-8327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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 ▶ $ 58.00

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-8327 Credit Lot

Maria Pandagan
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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. ▶ $ 58.00

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-8327 Credit Lot

Maria Paniagua
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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 _____ 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-6327 Credit Lot

Maria Pantagua
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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. S-8327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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-6327 Credit Loc

Maria Penaguc
121 E. 2nd Street
National City, Ca 92050

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. $ 58.00

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. B-8327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca. 92050

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. $ 58.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6327 Credit Loc

Maria Paniagua
121 E. 2nd Street
National City, CA 92050

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. $ 38.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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 ▶ $ 58.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8327 Credit Lot

Maria Paniagua
121 E. 2nd Street
National City, Ca 92050

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. ▶ $ 58.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6327 Credit Lot

Maria J. Paniagua
121 E. 2nd Street
National City, Ca 92050

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. ▶ $ 58.00

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. B-8327 Credit Loc

Maria Fandagan
121 E. 2nd Street
National City, Ca 92050

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 shown. ▶ $ 56.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 41353

Date: 10-7 . 1991

From: Maria Paringat Address: 1342 S. Mt. Vernon Bl San Bernardino CA 92173

Dollars ($ 56 00)

In Payment of Credit - Lot

Lot 5185 - 5186 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE

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

AC-212 (Rev. 10-87) 170

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

ISSUED BY D. Carter

CREDIT	67007	56	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

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

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

No 41223

Date: 9-6-, 1991

From: Maria Gonzalez Address: 1242 San Ysidro Blvd S.Y. 92173

FIFTY EIGHT AND 00/100 Dollars ($ 58.00)

In PART Payment of CREDIT LOT

Lot 3185-5186 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE

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

AC-212 (Rev. 10-87) # 154

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	58.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58.00

OFFICIAL RECEIPT

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

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

№ 41106

Date: 8/9/, 19 5

From: Maria Ignacia [illegible] Address: 1242 La [illegible]

Fifty Eight and 00/100 Dollars ($ 58.00)

In Full Payment of Credit Lot

Lot 518 + 518A Grave _____ Row _____ Section _____ Division _____ Block 16

Invoice No. _____

Acct. No. _____

W.O. E-8327

BALANCE DUE _____

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

AC-212 (Rev 10-87) # 140

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

ISSUED BY Kathy Yorke

CREDIT 20% Sales Care	67007 77184	58.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58.00

OFFICIAL RECEIPT

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

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

№ 40976

Date: 7-16-, 19 91

From: Maria Tranidou Address: 121 E. 2nd St National City, CA 92050

Fifty Eight and 00/100 Dollars ($ 58.00)

In Full Payment of Credit Lot 1

Lot 185, Sec - Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8327

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 Ruth Yates

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	58.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58.00

OFFICIAL RECEIPT

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

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

Nº 40848

Date: 6-17, 19 71

From: Mona Lourenço Address: 3332 Lanyard Ave. 92113

Fifty-Eight Dollars ($ 58.00)

In Payment of

Lot 5185 - 5186 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 3277

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 V. Diaz

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	58 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58 00

OFFICIAL RECEIPT

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

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

№ 40676

Date: 5-6, 19 91

From: Maria Paniagua Address: 1303 B Hanford Ave. Apt. I Lyden 92173

Sixty Eight & 00/100 Dollars ($ 68.00)

In Payment of Cedar Lot

Lot 515 & 516 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE

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

AC-212 (Rev. 10-87) 1341

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

ISSUED BY Vicki

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	54	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

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

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

No 40519

Date: Apr 5, 1991

From: Maria Pantoja Address: 3423 San Ysidro Blvd. San Ysidro 9207

Fifty-eight and 00/100 Dollars ($ 58.00)

In Cash Payment of Pre-need Lot 5)

Lot 5185 & 5186 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE $404.00

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

1327

AC-212 (Rev. 10-87)

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

ISSUED BY K. L. Kendall

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	58 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58 00

OFFICIAL RECEIPT

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

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

№ 40395

Date: 3-5, 1971

From: Maria Paniagua Address: 1342B San Ysidro Bl San Ysidro ca

Fifty eight 00/100 Dollars ($ 58.00)

In Payment of Credit Lot

Lot 5185 + 5186 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE 462.00

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 N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

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

№ 40342

Date: 2-22, 19 71

From: Maria I. Paniagua Address: 1342 B San Ysidro Bl San Ysidro Ca

Fifty-eight 00/100 Dollars ($ 58.00)

In Payment of Credit Lot

Lot 5185 & 5186 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE

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

AC-212 (Rev. 10-87) 1364

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

ISSUED BY M. Lopez

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

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

№ 40149

Date: 1-7-, 1971

From: Maria Julia Paniagua Address: 1342 B San Ysidro Blvd. Ca 92073

fifty-eight ~~00~~ Dollars ($ 58.00)

In _____ Payment of Credit Lot

Lot 5185 & 5186 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-8327

BALANCE DUE 58.00

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

AC-212 (Rev. 10-87) 1018

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

ISSUED BY N. Zaguirre

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

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

No 40027

Date: 12-5, 1920

From: Maria Paniagua Address: 1342 B San Ysidro Bl San Ysidro 92073

fifty-eight 00 Dollars ($ 58.00)

In Payment of Credit Lot

Lot 5185 & 5186 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE $ 636.00

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

996

AC-212 (Rev. 10-87)

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	58	00
Opening/ 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	$	58	00

OFFICIAL RECEIPT

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

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

No 39926

Date: 11-8, 1990

From: Maria Sicilia Paniagua Address: 1312 B Los Jovenes Blvd San Ysidro CA 92173

Fifty-eight dollars 00/100 Dollars ($ 58.00)

In full Payment of Credit Lot

Lot 5185 5186 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE 694.00

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

975

AC-212 (Rev. 10-87)

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

ISSUED BY Lisa Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77187		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

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

№ 39799

Date: 10 — 5 —, 19 20

From: Marie J Paniagua Address: 1242 E [illegible]

Fifty Eight and 00/100 Dollars ($ 58.00)

In Payment of Credit Lots

Lot E185 & 5186 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E-8327

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 Robt Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	58.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58.00

OFFICIAL RECEIPT

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

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

No 39664

Date: 7-5-, 1940

From: Maria J Paniagua Address: 121 E 2nd Street National City Ca 92050

Fifty five and 00/100 Dollars ($ 55.00)

In Payment of Burial Lot

Lot 185 & 186 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8227

BALANCE DUE

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

AC-212 (Rev. 10-87) # 937

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	55.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	55.00

OFFICIAL RECEIPT

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

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

№ 39557

Date: Aug 3, 19 90

From: Maria Paniagua Address: 1423 San Ysidro Blvd S.Y.

Fifty Eight 00/100 Dollars ($ 58.00)

In Payment of Cedar Lot

Lot 585 + 586 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. F-7327

BALANCE DUE

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

AC-212 (Rev. 10-87) 9/3

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

ISSUED BY (illegible)

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

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

Nº 39437

Date: 7-3, 19 70

From: Maria Paniagua Address: 1342 B Sy. Blvd. Sy. Ca. 92173

Fifty-Eight 110/100 Dollars ($ 58.00)

In Payment of Credit Lot

Lot 515 + 516 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-1327

BALANCE DUE

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

AC-212 (Rev. 10-67) YT

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

ISSUED BY Wait

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	57	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

OFFICIAL RECEIPT

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

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

No 39305

Date: 6-4, 19 90

From: Maria Paniagua Address: 1342 S. Las Pulgas Rd. Spc
Forty Eight 7/12 Dollars ($ 57.00)

In Payment of Cedar Lots

Lot 515-516 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 1327

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	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78360	
TOTAL PAID	$	57 00

CITY AUDITOR
JUN 05 1990

CITY AUDITOR

OFFICIAL RECEIPT

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

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

MAY 07 1990

No 39169

Date: 5-2, 19 90

From: Maria Paniagua Address: 1353 Sampson St, Apt 6

Fifty-Eight Dollars Dollars ($ 58.00)

In Payment of Cemetery Lots

Lot 515-516 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-1337

BALANCE DUE

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

AC-212 (Rev. 10-87) YK

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	58 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58 00

CITY AUDITOR

OFFICIAL RECEIPT

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

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

APR 9 1990

No 39065

Date: 4-3, 1990

From: Maria Noriaqua Address: 121 E. 2nd St. NC, 92054

Fifty Eight Dollars 7½/100 Dollars ($ 58.00)

In Payment of Cvlt - Lots

Lot 515 + 516 Grave Row Section Division Stack 10

Invoice No.

Acct. No.

W.O. E-1321

BALANCE DUE

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

AC-212 (Rev. 10-87) 822

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	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

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

CITY AUDITOR

MAR 20 1990

No 38981

Date: 3-7, 19 90

From: Maria Lanagan Address: 131 E 3rd N.C. 92050

Fifty-Eight Dollars ($ 58.00)

In Payment of Cash

Lot 5145 & 5146 Grave Row Section Division 10 Block

Invoice No

Acct. No.

W.O. E-2327

BALANCE DUE

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

AC-212 (Rev. 10-87) 801

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

ISSUED BY

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

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

No. 38854

Date: 2-6, 1990

From Maria Paniagua Address: 121 E. 2nd St, N.C. 92050

Fifty-Eight Dollars Dollars ($ 58.00)

In Payment of Order Int

Lot 5185 & 5186 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE 58.00

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

AC-212 (Rev. 10-87) 7/74

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	58 00
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	$	58 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

№ 38750

Date: 1-5, 1990

From Maria Paniagua Address: 121 E. 2nd St. N.C. 92050

Fifty-Eight Dollars 70/100 Dollars ($ 58.00)

In Payment of Cedar Lots

Lot 5185 & 5186 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE

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

AC-212 (Rev. 10-87) 0160

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

CITY AUDITOR

JAN 16 1990

ISSUED BY Gloria Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

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

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

No 38608

Date: 11-30, 19 89

From: Maria J. Saviana Address: 121 E. 2nd Street, National City

fifty - cent 2/10 Dollars ($ 58.00)

In Payment of Coupon 2 Crested Lot

Lot 5185 5186 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6377

BALANCE DUE 1274.00

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

AC-212 (Rev. 10-87) 739

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	58 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	58 00

CITY AUDITOR
DEC 04 1989

OFFICIAL RECEIPT

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

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

No. 38507

Date: 11-2, 19 89

From: Maria J. Serrano Address: 121 E. 2nd Street, N.C.

In Payment of Cougar 1 Crypt Lot Dollars ($ 58.00)

Lot 5165 & 5166 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8327

BALANCE DUE 1332.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
713

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

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	80101 78390		
TOTAL PAID	$	58 00	

CITY AUDITOR
NOV 06 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-89

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

in a ash Vault Vault/Liner Funeral, date, time Wed 11/22 AMS

Church, Chapel, Graveside Delivery Only ; Crem - Wieland Mortuary.

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

✓ Lot 1819 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Prepaid 89 C-5
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 38067	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.

Per phone

Signature of recorded holder of deed

Geraldine Anderson
Signature
327 Locust Dr
Address
Richardson TX 75080
State Zip Code
214-234-1257
Telephone

Work Order # E 8328

Invoice # ____

Acct. # ____

PY-583 (REV. 9-85)

E-8328

#949

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL–TRANSIT PERMIT

PERMIT NUMBER 068522

PERSONAL DATA ON DECEASED

1. Full name of deceased: Evelyn Dagne Briggs
2. Date of death (month, day, and year): 10-11-89
3. Death due to communicable disease: YES ☐ NO ☒
4. Sex: Female
5. Color or race: White
6. Age in years: 82
7. Place of death (city or precinct no.): Dallas (county): Dallas (state): Texas

MANNER AND PLACE OF DISPOSAL

Method of disposal: Burial ☐ Removal ☐ Cremation ☒ Disinterment ☐
Place of burial removal or disposal (name of cemetery or crematorium): Moore's Crematory (city or town): Arlington (state): Texas
Name of funeral director: Crane Westlock
License number:
Business address:
Name of embalmer (if none, write none):
License number:
Business address:

AUTHORIZATION TO DISPOSE OF BODY

A certificate of death having been filed as required by the laws of Texas and all laws and regulations governing the preparation and disposal of dead bodies having been complied with, permission is hereby given to dispose of the body as identified above.

Signature of local registrar: Johnnie P. Willis
District (city or precinct no.): DALLAS (county): DALLAS
Date: 10-16-89

DISPOSITION OF BODY

Body was: Buried ☐ Cremated ☒
Date: 10-19-89
Name of cemetery or crematory: Moore
Location (city or town): Arlington (county): Tarrant (state): Tx
Name of sexton or person in charge: Kent Smith [BD]

E-8328

006522

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL–TRANSIT PERMIT

PERMIT NUMBER

PERSONAL DATA ON DECEASED	1. Full name of deceased: Evelyn Dagne Briggs			2. Date of death (month, day, and year): 10-11-89	3. Death due to communicable disease: YES ☐ NO ☒
	4. Sex: Female	5. Color or race: White	6. Age in years: 82	7. Place of death (city or precinct no.): Dallas	(county): Dallas (state): Texas
MANNER AND PLACE OF DISPOSAL	Method of disposal: Burial ☐ Cremation ☒ Removal ☐ Disinterment ☐			Place of burial removal or disposal (name of cemetery or crematorium): Moore's Crematory	(city or town): Arlington (state): Texas
	Name of funeral director		License number	Business address: Crane Weiland	
	Name of embalmer (if none, write none)		License number	Business address	
AUTHORIZATION TO DISPOSE OF BODY	A certificate of death having been filed as required by the laws of Texas and all laws and regulations governing the preparation and disposal of dead bodies having been complied with, permission is hereby given to dispose of the body as identified above.				
	Signature of local registrar: Johnnie P. Willis		District	(city or precinct no.): DALLAS	(county): DALLAS Date: 10-16-89
DISPOSITION OF BODY	Body was Buried ☐ Cremated ☐	Date	Name of cemetery or crematory		
	Location (city or town)	(county)	(state)	Name of sexton or person in charge	

THE SOUTHWESTERN INSTITUTE OF FORENSIC SCIENCES AT DALLAS

Permission is granted to the Crane-Weiland FH (Moore's Crematory)
(Crematorium or Funeral Home)

at Dallas., Texas to cremate the body of
(City and State)

Evelyn Dagne Briggs
(Full name of deceased)

Issued the 16th day of October, 19 89 by

Medical Examiner, Dallas County

OFFICIAL RECEIPT

E 8328

№ 38067

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

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

Date: 10-19 19 89

From: Irvin Anderson Address: 327 Lookout Drive, Vista

Thirty-five 00/100 Dollars ($ 35.00)

In Payment of Evelyn Briggs Interment

Lot 1819 Grave Row Section Division Block VAULT

Invoice No.

Acct. No.

W.O. E-8328

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 806

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

ISSUED BY Sandra Wood

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

OCT 24 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-89

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

in a Bell Series (Vault/Liner) Funeral, date, time Mon 10/16 11:00

Church, Chapel, Gravesite Chuck & Nelson; 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 587 Grave ____ Row ____ Section 3 Division/Block 8

Grave space & Care Fund ..... ____

Additional spaces and care fund ..... ____

Opening/Closing & Setup 330.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee ..... ____

Recording and filing fee 25.00

Sales taxes 7.00

Total Due 607.00

Paid receipt number 38056 607.00

Balance due -0-

Mortuary to send check

Stamped & Delivered Monday

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8329

Acct. # ____

PY-593 (REV. 8-85)

E-8329

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
Johanna	—	Gottier	11-2-01	10-12-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
North Bend	Coos County, Oregon	Amling/Schroeder Funeral Service P.O.Box 363 Bandon, OR 97411

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 10-17-89

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	OCT 16 1989	Donald L. Ramos, M.D. ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
Coos County Oregon	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 10-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 587-3-8 Linen 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-8329

OFFICIAL RECEIPT

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

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

No 38056

Date: 10-16, 19 89

From: Cynthia Schroeder Address: 225 N. Buick St Oceanside Ca 92

Six hundred seven 00/100 Dollars ($ 607.00)

In Payment of Interment Fee Lot 587

CITY AUDITOR
OCT 24 1989

Grave Row Section 3 Division 8 Block

Invoice No.

Acct. No.

W.O. E1-8326

BALANCE DUE -0-

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

AC-212 (Rev. 10-87)

5212

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 77161	320	00
Burial Containers	100 77162	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	607	00

OFFICIAL RECEIPT

E-8329 49877

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4/22, 1968

From Gary Ross Address: 4550 Netarts Hwy West Tillamook Ore 97141

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

In Full Payment of Setting Fee for marker for Johanna Gother

Lot 587 Grave 1 Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O.

BALANCE DUE E-8329 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 565

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Bk

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	83033 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-89

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

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 10/17 2:00

Church, Chapel, Graveside Graveside ; Mayer Mortuary.

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

Lot 2223 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund (E-8174 595-147 =)	448.00
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 (check)	35.00
Sales taxes	7.00
Total Due	1055.00
Paid receipt number 38063	1055.00
Balance due	-0-

Mortuary will bring

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8330

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-8330

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

1A. NAME OF 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	Richardson	Perry	3-8-18	10-13-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kenneth Perry - Son 4525 Oregon Street #1 San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Mayer Mortuary 2859 Adams Ave. San Diego, CA	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: 10-16-89

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	OCT 17 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
3851 Rosecrans Av. San Diego, CA 92101	

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 2273-10	11B. DATE INTERRED 10-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Liner / Both 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-8330

OFFICIAL RECEIPT

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

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

№ 38063

Date: 10-17, 19 89

From: Mayer Mortuary Address: 2859 Adams Ave SD

Dollars ($ 105.00)

In Payment of Disinterment Permit & Transfer

CITY AUDITOR
OCT 24 1989

Lot 2273 Grave Row Section Division Block 78

Invoice No.

Acct. No.

W.O. E-8330

BALANCE DUE

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

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	119	00
80% Sales of Lots	100 77184	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 78380	7	00
TOTAL PAID	$	1055	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deeded Lot Date 10-13-89

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

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 112 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 _____	
Balance due	

Purchase Contract 4/19/93

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

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

_____
Signature of recorded holder of deed

Fred R. Dominguez Jr.
Signature
2996 So. Garland Ct.
Address
Lakewood, CO 80227
State Zip Code
(303) 986-8303
Telephone

Work Order # E 8331

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

NAME Deaguero, Fred Jr. ACCT. NO. E-8331

ADDRESS 2996 S. Garland Court, Lakewood, Co 80227 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
-13	89	Lot 113, Grave 4, Section 1, Division 11	495.00			495.00
1-17	90	Coupon 1, Receipt 38781			21.00	474.00
4-11-90		Coupon 2 receipt 39115			21.00	453.00
4-19-90		Coupon 3 receipt 39136			21.00	432.00
2-24	03	Mailed letter re: no payments				
4-16	03	purchase cancelled all monies absorbed by City				

AIGNER FORM NO. 25-204 Deaguero, Fred Jr. 113 = 4 - 1 - 11 PRINTED IN USA

E-8331

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Fred Deaguero Jr.

Address 2996 S. Garland Ct. Lakewood Co 80227

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 113, Grave 4, Row —, Section 1, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on October 13, 1989, by and between Mt. Hope Cemetery and Fred Deaguero Jr. 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

E8331

THE CITY OF SAN DIEGO

February 24, 2003

Mr. Fred Deaguero
2996 S. Garland Crt.
Lakewood, CO. 80227

Dear Mr. Deaguero:

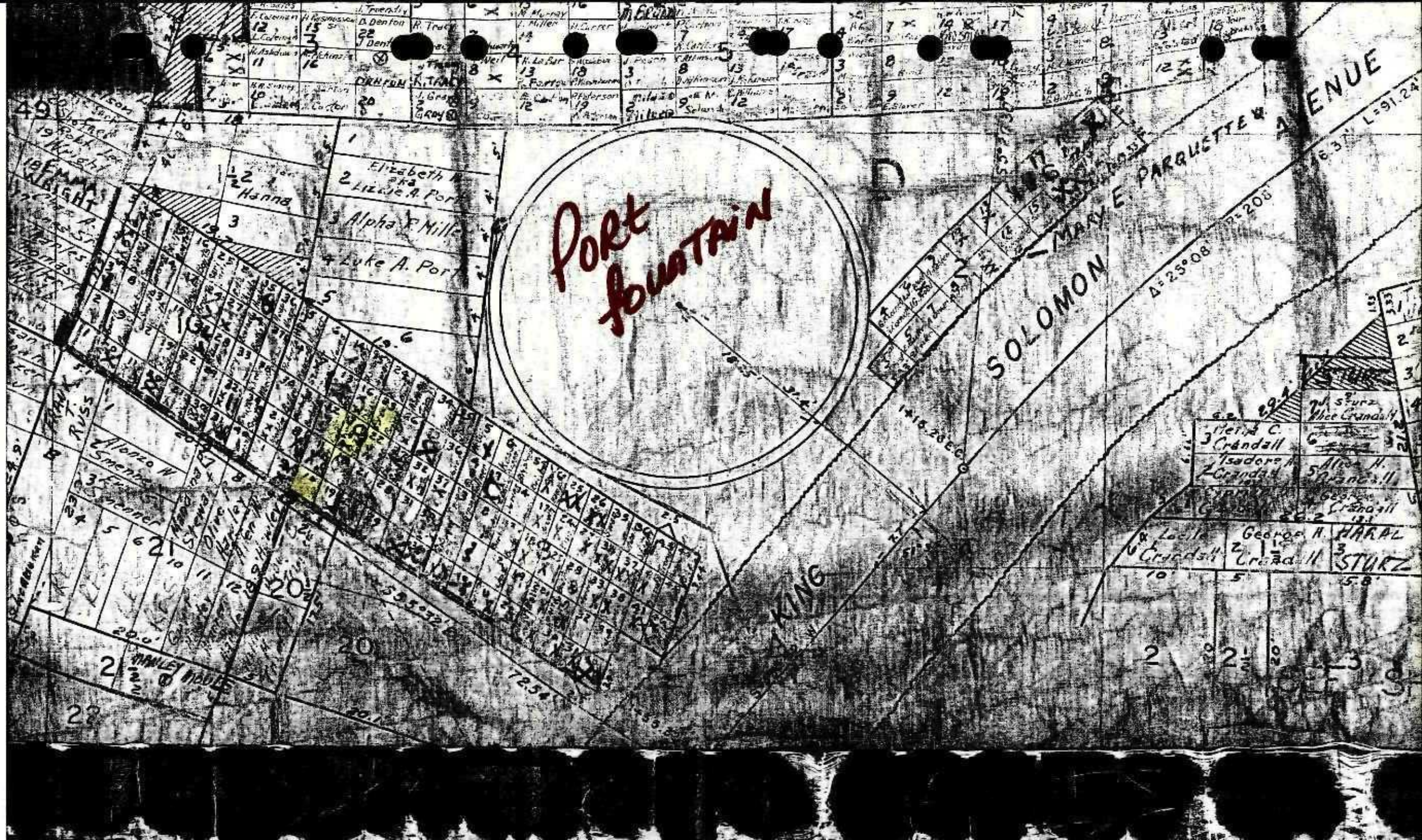
This letter is to inform you that we have recently reviewed the purchase of your pre-need lots, which has not yet been paid in full. You have 30 days from the date of this letter to contact us on this matter, otherwise Mt Hope Cemetery will need to make the appropriate decision regarding the following lot: Division 11 Section 1 lots 113 Grave 4.
April 1990 was our last documented contact with you with regard to the continuation of your payment plan. Currently your balance is $432.00.

Thank you for your time.

Ray Snider
Mt. Hope Cemetery Manager

RS/ph

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


PORT FOUNTAIN
MARY E. PARQUETTE AVENUE
SOLOMON
KING
Elizabeth N.
Lizzie A. Port
Alpha Miller
Luke A. Port
Hanna
Alonzo W. Simmons
Emma Wright
Frank T. Russ
Olive Stevens
Allen Wright
Manley Noble
Mary C. Crandall
Isadora M. Crandall
Alice H. Sturz
George H. Crandall
Lucile Crandall
HARAL STURZ

(8331

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 13 day of October, 1989, between Fred Dequero, 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 113, 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: $_____ cash herewith, the receipt of which is hereby acknowledged; $21.00 on the 10 day of January, 1990; and the balance in installments of $21.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ 21.00
1 @ 12.00
495.00

FRED DEAGUERO, JR.
Name

2996 So. Garland Ct.
Address

Lakewood, Colorado 80227

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Ward

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

OFFICIAL RECEIPT

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

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

CITY AUDITOR
APR 16 1990

No F-8331
39115

Date: 4-11, 19 90

From: Fred Maguire, Jr. Address: 2776 S. Euclid Ave, Fontana, Ca 92335

Thirty Dollars Dollars ($ 21.00)

In Payment of Order Lot

Lot 113 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. F-8331

BALANCE DUE

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

AC-212 (Rev. 10-67) 45-172493-4

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

ISSUED BY J. Wilt

CREDIT			
20% Sales Cers	67007 77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78360		
TOTAL PAID	$	21	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8331 Credit Lot

Fred Deaguero, Jr.
2996 S. Garland Court
Lakewood, Ca 80227

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. ▶ $ 21.00

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

$ 21.00

Amount Received $ _____

NAME FRED DEAGUERO, JR.

ADDRESS 1255 S. BELLAIRE, #207

CITY DENVER STATE CO ZIP 80222

☑ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8331 Credit Lot

Fred Deaguero, Jr.
2996 S. Garland Court
Lakewood, Co 80227

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. ▶ $ 21.00

Amount due if paid more than_____days after due date above. ▶ $ _____

$ 21.00

Amount Received $ _____

NAME _____

ADDRESS _____

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

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8831 Credit Lot

Fred Deaguero, Jr.
2996 S. Garland Court
Lakewood, Ca 80227

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. ▶ $ 21.00

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

$ _____

Amount Received $ _____

NAME F. Deaguero, Jr.

ADDRESS 1255 So. Bellaire #207

CITY Denver STATE Co ZIP 80222

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

CITY AUDITOR No 39136 8331

APR 23 1990

Date: 4-19 , 1990

From: Fred Leaguer Address: 2496 So. Garland Ct., Fallbrook Ca

Twenty & 00 Dollars ($ 21.00)

In Payment of Cust Lot

Lot 113 Grave 4 Row Section 1 Division II

Invoice No.

Acct. No.

W.O. E-1331

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 Wall Wait

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 76390		
TOTAL PAID	$	21	00

J-1129639

OFFICIAL RECEIPT

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

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

CITY AUDITOR

E-8331

No 38781

JAN 22 1990

Date: 1-17, 1990

From: Fred Dequeiroz Address: 2996 S. Island Ct, Lakeland, CO

Twenty-one no/100 Dollars ($ 21.00)

In Payment of Adult Lot

Lot 113 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No. E-8331

W.O.

BALANCE DUE 414.00

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

AC-212 (Rev. 10-87) 251

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

ISSUED BY Andrea Ward

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Purchased Lot

Date 10-16-89

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

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 80 Grave 8 Row _____ Section 3 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	

Lot Paid in Full

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

Hattie L. Brown

Signature

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

_____
Signature of recorded holder of deed

2835 Meade Ave

Address

San Diego, CA 92105

State Zip Code

Telephone

Work Order # E 8332

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8332 Credit Lot

Hattie L. Brown
2835 Menlo Avneue
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 _____ days after due date above. ▶ $ _____

$ 20.00

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-8332 Credit Lot

Hattie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. ▶ $ _____

$ 20.00

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-8332 Credit Lot

Hattie L. Brown
2835 Menlo Avneue
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 _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8332 Credit Loty

Hattie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. $ _____

$ 20.00

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-8332 Credit Lot

Hattie L. Brown
2835 Menlo Avneue
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 _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8332 Credit Loty

Hattie L. Brown
2835 Menlo Avenue
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 _____ 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-8332 Credit Lot

Hattie L. Brown
2835 Menlo Avneue
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 _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Hattie Brown

ADDRESS 4784 Reno Dr.

CITY San Diego STATE Ca. ZIP 92105

☐ Check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8332 Credit Loty

Hattie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Hattie L Brown

ADDRESS 4784 Reno Dr.

CITY San Diego STATE CA ZIP 92115

☑ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. • S-8332 Credit Lot

Hattie L. Brown
2835 Menlo Avneue
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 _____ 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-8332 Credit Loty

Hattie L. Brown
2835 Menlo Avenue
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 _____ 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-8332 · Credit Lot

Hattie L. Brown
2835 Menlo Avneue
San Diego, Ca 92105

Month and Day Due Indicated Below

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

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

Amount due if paid more than _____ days after due date above. $ 22.00

$ _____

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-6332 Credit Loty

Hattie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8332 Credit Lot

Hattie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. $ 24.45

$ _____

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-4332 Credit Lady

Hattie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. E-8332 Credit Lot

Hattie L. Brown
2835 Menlo Avenue
San Diego, Ca 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 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-6332 Credit Loty

Hattie L. Brown
2835 Kenio Avenue
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 _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No., E-8332 Credit Lot

Hattie L. Brown

~~2835 Menlo Avenue~~ 4784 Reno DR.

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 _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 20.00

NAME Hattie Brown

ADDRESS 4784 Reno DR.

CITY San Diego STATE CA. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6332 Credit Lady

Hattie L. Brown
2435 Hemlo Avenue
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 _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 26.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. M-8332 Credit Lot

Hattie L. Brown
2835 Mesilo Avenue
San Diego, Ca 92105

Month and Day Due Indicated Below

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

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

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

$ _____

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-8332 Credit Loty

Mattie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. $ _____

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. C-8332 Credit Lot

Battie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. $ _____

$ _____

Amount Received $ 20.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8332 Credit Lady

Hattie L. Brown
2835 Menlo Avenue
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 _____ days after due date above. $ _____

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8332 . Credit Lot

Bessie L. Brown
2835 Menlo Avenue
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 ____ days after due date above. ▶ $ _____

$ _____

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. 2-4332 Credit Levy

Hattie L. Stowe
2835 Kesio Avenue
San Diego, Ca 92105

Month and Day Due Indicated Below

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

[redacted]

$ 35.00

days

$

$

Amount Received $ 35.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 42473

Date: 7-6, 1972

From: Nettie Brown Address: 4784 Lago Dr. SD 92105

Twenty no/100 Dollars ($ 20 -)

In Payment of One Deed Lot

Lot 80 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-9332

BALANCE DUE

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

AC-212 (Rev. 1-91)

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

ISSUED BY J Waite

CREDIT	67007	20	00
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 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

№ 41360

Date: 10-7 , 19 91

From: Hattie Brown Address: 4734 Reno Dr. SD 92105

One hundred and fifty five Dollar ~ 00/100 Dollars ($ 155.00)

In Payment of Credit - Lot

Lot 80 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-8332

BALANCE DUE 6

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

AC-212 (Rev. 10-87) 5911

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

ISSUED BY D. Carter

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

OFFICIAL RECEIPT

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

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

№ 40414

Date: 3-7-91, 1991

From: Hattie Brown Address: 4784 Reno Drive S.D. Ca

One hundred sixty 00/100 Dollars ($ 160.00)

In Payment of Credit Lot

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8332

BALANCE DUE 175.00

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

5718

AC-212 (Rev. 10-87)

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

ISSUED BY H Lequerica

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	160	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	160	00

OFFICIAL RECEIPT

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

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

Nº 39427

Date: 7-2, 19 90

From: Hattie Brown Address: 4774 Kino Ave., S.D., 92105

Twenty Dollars and no/100 Dollars ($ 20.00)

In Payment of Order Lot

Lot 10 Grave 7 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-7332

BALANCE DUE

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

AC-212 (Rev. 10-87) 545

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

ISSUED BY Lait

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 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

No 39295

Date: 6-1, 19 90

From: Hattie Bass Address: 2835 Dale Ave, LE 92105

Twenty Dollars and no/100 Dollars ($ 20.00)

In Payment of Cedar Lot

Lot 10 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 7332

BALANCE DUE

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	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
JUN 08 1990

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

AC-212 (Rev. 10-87) 5431

ISSUED BY

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 39062

Date: 4-3, 19 90

From: Hattie Brown Address: 2335 Winona Ave, SD 92105

Twenty Dollars and no/100 Dollars ($ 20.00)

In _____ Payment of Cinder Lot

Lot 80 Grave 8 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-8332

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 5370

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

ISSUED BY J. Anderson

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

MAR 12 1990

No 38931

Date: 3-5, 1990

From: Hattie Brown Address: 233 Thirty Third St. N 92102

Dollars ($ 20.00)

In Payment of Cem. Lot

Lot 80 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-8332

BALANCE DUE

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

AC-212 (Rev. 10-87) 5333

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

ISSUED BY M. Watts

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

CITY AUDITOR

MAY 07 1990

No 39170

Date: 5-2, 19 90

From: Hattie Bloom Address: 2[illegible] Nebraska S.D. 92105

Twenty Dollars Dollars ($ 20)

In Payment of Credit Lot

Lot 90 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-7333

BALANCE DUE

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

AC-212 (Rev. 10-87) 10537-1153

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 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

No 38809

Date: 1-27, 1990

From: Hattie L. Brown Address: 2835 Meade Avenue, SD 92105

Twenty-Dollars and No Dollars ($ 20.00)

In Payment of Credit Lot

Lot 70 Grave 8 Row Section 3 Division 12

Invoice No.

Acct. No.

W.O. E-8332

BALANCE DUE ~~$435.00~~

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

AC-212 (Rev. 10-87) 5290

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

ISSUED BY [signature]

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
264-3151

No 38686

Date: 12/18/89

From: Hattie Lewis Address: 2233 Market Ave, SD 92105
Laurette Dallas TX 75201

In Payment of Oregon 2 Vacant Lot Dollars ($ 20.00)

Lot 20 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6332

BALANCE DUE 455.00

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

AC-212 (Rev. 10-87) 5264

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	DEC 26	1989
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

No 38571

Date: 11-14, 19 89

From: Hattie Brown, Address 2835 Meno, San Diego

Twenty dollars none — Dollars ($ 20.00)

In Payment of Compare Credit Lot

Lot 80 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. 21-8332

BALANCE DUE 475.00

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

AC-212 (Rev. 10-87) 5223

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	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	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	20 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 10/18 11am

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 No .

Lot 1414 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	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number _____	
Balance due	

Mortuary to bring check

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

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

_____
Signature of recorded holder of deed

Barbara J. Holt
Signature

2551 Ridge View Dr.
Address

Ca 92105
State Zip Code

619 263-3877
Telephone

Invoice # _____

Work Order # E 8333

Acct. # _____

PY-593 (REV. 8-86)

E-8333

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
Wilford	Ulysses	Holt	3-21-1919	10-12-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Barbara J. Holt (Wife) 2551 Ridge View Drive San Diego, CA [redacted]05

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
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA	F-1357[redacted]	▶ Melissa [illegible]	10-16-1989

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	OCT 16 1989	▶ Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

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 10-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 14-14-10 — T.S. Vault / metal holder	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 10-16-89

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

in a T-S Vault (Vault/Liner) Funeral, date, time Thurs. 10/19 9:00

Church, Chapel, Graveside Graveside ; Lewis (John) Mortuary.

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

Lot 530 / Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund Assessment	210.00
Opening/Closing & Setup	350.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	12.25
Total Due	922.25
Paid receipt number 38061	922.25
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

Mike Tsuneyoshi
Signature
4226 Counth Street
Address
San Diego CA 92115
State Zip Code
265-1647 (home) ; 594-5805 (work)
Telephone

Work Order # E 8334

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E-8334

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
HARUYE	-	TSUKIYOSHI	08-20-1905	10-15-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MIKI TSUKIYOSHI - DAUGHTER 4226 CORINTH STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5051 El Cajon Blvd. Lewis Colonial/Benbough 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	10/17/89

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	OCT 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
	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 10-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5301-10 Vault/Cobcovered 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-8334

THE CITY OF

SAN DIEGO

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

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

October (MONTH) 89 (YEAR)

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

Moritaka Tsuneyoshi (X)

from Lot 530/ Grave ____ Section ____ Row ____ Block ____ Div 10
and to remove the same to and reinter said remains in Lot 530/ Grave ____
Section ____ Row ____ Block ____ Div 10.

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.

Meki Tsuneyoshi		
Signature	Signature	Signature
daughter		
Relation to deceased	Relation to deceased	Relation to deceased
4226 Corinth St San Diego, CA 92115		
Address	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

E-9334

No 38061

OFFICIAL RECEIPT

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

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

Date: 10-17, 19 87

From: Mike Iaconetti Address: 4226 Ninth Street SD

Dollars ($ 922.25)

In _____ Payment of Maria Iaconetti Interment

Lot S 301 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-2324

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

		CITY AUDITOR	
CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	OCT 20	
Opening/ Closing	100 77181	175	00
Burial Containers	100 77182		
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	2 15	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	922	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Grenned Lot & Trust Date 10-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cornwallis & Lydia Ann Dean

in a Dble 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 33 Grave 4 Row 1 Section 2 Division/Block 12

Grave space & Care Fund	PAID	495.00
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		
Recording and filing fee	2 @ 35.00	70.00
Sales taxes		23.10
Total Due		878.10
Paid receipt number 38068		500.00
Balance due		378.10

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

Cornwallis & Lydia Ann Dean
Signature
Supt Logan Mem.
Address
San Diego, Ca. 92113
State Zip Code
619-264-5203
Telephone

Work Order # E 8335

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

NAME Dean, Cornwallis & Lydia ACCT. NO. E-8335

ADDRESS 4407 Logan Avenue, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
10/16	89	Lot 33, Grave 4, Section 2, Division 12	495.00			
		2 Opening/Closing, Double Crypt, 2 Recording	1383.10		500.00	1378 10
11-7	89	Coupon 1, Receipt 38522			115 00	1263 10
1-4	90	Coupon 2+3, Receipt #38737			230 00	1033 10
3-9-90		Coupon 5, Receipt 39077			115 00	918 10
5-17-90		Coupons 4+6, Receipt 39242			230 00	688 10
9-12-90		Coupon 7, Receipt #39482			115 00	573 10
10-3-90		Coupon #8, Receipt #39779			115 00	458 10
2-5	91	Coupon 9 receipt 40276			115 00	343 10
2-26	93	Coupon 11, 12 rec 43399			230 00	113 10
8/17	94	Coupon 13			113 00	0

add vase
Flower
$23.10

PAID
AUG 17 1994
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Av[redacted]
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. ▶ $ 115.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 115.00

Amount due if paid more than_____days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Cornwallis + Lydia Dean

ADDRESS 4407 Logan Ave.

CITY San Diego, STATE Ca. ZIP 92113

☐ **check (✓) if this is new address**

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca. 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 115.00

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

$ _____

Amount Received $ _____

NAME Cornwallis + Lydia Dean

ADDRESS 4407 Logan Ave.

CITY San Diego, STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 115.00

Amount due if paid more than_____days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Cornwallis Dean

ADDRESS 4407 Logan Ave.

CITY San Diego STATE Ca. ZIP 92113

☐ check(✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 115.00

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

$ _____

Amount Received $ _____

NAME Cornwallis Dean

ADDRESS 4407 Logan Ave.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 115.00

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

$ _____

Amount Received $ _____

NAME Cornwallis Dean

ADDRESS 4407 Logan Ave.

CITY San Diego STATE Ca. ZIP 92113

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 115.00

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

$ _____

Amount Received $ _____

NAME Cornwallis Dean

ADDRESS 4407 Logan Ave

CITY San Diego STATE Ca ZIP 92113

☒ check (✓) if this is new address

Send or bring one coupon with each

DO NOT MAIL ENTIRE BOOK

COUPON 8

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 115.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
1 Pd				1 91						10	

Amount due when paid on, or before, due date above. $ 115.00

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-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										19	

Amount due when paid on, or before, due date above. $ 115.00

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

$ _____

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
30				31						10	

Amount due when paid on, or before, due date above. $ 115.00

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

$ _____

Amount Received $ _____

NAME CORNWALLIS DEAN

ADDRESS 4407 LOGAN AVE.

CITY SAN DIEGO STATE CA. ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8335 Preneed Lot & Trust

Cornwallis & Lydia Dean
4407 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 113.00

Amount due if paid more than _____ days after due date above. $ 115.00

$ _____

Amount Received $ _____

NAME Cornwallis Dean

ADDRESS 4407 Logan Ave.

CITY San Diego STATE Ca ZIP 92113

☑ check (✓) if the new address

OFFICIAL RECEIPT

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

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

43399

Date: 2-26, 1993

From: Cornwallis Dean Address: 4407 Logan ave S.D. Ca 92113

Two Hundred thirty Dollars ($ 230.00)

Infant Payment of Pre Need Lot & Trust

Lot 33 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-8335

BALANCE DUE $113.00

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

AC-212 (Rev. 1-91) 1047

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

ISSUED BY N. Ferguson

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	230	00
Sales Tax	60101 76390		
TOTAL PAID	$	230	00

OFFICIAL RECEIPT

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

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

№ 40806

Date: 6-9, 19 91

From: Sydney Dean Address: [redacted] La 92113

Re Hunger Fight 10/12 Dollars ($ 115.00)

In _____ Payment of Perpetual Care Trust

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

Invoice No. _____

Acct. No. _____

W.O. E-8335

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 3D2

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

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	115	W
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	115	W

QFFICIAL RECEIPT

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

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

№ 40276

Date: 2-5 , 1991

From: Lydia Dean Address: 4407 Logan Ave S.D. Ca

One hundred fifteen 00/100 Dollars ($ 115.00)

In Payment of Pre Need Lot Trust

Lot 33 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-8335

BALANCE DUE 343.00

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 M. Ferguson

CREDIT	67037		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	115	00
Sales Tax	60101 78390		
TOTAL PAID	$	115	00

OFFICIAL RECEIPT

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

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

№ 39779

Date: 12 — 2 — , 19 90

From: DEAN, CORNWALL & Lydia Address: 7407 LOGAN AVE SAN DIEGO A. 92113

ONE HUNDRED FIFTEEN AND 00/100 Dollars ($ 115.00)

In _____ Payment of PRE NEED LOT & TRUST

Lot 22 Grave 4 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8235

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

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

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	115	00
Opening/ Closing	100 77181		
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	00

OFFICIAL RECEIPT

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

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

CITY AUDITOR
MAY 29 1990

No 39242

Date: 5-17, 1990

From: Cervelli Lea Address: 4401 Logan, SE 92113

Dollars ($ 230.00)

In _____ Payment of Credit for 2 Pre-Need Trust

Lot 33 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F 8335

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 4363

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	230	00
Sales Tax	60101 78390		
TOTAL PAID	$	230	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

No. 38972

Date: 3-9, 19 90

From: Leydia Dean Address: 4407 Logan Ave Sd 92113

One Hundred Fifteen Dollars ($ 115.00)

In Payment of Pre-Need Trust

Lot 33 Grave 4 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-8335

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4389

AC-212 (Rev. 10-87)

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

ISSUED BY Glenda 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	115	00
Sales Tax	60101 76390		
TOTAL PAID	$	115	00

OFFICIAL RECEIPT

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

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

№ 38737

Date: 1-4, 1990

From: Cornwallis + Lydia Dow Address: 4407 Logan Ave. S.D. 92113

Two Hundred Thirty Dollars ($ 230.00)

In Payment of Cospuis 213, Planned Niche

Lot 33 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7335

BALANCE DUE $1033.10

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

AC-212 (Rev. 10-87) 4223

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	CITY AUDITOR	
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	JAN 08 1990	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	230	00
Sales Tax	60101 78390		
TOTAL PAID	$	230	00

OFFICIAL RECEIPT

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

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

№ 38522

Date: 11-7, 19 89

From: Lydia Ann Dean Address: 4407 Dawn Dr, San Diego CA

five hundred fifteen 15/100 Dollars ($ 115.00)

In _____ Payment of Lot 1, Mount 3523

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

Invoice No. _____

Acct. No. E-8335

W.O. _____

BALANCE DUE 1263.10

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

4159

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	115	00
Sales Tax	60101 78380		
TOTAL PAID	$	115	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

№ 38060

Date: 10/16 19 89

From: Connelly's Lawn Address: 4407 Logan Ave SD

Five hundred 19/100 Dollars ($ 500.00)

In Payment of Deposit on Cat and Tent Graveside Burial Service

Lot 23 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No. E-8335

W.O.

BALANCE DUE 1376.10

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

CREDIT		
20% Sales Care	57007 77184	2750
80% Sales of Lots	100 77184	3796 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	500 00
Sales Tax	60101 78380	
TOTAL PAID	$	500 00

OCT 23 1989

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

ISSUED BY Sandy Davis

AC-212 (Rev. 10-87) 4141

OFFICIAL RECEIPT

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

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

45371

Date: Aug. 18, 1994

From: Lydia Dean Address: 440 Logan Ave, S.D. 92113

One hundred thirty-six and 80/100 Dollars ($ 136.80)

In full Payment of Pre-need trust (paid in full) for Lydia Dean; flower vase

Lot 33 Grave 4 Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8335

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #1886

AC-212 (Rev. 1-91)

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

ISSUED BY K Strodel

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183	~~20~~ VAIE	~~70~~ RLV
Pre-Need Trust	83033 9022	113	10
Sales Tax	80101 78300		70
TOTAL PAID	$	136	80

OFFICIAL RECEIPT

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

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

№ 39482

Date: 7-15, 19 70

From: Dean Cannarella Address: 4400 Logan Ave, SD 92113

Eleven Dollars & Fifteen Cents Dollars ($ 11.15)

In Payment of Pre-Need Trust

Lot 33 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. F-1335

BALANCE DUE

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

AC-212 (Rev. 10-87) 4430

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

ISSUED BY Waite

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	11	15
Sales Tax	60101 78390		
TOTAL PAID	$	11	15

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (X) of CARL S. KANEKO Fld (X)

in a ASH VAULT Vault/Liner Funeral, date, time Nov. 10 ~~Sat~~ 10:30

Church, Chapel, Graveside Graveside ; Church / Family Mortuary. LEWIS Colonial

All Funeral cars must 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 5321 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... preneed E-8310	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	40.00
Flower vases - Marker setting fee	
Recording and filing fee 2.00 Sat. O.T. 1.35.00 Record	~~345.00~~
Sales taxes	2.80
Total Due	~~452.80~~
Paid receipt number 38081	452.80
Balance due	0

213 324 9085
W 213 530 1900

Mail Receipt

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8336

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-8336

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 58447

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
CARLOS	SHOICHI	KANEKO	06-27-1934	09-26-1989	M

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	Yukie Kaneko - wife 1401 W. 169th St. #15 Gardena, CA 90247

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/Scarbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480	▶ Melinda M. Stewart for LCS	9/29/89

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	SEP 29 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 Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 11-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teagle
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5321-10 Cypress View Crematory - San Diego, CA 3953 Imperial Ave.	12B. DATE CREMATED 10-3-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

E-8336

OFFICIAL RECEIPT

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

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

No 38081

Date: 10-27, 1989

From: Lucy Kaucko Address: 1401 D 16th St San Diego

Four Pound Site-Tax & Mtce — Dollars ($ 452.50)

In Payment of Karl L. Kaucko's Interment

CITY AUDITOR

Lot 5321 Grave Row Section Division Block 10

NOV 06 1989

Invoice No.

Acct. No.

W.O. E-8336

BALANCE DUE

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

AC-212 (Rev. 10-87)

1249

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

ISSUED BY Sandra Vick

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	24	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	50
TOTAL PAID	$	452	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-89

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

in a Liner (Vault/Liner) Funeral, date, time Thurs 10/19 2:00

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

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

Lot 9 Grave 4 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund preneed ____

Additional spaces and care fund ____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee ____

Recording and filing fee 35.00

Sales taxes 7.00

PAID
OCT 18 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 607.00

Paid receipt number 38064 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

Bobbie M Hargrove
Signature
613 W Valley Parkway
Address
Escondido, Ca.
State Zip Code
941-4706
Telephone

Work Order # E 8337

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E-8337

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
IVA	MAY	SCARBOROUGH	6/14/1914	10/17/1989	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	Bettie Person-Daughter 2547 Calle Serena San Diego, CA 92139

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

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Ernest L. Mellor	10/18/89

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	OCT 18 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 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 St., San Diego, CA	11B. DATE INTERRED 10-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Funeral Directors 9-4-3-12	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.

F-8337

OFFICIAL RECEIPT

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

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

No 38064

Bobbie Hargrove — 613 W. Valley Pkwy. Suite 330 — Date: 10-18-89

From: D.J. Peirson — Address: 2547 CALLE SERENA

six hundred seven dollars and 00/100 — Dollars ($ 607.00)

In full Payment of interment fees for Della May Scarborough

CITY AUDITOR

Lot 9 — Grave 4 — Row — Section 3 — Division — Block 24 — 12

Invoice No.

Acct. No.

W.O. E 8337

BALANCE DUE -0-

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

3180
718

AC-212 (Rev. 10-87)

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

ISSUED BY W.J. Teague

CREDIT			1989
20% Sales Care	87007 77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	7	—
TOTAL PAID	$	607	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18 89

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

in a Bell Liner Vault/Liner Funeral, date, time Mon 10/23 11:30

Church, Chapel, Graveside Church of the Good Shepherd Mortuary. Cole Burial

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

Lot 100 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales tax	7.00
Total Due	1002.00
Paid receipt number	
Balance due	

Mortuary will pay fees

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

Lorraine Harmon
Signature
5102 Logan Ave
Address
San Diego, CA 92113
City Zip Code
5270212
Telephone

Invoice # _____

Work Order # E 8338

Acct. # _____

PY-593 (REV. 8-85)

E-8238

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
Roosevelt		Harmon	5-5-1925	10-16-89	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	Lorraine V. Harmon (Wife) 5102 Logan Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
California Burial Chapel 5602 El Cajon Blvd. San Diego, CA	F-1357	▶ Debra A Haas	10-18-89

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	OCT 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	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

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

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 10-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY — 100-9-2-11 Liner / cloth covered / 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

CITY AUDITOR

E-8338

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

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

JAN 22 1990

No 38780

Date: 1-17 1990

From: California Funeral Address: 5602 El Cajon Blvd.

One thousand Two 15/100 Dollars ($ 1002.00)

In Payment of Roosevelt Thomas Interment

Lot 100 Grave 9 Row Section 2 Division/Block 11

Invoice No.

Acct. No.

W.O. 2-8338

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 1911

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

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	79	00
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	105	00
Recording & Misc. Fees	100 77183	25	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

Deserter

Date 10-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Frank Brown (X)

in a _____ (Vault/Liner) Funeral, date, time Thurs 4/26/90 AM

Church, Chapel, Graveside _____ ; Meyer Mortuary.

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

Lot 9 Grave 10 Row ____ Section MAS Division/Block D

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 — Deserter interment	210.00
Sales taxes	

1953 burial Copper Container

Total Due 210.00

Paid receipt number 39037 210.00

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 8339

Invoice # _____

Acct. # _____

PY-583 (REV. 8-88)

E-8339

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Frank	Brown	4-22-05	11-12-53	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	Richard A. Brown - Son 6337 North Lemon Avenue San Gabriel, CA 91775

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

ACKNOWLEDGMENT OF APPLICANT

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

8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such* ▶ John Mayer

8B. DATE SIGNED 4-25-90

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	APR 25 1990 ▶	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—IF DEATH OCCURRED IN CALIFORNIA
3851 Rosecrans Street
San Diego, CA. 92110

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

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☒ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY El Cajino Memorial Park San Diego, CA.	11B. DATE INTERRED 4-26-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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-8339

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deserter

Date 10-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Frank Drawn (X)

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

Church, Chapel, Graveside _____ ; _____ *Mortuary.*

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

Lot 9 Grave 10 Row _____ Section MAS Division/Block D

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 (Deserterment)	210.00
Sales taxes	
Total Due	210.00
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

X Richard A. Brown
Signature
6337 N. Lemon Ave.
Address
San Dimas, Ca. 91775
State Zip Code
818/286-9741
Telephone

Work Order # E 8339

Invoice # _____

Acct. # _____

PY-593 (REV. 5-88)

E-8539
10-23-89

I have asked Mr. Mayer to handle things for me. My sister, Joy Brodak, of Dart Legal will send you a check soon.

RB

6337 North Lemon Avenue
San Gabriel, California 91775
October 21, 1989

John Mayer
Mayer Mortuary
2859 Adams Avenue
San Diego, California 92116

Dear Mr. Mayer:

Following up our telephone conversation, this letter will authorize you to move the remains of my father, Charles Frank Brown, from Mount Hope Cemetery, Masonic Section D, Lot 9, Grave 10 to:

El Camino Memorial Park, Sorrento Garden 32W or X.

Both Mount Hope and El Camino have been notified of these pending arrangements.

You are also authorized to use a plastic container, if, in your judgement one is necessary to transport the ashes.

Please send a statement showing the breakdown of charges at your earliest convenience.

Thank you for your consideration.

Very truly yours,

RICHARD A. BROWN

E-8339

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

PROPERTY
DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

November (MONTH) 1989 (YEAR)

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

Charles Frank Brown ☒

from Lot 9 Grave 10 - Section MAS Row ___ Block ___ Div D
and to remove the same to and reinter said remains in Lot ___ Grave ___
Section ___ Row ___ Block ___ Div ___.

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.

Richard A. Brown	Joy Goodale	
Signature	Signature	Signature
son		
Relation to deceased	Relation to deceased	Relation to deceased
6337 N. Lemon Ave. San Gabriel, Ca. 91775	2827 Madison S.D. 92116	
Address	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

E-8339

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. 39037

Date: 3-26, 1990

From: Peg E Goodale Address: 405 W Washington #427, SD 92103

Two Hundred Ten Dollars ($ 210.00)

In Payment of Disinterment of Chas. Frank Peale

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8339

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 1029

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

ISSUED BY Ann Watts

	CREDIT	
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	210.00
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	210.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert Taylor in a T-S. Vault (Vault/Liner) Funeral date/time Mon 10/23 10:00 Church, Chapel, Graveside Chapel & Home; 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 583 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 38074	712.25
Balance due	0

Mortuary will bring

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8340

Invoice # ____

Acct. # ____

PY-583 (REV. 6-86)

E-8340

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	Lee	Taylor	5-30-09	10-19-89	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	Harold Shelton - Executor 4315 Hilldale Road San Diego, CA 92116

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	10-20-89

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	OCT 20 1989	▶ Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	3851 Rosecrans 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 St. San Diego, CA 92102	11B. DATE INTERRED 102389	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 583-1-8 N/A Vault / cloth covered/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.

E-8340

OFFICIAL RECEIPT

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

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

No 38074

Date: 10-23, 19 89

From: Mayer Martinez Address: 2659 Calle Cruz SD

Seven Hundred Twelve & 25/100 – Dollars ($ 712.25)

In Payment of Albert Taylor's Interment

CITY AUDITOR
OCT 30 1989

Lot 583 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-8340

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2614

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	320	00
Opening/ Closing	100 77181	175	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	12	25
TOTAL PAID	$	712	25

Cover hole for service

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-20-89

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

in a DBL CRYPT (Vault/Liner) Funeral, date, time MON 10/23 1pm

Church, Chapel, Graveside graveside ; Featherinfill Mortuary.

All Funeral cars must 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 12 Grave ____ Row ____ Section 100F ~~Division~~/Block 8

Grave space & Care Fund ..Flat marker only	595.00
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 ~~35.00~~
Total Due	1623.10 ~~1623.10 23.10~~
Paid receipt number 38069	1623.10
Balance due	-0-

PAID
OCT 20 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 1730 W. CARMEL AVE
State MESA, AZ Zip Code 85202
Telephone (602) 962-1653

Work Order # E 8341

Invoice # ____

Acct. # ____

PY-503 (REV. 8-88)

E- 8341

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	HAMILTON	SANFORD III	1/1/1916	10/19/1989	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	William H. Sanford IV 1730 W. Cam[illegible]l Mesa, AZ 85202

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 Feath[illegible]	Oct 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	OCT 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
	8520 P.O. Box, 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 12-100F-8 Mt. Hope Cemetery 3751 Market St. San Diego	11B. DATE INTERRED 10-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY DBL CRYPT/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-8341

OFFICIAL RECEIPT

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

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

No 38069

Date: 10-20, 1989

From: R.L. DAY Address: 10392 NEW BEDFORD COURT

Sixteen hundred twenty-three and 10/100 Dollars ($ 1623.10 CITY AUDITOR

In Full Payment of interment fees for William Hamilton Sanford III OCT 24 1989

Lot 12 Grave Row Section 100F Division Block BLK 8

Invoice No.

Acct. No.

W.O. E 8341

BALANCE DUE 0

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

4748

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	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	23	10
TOTAL PAID	$	1623	10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/23/89

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

in a _____ Vault/Liner. Funeral, date, time Tues 10/24 10:00

Church, Chapel, Graveside Delivery Only; Mayer Mortuary.

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

Lot 156 Grave 9 Row _____ Section 1 Division/~~Block~~ 12

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

O.A. 080822

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8342

Invoice # 092658

Acct. # 000952

PY-593 (REV. 8-86)

E-8342

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
Rafael	Hernandez	Saavedra	3-9-24	10-4-89	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 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 AVe. 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	10-23-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	OCT 23 1989	Donald L. Rowe, 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
	3851 Rosecrans Ave. 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 Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 10-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 156-9B-142 N/A No liner /	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Sat 10:00am 10/28

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 No . D.I.P.

Lot 140 Grave 2 Row ____ Section 11 Division/Block 7

Grave space & Care Fund ..preneed A8173	—
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	415.00
Sales taxes	12.25
Total Due	1092.25
Paid receipt number 38072	1092.25
Balance due	-0-

PAID
Labor
OCT 23 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

T. Kida - Son
Signature
7910 Berry Sh.
Address
Lemon Grove, 92045
State Zip Code
466-6335
Telephone

Work Order # E 8343

Invoice # _____

Acct. # _____

PY-593 (REV. 9-88)

E-8343

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
CHIYOE	-	KIDA	01-03-1895	10-23-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	TAMOTSU KIDA - SON 1910 BERRY STREET LEMON GROVE, CA 92045

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Lewis Colonial/Rembaugh 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	10/24/89

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	OCT 24 1989	▶ Ronald S. 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 Mount Hope Cemetery - San Diego, CA 3751 Market St. 140-2-11-7	11B. DATE INTERRED 10-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY wood/non-sealer/Vault N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

CR #9265

E-8343

OFFICIAL RECEIPT

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

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

No 38072

Date: 10-23- 19 89

From: Kyda Farms Address: 1910 Berry Street, Lemon Grove, CA 92045

One thousand ninety-two dollars and 25/100 Dollars ($ 1092.25)

In Full Payment of of interment of Chitsu Kida on Sat 10-28-89

10 am

Lot 140 Grave 2 Row Section 1 Division 7 Block

Invoice No.

Acct. No.

W.O. E 8343

BALANCE DUE

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

AC-212 (Rev. 10-87) # 9265

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	00	
Opening/ Closing	100 77181	320 00	1989
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	415	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	12	25
TOTAL PAID	$	1092	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-89

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

in a Dble Redwood Vault/Liner Funeral; date, time ~~11/1~~ 11/3 10:30

Church, Chapel, Graveside Graveside Lucas 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 4133 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1623.10
Paid receipt number	
Balance due	

30 days Note

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

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

_____
Signature of recorded holder of deed

Elsie Hashimoto
Signature
1260 3rd Ave. Chula Vista
Address
CA 92011
State Zip Code
691-1984
Telephone

Invoice # 092654
Acct. # 033639

Work Order # E 8344

PY-583 (REV. 8-85)

W.O. # E-8344

NOTE

$ 1623.10 San Diego, California 10-23 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 Sixteen hundred twenty three 10/100 DOLLARS with interest from 12-31-89 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 Elsie Hashimoto SIGNATURE Elsie Hashimoto

ADDRESS 1260 32nd Ave. Chula Vista, Ca 92011

CALIF. DRIVERS LIC. # D0394509

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-9344

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
HARRY	YASUSHI	HASHIMOTO	10-09-1913	10-22-1989	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	ELSIE T HASHIMOTO - WIFE 1260 - 3RD 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
3051 El Cajon Blvd. Lewis Colonial/Benbough 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 R. Stewart for LCB	10/24/89

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	OCT 24 1989	▶ Donald L. Bonvel, 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 10-31-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4133-10 DBL CRYPT/WOOD-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.

092654 11/01/89 033639 ELSIE HASHIMOTO

E-8344

100	072	77181	000072	11/07/89 CK 3595	1,623.10	1,623.10	0.00
100	072	77182	000072		320.00		
100	072	77183	000072		330.00		
100	072	77184	000072		35.00		
100	072	77185	000072		476.00		
60101		78390			320.00		
67007		77184			23.10		
					119.00		

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/24/89

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

of Manuel Jose Gonzales

in a ——— Funeral, date, time Wed 10/25 10:00

Vault/Liner

Church, Chapel, Graveside Delivery Featherline Mortuary. Thurs 10 2:00

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

Lot 149 Grave 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	

B.A. 1878 402

I hereby certify I am the ——— of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 092659

Acct. # 000952

Work Order # E 8345

PY-593 (REV. 5-85)

E-8345

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	JOSE	FRANCISCO	Unk.	8-12-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	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 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
		▶ Walter S Board	10/26/89

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	OCT 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 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 10-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 149-4B-1-12 NO LINER/PRESS Board 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 10-24-89

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

in a _____ (Vault/Liner) Funeral, date, time ~~Wednesday~~ 10/26 2:00

Church, Chapel, Graveside ~~Bethany~~ Undertaker - Pagadian Mortuary

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

Lot 156 Grave 9 Row _____ Section 1 Division/~~Block~~ 12

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

Womack 10 Pd
B. H.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 093651

Acct. # 000952

Work Order # E 8346

PY-593 (REV. 8-85)

E-8346

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
LEROY	LAMONT	BALLARD	5-15-55	9-14-89	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	Public Administrator Records 5201 A Ruffin Road San Diego, California 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 Baseline St. 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
		▶ Family Homebuyer	10-27-89

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	OCT 27 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 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: 3751 Market Street San Diego, CA	11B. DATE INTERRED 10-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 156-9T-1-12 No Liner/ Press Board 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 10-24-89

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

in a _____ Vault/Liner Funeral, date, time Tues, 10/26 2pm

Church, Chapel, Graveside La Jolla ; Conrad Mortuary. Family Witness only

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

Lot 149 Grave 4T 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	

Woman P.A. 10/16

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

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

_____
Signatures of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 092660

Acct. # 000952

Work Order # E 8347

PY-583 (REV. 9-85)

E-8347

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
STEPHAN	LAMONT	CLARK	11-5-1962	10-18-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	San Diego Co. 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
CONRAD 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: ▶ [signature]

8B. DATE SIGNED: 10-25-89

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	OCT 25 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
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 10-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	149-4-1-12 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 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-8347

OFFICIAL RECEIPT

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

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

№ 40088

Date: 12-20, 19 70

From: Janice Clark Address: 7555 No. Ave Lemon Grove

One hundred 00/100 Dollars ($ 100.00)

In Payment of Stepmom Lamont Clark

Lot 149 Grave 6 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8347

BALANCE DUE ~~$~~ 957.25 ~~.25~~

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

CREDIT	67007	79	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	[redacted]	
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 78390		
TOTAL PAID	$	100	00

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

ISSUED BY N. Ferguson

436 99 7135 81 901219 71 9450

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-26-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time 10/31 Tues 1:00

Church, Chapel, Graveside Church & Hope Rosedale Mortuary.

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

Lot 34 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

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	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number PA 11/30/89	1307.25
Balance due	0

30 day note

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

Barbara Cornelius
Signature

10515 Carmel Creek Rd
Address

S. D. 92114
State Zip Code

464-6725
Telephone

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

Signature of recorded holder of deed

Invoice # 092696

Acct. # 033640

Work Order # E 8348

PY-583 (REV. 8-85)

W.O. # E8348

NOTE

$ 1307.25 San Diego, California Oct 27 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of thirteen hundred seven and 25/100 DOLLARS with interest from November 27, 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 [redacted] BARBARA CORNELIUS SIGNATURE [redacted] Barbara Cornelius

ADDRESS [redacted] 1051 LA ROSA COST RD. S.D.

CALIF. ~~DRIVERS LIC.~~ I.D. # [redacted] CA 199278 SSN 539-38-4736

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8348

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
LEWIS		CORNELIUS	11/17/36	10/25/89	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	Barbara Cornelius - Wife 1051 Arnecost Road 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, Calif.	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]	10-30-89

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	OCT 31 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, Calif.	

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, Calif.	11B. DATE INTERRED 10-31-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 34-4-2-12 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.

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY	PAYM REF NO / BN/EQ	FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
								11/30/89	CK	102		307.25	1,307.25	0.00
												75.21		PAID IN FULL
092656	11/01/89	033640	BARBARA CORNELIUS			77181	000072					41.13		
			100	072		77182	000072					8.23		
			100	072		77183	000072					111.88		
			100	072		77184	000072					39.96		
			100	072		77185	000072					2.88		
			60101			78390						27.96		
			67007			77184								

E-8348

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola B Harris in a T.S. Vault Vault/Liner Funeral, date, time Wed 11/2 2:00 Church, Chapel, Graveside Chapel of the Pines Rose 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 ____ .

Lot 151 Grave 9 Row ____ Section 1 Division ~~Block~~ 12

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	175.00
Handling Fees	50.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1012.25
Paid receipt number 38513	500.—
Balance due	512.25

30 Day 1/1/90

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.

John Harris
Signature of recorded holder of deed

B J Marow for L Harris
Signature
Address 5065 Reynolds
122 Los Olivos Terr.
State San Diego, Calif. Zip Code 92114
Telephone 262-2226

Invoice [redacted]
Acct [redacted]

Work Order # E 8349

PY-693 (REV. 8-85)

W.O. # E-8349

NOTE

$ 1012.25 San Diego, California October 27 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of one thousand twelve 25/100 —DOLLARS with interest from _____ on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME John HARRIS SIGNATURE D Jonson for John Harris

ADDRESS 122 Los Flores Terr San Diego Ca. 92114

CALIF. DRIVERS LIC. # _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8349

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
LULA	BEATRICE	HARRIS	07/21/08	10/26/89	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	John Harris - Husband 122 Las Flores Terrace 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, Calif.	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 Clearinghouse	10-31-89

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	OCT 31 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, Ca.	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

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

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, Calif.	11B. DATE INTERRED 11-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY T.S. Vault 151-9-1-12 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-8349

	FUND	DEPT	ORG	ACCT	S/C	OPER	BN/EQ	FACILI	AMOUNT APPLIED		BALANCE
093478 11/14/89 033915	JOHN HARRIS					12/08/89	CA	38654	250.00	512.25	262.25
	100	072		77181	000072				58.57		PARTIAL PAYMENT
E-8349	100	072		77182	000072				85.41		
	100	072		77183	000072				17.08		
	100	072		77185	000072				82.97		
	60101			78390					5.97		

NUMBER OF INVOICES PAID 1
AMOUNT PAID 250.00

E-8349

12/18

OFFICIAL RECEIPT

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

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

№ 38654

Date: 12-8, 19 89

From: John Harris Address: 5065 Reynolds, SD

Two Hundred Fifty dollars Dollars ($ 250.00)

In Payment of Lola Harris Interment

Lot 151 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No. 033915

W.O. 093478

BALANCE DUE 262.25

E-8349

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

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Reed

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	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 75390	
TOTAL PAID	$	250 00

CITY AUDITOR
DEC 19 1989

E-8349

OFFICIAL RECEIPT

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

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

No 38513

Date: 11-4, 1989

From: John Harris Address: 622 Los Altos San Diego CA 92114

Five hundred dollars & 00/100 Dollars ($ 500.00)

In part Payment of Sola B Harris Interment

Lot 151 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No. E-8349

W.O.

BALANCE DUE 5625

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

ISSUED BY Nora Black

CREDIT 20% Sales Care	67007 77184	60 —
80% Sales of Lots	100 77184	240 —
Opening/ Closing	100 77161	200 —
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 80022	
Sales Tax	60101 78390	
TOTAL PAID	$	500 00

CITY AUDITOR
NOV 13 1989

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

AC-212 (Rev. 10-87)

E-8349

OFFICIAL RECEIPT

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

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

No 38752

Date: 1-5, 1990

From: Ila Harris Address: 2122 Fair Glen Terrace, 92114

One Hundred Dollars 00/100 Dollars ($ 100.00)

In Payment of Ila Harris' Interment

Lot 151 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8349

BALANCE DUE $162.25

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

JAN 23 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	83033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	100	00

E-8349

OFFICIAL RECEIPT

CITY AUDITOR

No 38961

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

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

MAR 12 1990

Date: 3-7 , 1990

From: Ida Haines Address: [redacted] 122 Las Flores Terrace 92114

Sixty-two dollars and 25/100 Dollars ($ 62.25)

In Payment of Ida B Haines Service

Lot 151 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8349

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 Dillard

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77195	15	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	12	25
TOTAL PAID	$	62	25

E-8349

OFFICIAL RECEIPT

№ 38837

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

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

Date: 2-5, 19 90

From: Zola Harris Address: ~~3665 Reynard~~ 122 Lee Haven Terrace SD 92114

One Hundred Dollars ~~2/no~~ Dollars ($ 100 00)

In Payment of Zola Harris' Service

Lot 151 Grave 9 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E-8349

BALANCE DUE $62.25

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 J. Miller

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-27-89

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

in a Top Dble Crypt (Vault/Liner) Funeral, date, time Wed 11/1 11:00

Church, Chapel, Graveside Chapel & Grave Rosedale Mortuary.

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

Lot 19 Grave 2 Row ____ Section 1 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Prepaid
Burial Container	Trust 850
Handling Fees	E 850
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	0
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 8350

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E-8350

NAME Reid, Vivian J., ACCT. NO. E-8300

ADDRESS 1350 47th Street, #4, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]2	89	Opening/Closing, Recording Fee	355 00		355 00	00

AIGNER FORM NO. 25-204 Reid, Vivian J. 19 - 2 - 1 - 7 PRINTED IN USA

E-8350

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
VIVIAN	JANETTA	REID	4-21-23	10-26-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Gordon B. Baker - Son 30 Hounds Rd. Unit 303 San Mateo, CA 94402

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

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Emily Hampton	11-1-89

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	NOV 1 1989	▶ Ronald 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
	Dept. of Health Services P.O.Box 8522 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 11-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A DBL Crypt/metal/sealer 19-2-1-7	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 10-30-89

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

in a Tan Dale Crypte (Vault/Liner) Funeral, date, time Wed 11-1 1:00

Church, Chapel, Graveside Chapel Home Bacon & Boach Mortuary.

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

Lot 51 Grave 6 Row _____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	
Total Due	355.00
Paid receipt number 38086	355.00
Balance due	0

PAID
OCT 31 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.

Margaret L. McCluskey (Signature)

Address 731 Mt Putnam

State CA Zip Code 92117

Telephone 4-10.

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

_____
Signature of recorded holder of deed

Work Order # E 8351

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E-8351

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
THELMA	MAE	RADER	10/12/1913	10/26/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
FREDERICKSBURG	VIRGINIA	MARGARET OHLSCHWAGER-SISTER 4231 MT. PUTMAN DR. SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PACIFIC BEACH MORTUARY-2710 CASS ST. SAN DIEGO, CA 92109	615

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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	10/30/89

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	OCT 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
—	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) ▶(TRANSIT-INTO CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY-3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO CO.	11B. DATE INTERRED 11-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 51-C-1-11 metal / sealer 10BL CRYPT	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-8351

OFFICIAL RECEIPT

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

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

NO 38086

Date: 10-31-, 1989

From: Thelma Rader/Margaret Ohlehay Address: 4231 Mt. Portrait Dr. S.D. CA 92117

Three hundred fifty-five dollars and xx/100 Dollars ($ 355.00)

In Full Payment of interment of Thelma Rader

Lot 51 Grave 6 Row Section 1 Division/Block 11

CITY AUDITOR
NOV 06 1989

Invoice No.

Acct. No.

W.O. E 8351

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 W. J. Teague

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320 —
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 —
Pre-Need Trust	83033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	355 —

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-30-89

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

in a Bellaire Vault/Liner Funeral, date, time Wed 11-1 10:00

Church, Chapel, Graveside Graveside, Conrad Mortuary.

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

Lot 1011 Grave ____ Row ____ Section 1 Division ~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	607.00
Paid receipt number ____	
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 8352

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E-8352

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
LILLIAN	LAURA	SEABOCH	10-6-1909	10-30-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Timothy L. Seaboch - Son 2333 Dalton Drive Fort Collins, CO 80526

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
DONALD L. JOHN 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 ▶ Donna Conrad

8B. DATE SIGNED 10-31-1989

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	OCT 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
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 11-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1011-1-8 N/A Liner/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.

E-8352

OFFICIAL RECEIPT

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

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

No. 38603

Date: 11-27, 1989

From: Conrad McTeer Address: 7267 Cantera Ave. San Diego

In Payment of Interment Services Dollars ($ 607.00)

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

Invoice No. _____

Acct. No. _____

W.O. E-8352

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 2324

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	385	00
Burial Containers	100 77182	105	00
	100	14	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	3	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		00
TOTAL PAID	$	607	00

CITY AUDITOR
DEC 04 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-31-89

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

in a Dble Vault/Urn Funeral, date, time Fri 11-3 11:00

Church, Chapel, Graveside Mount Hope 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 1020 Grave _____ Row _____ Section 1 Division/Block 8

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

Pioneer Trust E. 6 9 51

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

Minerva Mitchell
Signature
604 So. 40th St.
Address
San Diego Calif 92113
State Zip Code
619 - 262-5022
Telephone

Work Order # E 8353

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-8353

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	WILLIAM	MITCHELL	08-20-1899	10-30-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NIMBOLA MITCHELL - WIFE 604 S. 40th 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
LEWIS COLONIAL/BERROUGH 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
		Donald W Batchelder for LCB	11-01-1989

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	NOV 2 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
VITAL RECORDS...P.O.BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

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

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 11-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1020-1-8 N/A metal/nonsealer/OBL CRYPT	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. [redacted] CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of P. H. Hayes Jr

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 11:00 AM

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 3190 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 38093	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. Richardson

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

_____
Signature of recorded holder of deed

Signature _____
Address 705 Devon Wood
City, State Hercules, Ca 94547 Zip Code
Telephone (415) 724-8814

Work Order # E 8354

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-8354

OFFICIAL RECEIPT

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

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

No 38093

Date: 11-1, 1989

From: Mrs. M. Lindy Address: 135 Lawnwood Hunts
and Winfield Sayer 20/20 — Dollars ($ 607.00)

In _____ Payment of F.H. Hayes Interment

Lot 3190 Grave _____ Row _____ Section _____ Division 10 Block

Invoice No. _____

Acct. No. _____

W.O. E-8354

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 Linda Vick

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182	145	00
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	7	00
TOTAL PAID	$	607	00

CITY AUDITOR
NOV 0 1989

E-8354

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
D.	N.	HAYES, JR.	08/02/16	10/27/89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Elsie Richardson - Daughter 1011 Addison Avenue Berkely, California

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, Calif.	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	11-1-89

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	NOV 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, California	11B. DATE INTERRED 11-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3190-10 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-89

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

in a Bell Dome Vault/Liner Funeral, date, time Fri 11/3 11:30

Church, Chapel, Graveside Chapel & Delivery 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 365 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Prepaid 9738 _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording and filing fee 35.00

Sales taxes ..... _____

Total Due 35.00

Paid receipt number 38504 35.00

Balance due 0

Bertha Gonzalez Veil Mortuary

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8355

Invoice # _____

Acct. # _____

PY-563 (REV. 8-85)

E-8355

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
MABEL	SPENCE	VELLNER	12-24-1902	10-30-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SISTER MARTHA V. LANGRIDGE -IN -LAW 2635 2nd AVE. #201 SAN DIEGO, CA 92103

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
		▶ DONALD E. BARTLESON for LCB	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	NOV 2 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 VITAL RECORDS...P.O.BOX 85222 SAN DIEGO, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

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

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 11-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 365-1-8 LUER/MATAK 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-8355

OFFICIAL RECEIPT

No 38504

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

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

Date: 11-2 19 89

From: Martha V. Rodriguez Address: 2635 Imperial Ave #201 SD

Thirty-five 00/100 Dollars ($ 35.00)

In Payment of Mabel J. Vellanis Interment

Lot 365 Grave Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. E-8355

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	NOV 0 6 1989	
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

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

770

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-1-89

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

in a Bell liner (Vault/Liner) Funeral date, time Thur 11/2 11am

Church, Chapel, Graveside Graveside Beardsley Mort. Mortuary.

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

Lot 136 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

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

Mortuary will pay

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8356

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Forest Q Swafford (X)

in a Red Vault Vault/Liner Funeral, date, time Thurs 11-2 11:30

Church, Chapel, Graveside Graveside; Boardman-Mort Mortuary.

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

Lot 136 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38577	242.80
Balance due	0

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8357

Invoice # ____

Acct. # ____

PY-683 (REV. 8-85)

E-8357

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
FORREST	QUILLEN	SHUFFORD, JR	JAN 27, 1916	OCT 26, 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	THELMA GROTEWOLD, SISTER 3548 EUGENE 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
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 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
		▶ Ed Leach	OCT 31, 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	OCT 31 1989	Donald L. Rowe, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	P.O. BOX 85222, SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

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

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 134-10	11B. DATE INTERRED 11-2-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	12B. DATE CREMATED NOV 01 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ adolfo Ramos
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.

INTERMENT ORDER AND AUTHORIZATION

E-8357

Contract No. _____ Interment No. _____ Date November 1, 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 Forrest Quillen Swafford Age 73 Sex Male
in the following described interment space.

Grave _____ Lot 1361 Block _____ Lawn Division 10 Section _____

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased 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 _____
Interment Right Owner

Signature x Thelma Brotewold
Person Signing Interment Order
Relationship _____

Address 3548 Eugene Pl., San Diego, CA 92116 Tel. No. 222-1567
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-8357

OFFICIAL RECEIPT

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

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

No 38500

Date: 11-2, 1989

From: Lourdes-Mitchell Address: 1818 Sunset Cliffs Blvd

Two Hundred Sixty-two 80/100 Dollars ($ 262.80)

In Payment of Forest Lawn Memorial Park CITY AUDITOR

Lot 1261 Grave Row Section Division Block

NOV 06 1989

Invoice No.

Acct. No.

W.O. E-8357

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 8936

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Ulrich

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	40 00
	100	60 00
Handling Fee	77185	
Recording & Misc. Fees	100 77183	3 80
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	2 70
TOTAL PAID	$	262 80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust

Date 11-2-89

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

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

Church, Chapel, Graveside ____; 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 575 Grave ____ Row ____ Section 10 Division/~~Block~~ 7

Grave space & Care Fund ..... preneed C.0101	—
Additional spaces and care fund	
Opening/Closing & Setup	320.—
Burial Container	100.—
Handling Fees	145.—
Flower vases - Marker setting fee	
Recording and filing fee	35.—
Sales taxes	7.—
Total Due	607.00
Paid receipt number 38099	607.00
Balance due	-0-

PAID
NOV 02 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.

Loretta LaLonne
Signature

8722 Lincoln St
Address

Penryn Ca. 95663
State Zip Code

461-7739
Telephone

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

Signature of recorded holder of deed

Work Order # E 8358

Invoice # ____

Acct. # ____

PY-893 (REV. 9-85)

E-8358

OFFICIAL RECEIPT

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

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

NO 38099

Date: 11-2-, 1989

From: LORETTA LeLIEVRE Address: 8122 Lincoln St, Lemon Grove 92045

Six hundred seven dollars and xx/100 Dollars ($ 607.00)

In Full Payment of interment fees for Margaret Hurlburt

Lot 575 Grave — Row — Section 10 Division/Block —

Invoice No.

Acct. No.

W.O. E8358

BALANCE DUE -0-

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

AC-212 (Rev. 10-87)

0429676

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		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	607	00
Sales Tax	60101 78390		
TOTAL PAID	$	607	00

CITY AUDITOR
NOV 06 1989

Credit Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-89

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

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 151 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

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

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8359

Invoice # _____

Acct. # _____

PY-503 (REV. 9-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8359 Credit Lot

Theatri9c Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ 12.00

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-8359 Credit Lot

Theatric Appleberry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								5			10

Amount due when paid on, or before, due date above. ▶ $ 12.00

Amount due if paid more than_____days after due date above. ▶ $ _____

$ 12.00

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-8359 Credit Lot

Theatri9c Appleberry
644 4let Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ 12 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-8359 Credit Lot

Theatric Appleberry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
1											10

Amount due when paid on, or before, due date above. $ 12.00

Amount due if paid more than_____days after due date above. $ _____

$ _____

Amount Received $ 12.00

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-8359 Credit Lot

Theatri9c Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ 12 ⁰⁰

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8359 Credit Lot

Theatric Appleberry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

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-8359 Credit Lot

Theatric Appleberry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
			1								10

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ ____

Amount Received $ ____

NAME T Appleberry

ADDRESS 644 41 St

CITY SD STATE Ca ZIP 92102

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8359 Credit Lot

Theatri9c Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		7									10

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ _____

NAME T. Applebury

ADDRESS 644 41st

CITY SD STATE Ca ZIP 92102

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8359 Credit Lot

Theatr19c Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ _____

NAME Theatre Appleberry

ADDRESS 644 41st

CITY SD STATE Ca ZIP 92102

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0359 Credit Lot

Theatric Appleberry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ _____

NAME Theatric Appleberry

ADDRESS 644 41 St

CITY SD STATE Ca ZIP 92102

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6359 Credit Lot

Theatr19e Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 12.00

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

$ _____

Amount Received $ 12.00

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-8359 Credit Lot

Theatric Appleberry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8359 Credit Lot

Theatr19c Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

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-8359 Credit Lot

Theatrie Appleberry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

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-8359 Credit Lot

Theatre Applebeery
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 12.00

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

$ _____

Amount Received $ 12 00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8559 Credit Lot

Theatric Appleberry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 12.00

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

$ _____

Amount Received $ 12 00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8359 Credit Lot

Beatrice Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ 12 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-8359 Credit Lot

Theatric Applebery
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5359 Credit Lot

[redacted]atrice Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 12.00

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

$ _____

Amount Received $ 12—

NAME _____

ADDRESS _____

C[redacted] 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. 2-8359 Credit Loc

Theatric Applebeezy
41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

[redacted] $ 24.00

[redacted] days $ _____

$ _____

Amount Received $ 24—

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

CITY AUDITOR

APR 2 1990

No 39041

Date: 3-27, 1990

From: Theatric Appliance Address: 644 41st St Apt 11 92102

Twenty-Four Dollars ($ 24.00)

In Payment of Grave Lot

Lot 151 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8359

BALANCE DUE

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

AC-212 (Rev. 10-87) 388

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	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
264-3151

№ 40177

Date: 1-9, 1971

From: Thelma Applebury Address: 444 41st St

Forty-eight 00/100 Dollars ($ 48.00)

In Payment of Cedar Lot

Lot 151 Grave 2 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8359

BALANCE DUE $228.50

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

AC-212 (Rev. 10-67) 546

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

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	48	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	$	48	00

OFFICIAL RECEIPT

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

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

No 42142

Date: 4-17-, 1992

From: Theadric Appleberry Address: 646 41st St. S.D, CA 92102

Thirty six and xx/100 Dollars ($ 36.-)

In ~~part~~ Payment of Credit Lot

Lot 151 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 8359

BALANCE DUE 48.-

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

AC-212 (Rev. 1-91)

875

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

ISSUED BY W. J. Teague

CREDIT	87007	
20% Sales Care	77184	12 —
80% Sales of Lots	100 77184	24 —
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 —

OFFICIAL RECEIPT

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

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

№ 41196

Date: 7-4, 19 91

From: [illegible] Address: [illegible]

Forty Eight and 00/100 Dollars ($ 48.00)

In Part Payment of CREDIT LOT

Lot 152 Grave 2 Row ____ Section 1 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-8359

BALANCE DUE ____

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

AC-212 (Rev. 10-87)

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

ISSUED BY [signature]

CREDIT	67007	48.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	48.00

OFFICIAL RECEIPT

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

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

№ 40933

Date: 7-5-, 19[illegible]

From: Texas Appleton Address:

Forty eight and 00/100 Dollars ($ 48.00)

In Full Payment of Cash

Lot 151 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-1357

BALANCE DUE

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

AC-212 (Rev. 10-87) # 675

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

ISSUED BY Robt X 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	40 00
Sales Tax	60101 78390	
TOTAL PAID	$	48 00

OFFICIAL RECEIPT

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

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

No 40620

Date: 11-29, 19 91

From: Notice Ambury Address: 640 41st St SD 92102

Forty Eight 70/100 Dollars ($ 48 00)

In _____ Payment of Cedar Lot

Lot 151 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1357

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 1000

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

ISSUED BY J Vitt

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	48	00
Opening/ Closing	100 77181		
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 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8359 Credit Lot

Thentrife Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 12.00

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

$ _____

Amount Received $ 12 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-8359 Credit Lot

Theatric Applebarry
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8359 Credit Lot

Theatr19e Appleberry
644 41st Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0359 Credit Lot

Theatric Applebery
644 41 Street
San Diego, Ca 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-6-89

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 11/13 10am

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 247 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund .. preneed C5702	
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	712.25
Paid receipt number 38956	712.25
Balance due	0

PAID
NOV 13 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Neil Norquist to bring check Monday 11-13-89

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

Alex Wm Koski
Signature
3060 - 63rd St # 18
Address
San Diego Ca 92105
State Zip Code
619 - 286-1104
Telephone

Work Order # E 8360

Invoice # ____

Acct. # ____

PY-593 (REV. 9-88)

E-8360

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
Violette	Eileen-Norquist	Koski	04-12-1922	11-05-1989	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	Rev. Alex W. Koski: Husband 3060 53rd Street #18 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 MORT. I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Patricia D. Turner	11 7 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	NOV 07 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 85460 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 11-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 247-1-8 cloth covered / T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-8360

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38564

Date: 11-13-, 1989

From: Neil S./Ruth Norquist Address: 6219 Lorca Dr., S.D. CA 92115

Seven hundred twelve dollars and 25/100 Dollars ($ 712.25)

In Full Payment of interment fees for Violette Norquist

Kiski

Lot 247 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E 8360

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2317

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CITY AUDITOR
NOV 20 1989

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	325	00
Burial Containers	100 77182	175	—
Handling Fee	100 77185	170	—
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 11-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DEE Hollene Troop

in a T.S. Vault (Vault/Liner) Funeral, date, time WED 11/8 1PM

Church, Chapel, Graveside Chapel, G.S. ; 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 227 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 38550	35.00
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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8361

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E-83661

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
HOLLENE	DEE	TROOP	Aug 6,1902	Nov 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	Darrell Reynolds, Consvr. 4297 Farley Lane San Diego, CA 92122

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PACIFIC BEACH MORTUARY	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
		Chuck Hunt	11/8/89

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	NOV - 8 1989	Donald G. 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
	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 Street, San Diego, CA 92113	11B. DATE INTERRED Nov 8,1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 227-10 metal / sealer / vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-8361

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38550

Date: 11-9, 19 87

From: Mattie Leach Address: 4110 Orr Street #P

Flint - Five 25/100 Dollars ($ 35.00)

In Payment of Interment Fee for Sec. Gilbert Woof

Lot 227 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8361

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1823

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	35	00

CITY AUDITOR
NOV 24 1987

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOUISE GRANT P.A.

in a _____ (Vault/Liner) Funeral, date, time 11/9 Tues 11am

Church, Chapel, Graveside Delivery Witness Featherngill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO. 60" Deep.

Lot 107 Grave 8 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A ✱ 108222 Wermack

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8362

PY-553 (REV. 8-86)

E-8362

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
LOUISE	--	GRANT	2/14/1913	10/31/1989	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 92123

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: Richard Feuell

8B. DATE SIGNED: 11/6/89

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	NOV 6 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	11B. DATE INTERRED 11-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY NO LINER/ 107-8-1-12 Top 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 11-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (X) LIBBIE HATFIELD (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Graveside 11/16 AM

Church, Chapel, Graveside Delivery ; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 7 Grave 3 Row _____ Section 100F ~~Division~~/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	40.00
Flower vases - Marker setting fee	60.00
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38568	242.80
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 8363

Acct. # _____

PY-593 (REV. 8-85)

E-8363

58554
Lewis colonial

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
LIBBIE	—	HATFIELD	02-15-1891	11-03-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HELEN J. HATFIELD - DAUGHTER 4027 KANSAS STREET SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Lewis Colonial/Peabough San Diego, CA 92104	F-490	[signature] for LCB	11-07-89

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	NOV 07 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 3751 MARKET ST., SAN DIEGO	11B. DATE INTERRED 11-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 7-3-100F-11 CYPRESS VIEW CREMATORY - SAN DIEGO, CA 3953 IMPERIAL AVE.	12B. DATE CREMATED 11-8-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-83623

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38568

Date: 11-14, 19 89

From: Nelva Hatfield Address: 4027 Kansas, San Diego 92104

Two hundred forty-two and 80 Dollars ($ 242.80)

In Payment of Delbert Hatfield's interment

CITY AUDITOR
NOV 20 1989

Lot 7 Grave 3 Row Section 100F Division Block 11

Invoice No.

Acct. No.

W.O. E-83623

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 Dick

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 11-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Susan Ingan

in a ~~Vault/Liner~~ Funeral, date, time Mon 11/6 2pm

Church, Chapel, Graveside Delivery ; 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 6011

Lot 107 Grave 8B 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, FF 10820886

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8364

PY-563 (REV. 8-85)

E-8364

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
Patricia	A.	Flanigan	2-26-44	10-28-89	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	Public Administrator Records 5201 Ruffin Road San Diego, California 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 Fed. 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

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
$.00	NOV 6 1989	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
INTERMENT	Mt. Hope Cemetery; San Diego, CA	11-6-89	▶ Wendy Jo Teague

	12A. NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
CREMATION	107-88-1-12 Cloth covered/B.A.# No Liner 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 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 11-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Opal Thomas

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 11/9 9:30a.m

Church, Chapel, Graveside Chapel, G.S. ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 18 Grave 25 Row ____ Section MAS Division/~~Block~~ J

Grave space & Care Fund ..... prepaid B-7573	
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	712.25
Paid receipt number 38516	712.25
Balance due	0

PAID
NOV 06 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Eleanor Kessell
232-6326
Laura Harper (sister)
698-1638

I hereby certify I am the Sister/Conservator of the estate of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Laura M. Harper
Signature
2326 Helix St.
Address
Spring Valley Ca
State Zip Code
463-8273
Telephone

Work Order # E 8365

Invoice # ____

Acct. # ____

PY-503 (REV. 9-85)

E-8365

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
OPAL	LORRAINE	THOMAS	9-23-1896	11-4-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Laura M. Harper - Sister 2326 Helix Street Spring Valley, CA 92077

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CONRAD LEMON GROVE MORTUARY 7387 [illegible]/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
		[signature]	11-7-1989

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	NOV 8 1989	Donald L. Ramos, M.D. FC

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS/P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE INTERRED 11-9-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 18-25-MAS-J N/A wood/non-sealer/T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-8365

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38516

Date: 11-6-, 1989

From: LAURA HARPER Address: 2326 HELIX ST. S.D. CA 92077

Seven hundred twelve and 25/100 Dollars ($ 712.25)

In Full Payment of interment fees for Opal Thomas

CITY AUDITOR
NOV 13 1989

Lot 18 Grave 25 Row Section MAS Division Block J

Invoice No.

Acct. No.

W.O. E 8365

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	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77185	170	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 8022		
Sales Tax	60101 78380	12	25
TOTAL PAID	$	712	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

229509

Date 11-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MICHAEL V. BARNETT

in a Vault (Vault/Liner) Funeral, date, time 11/10 11:00

Church, Chapel, Graveside Church, G.S. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 146 Grave 10 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 Overtime charge	380.10
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	~~1209.35~~ 1587.25
Paid receipt number	
Balance due	

30 day note

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

229509

Signature: Michael Barnett

Address: 5768 Rowell ST

State: Ca. Zip Code: 92114

Telephone: 267-1394

Invoice # [redacted]

Work Order # E 8366

Acct. # [redacted]

PY-883 (REV. 8-85)

2/27/98
430.64
537.516 Judgment #
per Ms Osuna

1.31
13.56
1.31
225

W.O. # 7-8366

NOTE

$ 1587.25 San Diego, California November 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 fifteen hundred eighty seven 25/100 DOLLARS with interest from 1-10-91 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 Michael Barnett SIGNATURE Michael Barnett

ADDRESS 5768 Roswell Av

~~CALIF. DRIVERS LIC.~~ SSN # 547-84-7461 Disabilit

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-83166

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
MICHAEL	VERNON	BARNETT, JR.	July 5,1973	Nov.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	Eula Rollins - Foster Parent 5157 Groveland Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-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	11/8/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	NOV 8 1989	▶ Donald L. Pamas, 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
Dept. of Health Services 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	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 146-10-2-12 Vault/metal subs 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-8366

		100	072				1,276.90	
093476 11/14/89 033914	MICHAEL BARNETT				12/07/89 CA 3865		1,587.25	PAID IN FULL
		100	072	77181	000072	525.00		1,062.25
		100	072	77182	000072	105.84		PARTIAL PAYMENT
		100	072	77183	000072	57.88		
E-8366		100	072	77184	000072	137.27		
		100	072	77185	000072	130.98		
		60101		78390		56.23		
		67007		77184		4.05		
						32.75		

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,926.90

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

INVOICE No E-8366
38653

Date: 12-7 19 89

From: Melba Lynott Address: 5761 Jewell St SD

Five Hundred Twenty-Five Dollars ($ 525.00)

In _____ Payment of Michael V. Barrett's Interment

Lot 146 Grave 10 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8366

BALANCE DUE 1062.25

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 [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 78380	
TOTAL PAID	$	525 00

CITY AUDITOR
DEC 11 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marguerite WARREN

in a LINER (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 32 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ... prened E 8002	
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	607.00
Paid receipt number _____	
Balance due	

23 @ 25.00
1 @ 32.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Marguerite Warren
Signature
3046 GREEN AVE.
Address
S. D., CA 92113
State Zip Code
619- 232-6078
Telephone
6078

Work Order # E 8367

Invoice # _____

Acct. # _____

PY-503 (REV. 8-86)

E-8367

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 16 1990

No 39099

Date: 4-9- , 1990

From: Marguerite Warren Address: 3046 Grady Ave, S.D. CA 92113

Fifty dollars and NO/100 Dollars ($ 50.00)

In Part Payment of Preneed Trust

Lot 30 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 8367

BALANCE DUE 50?.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AO-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

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	53033 9022	50	—
Sales Tax	90101 78380		
TOTAL PAID	$	50	—

E-8367

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

112 39226

Date: 5-15, 19 90

From: Margaret Warren Address: 344 Ivy Ave, SD 92113

Five Hundred Seven and no/100 Dollars ($ 507.00)

In _____ Payment of Pre Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8367

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 Clerk

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	MAY 17 1990	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	507.00	
Sales Tax	80101 78390		
TOTAL PAID	$	507.00	

E-8367

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38719

Date: 1-2 , 1990

From: Veronica Lopez Address: 2046 Linda Vista Rd SD

Fifty dollars 00/100 Dollars ($ 50.00)

In Payment of Opened Trust Laura Arvizu

Lot 32 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No. E-8367

W.O.

BALANCE DUE 557.00

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	
Opening/ Closing	100 77181		
Burial Containers	100 77182	JAN 08 1990	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	53033 9022	50	00
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

ISSUED BY Linda Vista

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry A. Dorfner (X)

in a Ash Vault Vault/Liner Funeral, date, time Wed 11/8 AM

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 104 Grave 13 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	50.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
~~Flower vases - Marker setting fee~~ Disinterment for 44-5-MAS-J	210.00
Recording and filing fee	35.00
Sales taxes W.O. B-6601	2.80
Total Due	302.80
Paid receipt number 3858	302.80
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

See attached authorization
Signature

Address

State Zip Code

Telephone

Work Order # E 8368

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E-8368

DUPLICATE
CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11669

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO John Duncan for the sum of $ 140.00 (DOLLARS)

LEGAL DESCRIPTION Lot 44, Graves 3 through 7, Section MAS, Block J

AS DESCRIBED ON PURCHASE ORDER NUMBER 09/14/1946

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:

Wendy Jo League
Cemetery Manager

Property Director

FV-225

E - 8368

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

28 October 1989
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Henry J. Dorfner

from Lot 44 Grave 5 · Section MAS Row ____ Block J Div ____
and to remove the same to and reinter said remains in Lot 104 Grave 13
Section 2 Row ____ Block ____ Div 11 .

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.

John Duncan		
Signature	Signature	Signature
Brother		
Relation to deceased	Relation to deceased	Relation to deceased
P.O. Box 11345		
Address	Address	Address
Ft Lauderdale 33339		

I hereby authorized the above disinterment:

John Duncan
(Lot owner must sign if not legal custodian)

John Duncan Appeared before me this 28th day of September 1989
State of Florida
County of Broward

Notary

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. AUG. 19, 1993
BONDED THRU GENERAL INS. UND.

FORM 61 LEGAL DESCRIPTION E-8368 SAN

LOT 44 GR. 1 thru 12 MAS. DIV. J.

Gr.	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REMARKS
1		Glendenning, Alvin W.	11-10-1948 $35.00		11426	Deed #61
2		"	" 35.00		"	"
3		Duncan, Marie	9-14-1946 35.00		8797	Deed #46
4	LACKEY, Donna Verta	Duncan, John (305) 77[illegible]-9210	" 35.00	9-11-1946	"	Deed #46
5	DORFNER, Henry J. M	"	" 35.00	10/24/1960	B-6601 "	Deed [illegible]
6	[illegible]	[illegible]	" 35.00	[illegible]	"	[illegible]
7						
8						
9	SMITH, Lilburn Jackson	Barnard, D. N.	10-5-1946 35.00	10-1-1946	8863	Deed #47
10	CESARIO, Joseph	Cesario, Rose	10-19-1946 35.00	9-17-1946	8814	Deed #47
11	GLENDENNING, Mary Alice	Glendenning, Alice M.	11-19-1946 35.00	8-28-1948	11247 9007	Deed #48 Vault
12	GLENDENNING, Frederick/ William	"	" 35.00	11-12-1946	9007	Deed #48

TAYLOR SYSTEM OF CEMETERY RECORDING

P.O. BOX
~~146~~
PD 11345
Fort Lauderdale
Florida
33339

TO [redacted]

DATE _____ TIME _____

WHILE YOU WERE OUT

M Joan Duncan

OF _____

PHONE Daphne Henry Jr. EXT. _____

TELEPHONED		PLEASE CALL	
RETURNED YOUR CALL		WILL CALL AGAIN	
WAS IN TO SEE YOU		WILL COME IN AGAIN	

MESSAGE _____

6-5-MB-4

44-4-6-MB-5

FORM BD-70 (Rev. 8-86) RECEIVED BY _____

0.00 T

242.80 +

210.00 +

50.00 +

502.80 T

E - 8368

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38518

Date: 11-7 , 19 89

From: Jo Ann Duncan Address: P.O. Box 11345, Ft Lauderdale, Fl 33339

Five Hundred Two 80/100 Dollars ($ 502.80)

In Payment of Disinterment & Henry J. Dayner

and Interment to Cal Rg, Fr 13, Blk 2, Lot 164

Lot 164 Grave 13 Row Section 2 Division Block 1/3

CITY AUDITOR
NOV 13 1989

Invoice No.

Acct. No.

W.O. E-8368

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 306

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	87007		
20% Sales Care	77184	100	00
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	245	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78380	2	80
TOTAL PAID	$	502	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ben L. Roberts in a Bell liner (Vault/Liner) Funeral, date, time Thurs 11/9 11:00 Church, Chapel, Graveside Hural & Home; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 143 Grave 5 Row ____ Section L Division/~~Block~~ 12

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	330.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	907.00
Paid receipt number 38548	907.00
Balance due	0

I hereby certify I am the father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Bennie Roberts
Signature
274 Encinitas Ave
Address
Calif. 92114
State Zip Code
474-1727
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8369

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E-8369

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
BENELL	EVERIN	ROBERTS	12-24-62	11-2-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Bennie and Myra Roberts-Parents 274 Encinitas 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
3050 Federal Blvd. 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
		▶ Timothy Thompson	11-8-'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	NOV 08 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

- [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	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶	
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.

E-8369

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38543

Date: 11-7 19 89

From: Lynne Roberts Address: 274 Encanto Cove, SD

One hundred four 70/100 Dollars ($ 104.00)

In Payment of Lot Sale & Interment

CITY AUDITOR
NOV 13 1989

Lot 142 Grave 5 Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. E-8369

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 Lynne 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	14	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	104	00

Preneed lot
Preneed front

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GENEVA L. CUTINO

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 590 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

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 Jacobs	170.00
Flower vases - Marker setting	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1307.25
Paid receipt number ~~38554~~ 38545	1307.25
Balance due	-0-

PAID
NOV 08 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

Geneva L. Cutino
Signature
1370 Mt. View Dr
Address
Chula Vista, Ca 92011
State Zip Code
425-7508 92011
Telephone

Work Order # E 8370

Invoice # _____

Acct. # _____

PY-503 (REV. 9-85)

E-8370

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38545

Date: 11-8- 19 89

From: GENEVA L. CUTINO Address: 1370 MTN VIEW LN. CHULA VISTA 92011

Thirteen hundred seven dollars and 25/100 —— Dollars ($ 1307.25)

In Full Payment of INTERMENT Fees and lot for Geneva Li Cutino

Lot 590 Grave ____ Row ____ Section 1 Division Block 8

Invoice No. ____

Acct. No. ____

W.O. E8370

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☒

AC-212 (Rev. 10-67) #340 #0215

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	119	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	—
Opening/ Closing	100 77181		
Burial Containers	100 77182	NOV 13 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	712	25
Sales Tax	80101 78390		
TOTAL PAID	$	1307	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Cal & Trust

Date 11-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cleo Bell & Columus Gage

in a Dble 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 141 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund		395.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 320.00	640.00
Burial Container	Dble Crypt	330.00
Handling Fees		220.00
Flower vases - Marker setting fee		
Recording and filing fee	2 @ 35.00	70.00
Sales taxes		23.10
	Total Due	1778.10
Paid in full 12/3/1990	Paid receipt number 38551	150.00
	Balance due	1628.10

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.

Cleo Bell pp Gage
Signature

862 Jukna Dr.
Address

San Diego
State

264-7630
Zip Code / Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 8371

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8371 Preneed Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. ▶ $ 68.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 68.00

Amount Received $ 68.00

NAME Cleo Page

ADDRESS 862 Ginna Pl.

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-8371 Preneed Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. ▶ $ 68.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 68.00

Amount Received $ 136.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8371 Preneed Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. ▶ $ 68.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8371 Prenedd Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. $ 68.00

Amount due if paid more than_____days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8371 Preneed Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. ▶ $ 68.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8371 Prenedd Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. ▶ $ 68.00

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-8371 Preneed Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. $ 68.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 68.00

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-8371 Prenedd Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. $ 68.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 68.00

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-8371 Preneed Lot & Mbrust

Colonus & Cleo Page
862 Gimme Place
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. ▶ $ 68.00

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-8371 Prenedd Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. ▶ $ 66.00

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-8371 Preneed Lot & Trust

Coloinus & Cleo Page
862 Ginna Place
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. ▶ $ 68.00

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-8371 Prepaid Lot & Trust

Coloirmas & Cleo Page
862 Ciuna Place
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. ▶ $ 68.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8371 Fremont Lot 6

Trust

Coleious & Cigo Page
862 Ginna Place
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. ▶ $ 68.00

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-8371 Prenedd Lot 1 Trust

Coleimus & Cige Page
862 Cinna Place
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. ▶ 68.00

$ _____

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. 2-8371 Preneed Lot 5
Trust

Coleinus & Cleo Page
862 Gimfa Place
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 ▶ $ 68.00

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. B-8371 Prenedd Lot 4 Trust

Coleinus & Cleo Page
862 Cima Place
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. ▶ $ 66.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8371 Preneed Lot & Trust

Coloinus & Cleo Page
852 Ciamo Place
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. ▶ $ 68.09

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. E-8371 Preneed Lot & Trust

Coldiman & Cleo Page
862 Cinna Place
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. ▶ $ 68.00

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-8371 Fronong Lot 6
Trust

Coleman & Cleo Page
861 Ginga Place
San Diego, Ca 92124

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. ▶ $ 68.00

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-8371 Prepaid Lot & Trust

Colonna & Cleo Page
862 Ginna Place
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. $ 69.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-8371 Proceed Loc 6 Trust

Colelmus & Cleo Page
861 Ginga Place
San Diego, Ca 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
10			1								

Amount due when paid on, or before, due date above. ▶ $ 68.00

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 ... one coupon with each remittance **COUPON** 22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0371 Prenedd Lot 6 Trust

Coleinne & Cleo Page
862 Ginna Place
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. ▶ $ 60.00

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. 2-0371 Process Lot 6

Trust

Coleiman & Cleo Page
662 Glenn Place
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
16											

Amount due when paid off, or before, due date above. $ 66.00

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 ... one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8371 Pronedd Lot 6 Irust

Coloiaus & Cleo Page
862 Ginna Place
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. ▶ $ 64.10

[redacted] days ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E-8371
No 38629

Date: Dec. 5, 19 89

From: Colonius, Cleo Boge Address: 862 Grima Place San Diego Ca 92114

Sixty-eight and no/cents Dollars ($ 68.00)

In part Payment of Pre-need lot & trust

Lot 141 Grave 8 Row Section 1 Division Block 13

Invoice No.

Acct. No.

W.O. E-8371

BALANCE DUE $1560.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	68 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	$	68 00

CITY AUDITOR
DEC 14 1989

E-9371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38736

Date: 1-4, 1990

From: Colonius + Ole Hage Address: 162 Sierra Place

One Hundred Thirty-Six Dollars and No/100 Dollars ($ 136.00)

In Payment of Coupon #2 - Perpetual Trust

Lot 141 Grave 2 Row Section 1 Division 17

Invoice No.

Acct. No.

W.O. E-9371

BALANCE DUE $1424.10

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Hurlbut

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	136	00
Sales Tax	60101 76390		
TOTAL PAID	$	136	00

CITY AUDITOR
JAN 08 1990

E - 6371

OFFICIAL RECEIPT

№ 38865

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 2-7, 1990

From Colonius Page Address: 862 Gina Place, SD 92114

Dollars ($)

In Payment of Pre-Need Trust

Lot 141 Grave 8 Row 1 Section Division 12

Invoice No.

Acct. No.

W.O. E-6371

BALANCE DUE $1288.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	136 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	FEB 12 1990
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	136 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☒

AC-212 (Rev. 10-87)
#133.00 - 21-18987586 Cash - 3.00

ISSUED BY

E-8371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38551

Date: 11-9, 19 89

From: Clea Bell Inc Address: 862 Juniper St

One Funeral Set Price Dollars ($ 150.00)

In Payment of Deposit for Burial Lot and Burial Services

Lot 141 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8371

BALANCE DUE 1626.10

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	120	00
Opening/ 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	$	150	00

CITY AUDITOR
NOV 20 1989

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY Linda L. Webb

AC-212 (Rev. 10-87)

E-8371

OFFICIAL RECEIPT

CITY AUDITOR No 38929

MAR 12 1990

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 3-5, 19 90

From: Clara Page Address: 162 Linn St. ID 93704

One Hundred Thirty Six Dollars Dollars ($ 136.00)

In Payment of Perpetual Lot + Trust

Lot 141 Grave 7 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. F-13711

BALANCE DUE $125.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 21-90341073

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Williams

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	136	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	136	00

F-8371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39186

Date: 5-4, 1990

From: Glen-Colonia Lodge Address: 162 Gloria Place, S.D. 92114

In Payment of Cash for Perp. Care Trust Dollars ($ 136.00)

Lot 141 Grave E Row 1 Section Division Block 12

Invoice No.

Acct. No.

W.O. F-8371

BALANCE DUE 89.20

Pre-Need Lot ☒ At 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	136	00
Opening/ 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	$	136	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 E-8371 39096

APR 16 1990

Date: APRIL 6, 1990

From: CECINUS & CLEO PAGE Address: 862 GINNA PLACE, E.D. CA 92114

ONE HUNDRED THIRTY-SIX DOLLARS AND 00/100 Dollars ($ 136.00)

In PART Payment of Preneed Trust and LOT

Lot 141 Grave 8 Row Section 1 Division Block 12

Invoice No

Acct. No

W.O. E 8371

BALANCE DUE 116.00

Pre-Need Lot ■ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 21-1936 2010

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		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	136	—
Sales Tax	50101 78390		
TOTAL PAID	$	136	—

E - 8371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39312

Date: 6-4 , 19 98

From: Cleo Page Address: 163 Jewel Pl

One Hundred Sixty-Six and 76/100 Dollars ($ 166.76)

In Payment of Cedar Lot Perpetual Care

Lot 141 Grave 2 Row Section 1 Division Block 6

Invoice No.

Acct. No.

W.O. E 8371

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 21-196-7644

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	136 00
Sales Tax	80101 78380	
TOTAL PAID	$	136 00

CITY AUDITOR
JUN 08 1998

E-9371

OFFICIAL RECEIPT

№ 39451

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-5, 19 90

From: Mrs Page Address: 1123 Anna St. El Cajon

Dollars ($ 136.00)

In Payment of Cash Box + Pre-Need Trust

Lot 141 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 9371

BALANCE DUE $136.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

21-20026589

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY L Cook

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	136 00
Sales Tax	60101 78390	
TOTAL PAID	$	136 00

E-8371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39582

Date: 8-7-, 1990

From: Calvin & Cathy Hayes Address: 562 Linda Pl. San Diego, Calif. 92114

One Hundred Thirty-six and 00 Dollars ($ 136.00)

In Payment of Pre-need Dot & Trust

Lot 141 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8371

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☒

M021-20233402

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	136	00
Sales Tax	60101 78390		
TOTAL PAID	$	136	00

E-8371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39657

Date: Sept 4, 19 72

From: Chas Rose Address: 62 Loma Place SD 92114

One Hundred Thirty-Six 00/100 Dollars ($ 136.00)

In Payment of Endowment Care Pre-Need Trust

Lot 141 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE $136.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 21-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Clerk

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	136	00
Sales Tax	60101 78390		
TOTAL PAID	$	136	00

E-8371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39794

Date: 10-4-, 19 80

From: Valentine Alexander Address: 9126 Gina Ct San Diego Ca 92114

ONE HUNDRED THIRTY SIX 00/100 Dollars ($ 136.00)

In _____ Payment of PRE NEED LOT & TRUST

Lot 141 Grave 2 Row — Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-8371

BALANCE DUE 200.00
ONE HUNDRED THIRTY SIX

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

No. 21-20868354

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Rick 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	136.00	
Pre-Need Trust	63033 9022		136.00
Sales Tax	60101 78390		
TOTAL PAID	$		136.00

E-8371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39984

Date: 12 3 , 19 92

From: Mr Page Address: 762 Hinsdale, St 92114

Three Hundred 300/00 Dollars ($ 300)

In Payment of Pre-Need Trust

Lot 141 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8371

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐
11c#21-24-511-773

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	300	00
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elonore Campbell

in a T.S. Vault (Vault/Liner) Funeral, date, time 11-10-89 11:00

Church, Chapel, Graveside Graveside ; Cakemart Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 626 Grave 8 Row ~ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee Holiday Overtime	380.00
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1092.25
Paid receipt number 38553	1,052.25
Balance due 38526	35.00 35.00

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. Mr. Raymond Stokes

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
Address 4711 Mission Bay Dr
San Diego Ca
State Zip Code 273-0571
Telephone

Work Order # E 8372

Invoice # _____

Acct. # E-2351

PY-593 (REV. 8-86)

E-8372

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
ROSA	ELNORA	CAMPBELL	11-25-1903	11-8-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JEAN STILES - DAUGHTER 4470 APPLETON ST SAN DIEGO, CA

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE, SAN DIEGO, CA	F-1126

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Christine Lutz	11-9-89

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	NOV 09 1989	▶ Donald L. Bonar, 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 ST, SAN DIEGO, CA	11B. DATE INTERRED 11-10-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 126-8-1-11 T.S. Vault/Clothcovered	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-8372

N2 38553

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-9 , 1989

From: Richard & Stiles Address: 4711 Russell Ave Apt 116
Ocean Beach CA 92107 Dollars ($ 1,057 25)

In full Payment of Edna Campbell

Lot 126 Grave 8 Row — Section 1 Division Block 11

CITY AUDITOR
NOV 20 1989

Invoice No.

Acct. No. E-8372

W.O.

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	300	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	1,057	25

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2287

ISSUED BY Lora Black

AC-212 (Rev. 10-87)

E-8372

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38566

Date: 11-10 19 89

From: Raymond Stiles Address: 4711 Mission Bay Dr SD
Felicity Jane 92109 Dollars ($ 35.00)

In Payment of Interment Charges

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8372

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		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	35	00

CITY AUDITOR
NOV 20 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maura F. Small

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 11/14 11am

Church, Chapel, Graveside Graveside ; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO. John need Help

Lot 718 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ... prepaid C-4392	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	175.00
Flower vases - Marker setting fee	170.00
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	712.25
Paid receipt number 38569	712.25
Balance due	0

Call by O.R. Bailey

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Oral R. Bailey
Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 8373

Acct. # ____

PY-583 (REV. 8-85)

E-8373

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
MAURA	FRANCES	SMALL	09-22-1890	11-10-1989	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	ELMER F. SMALL - SON 2279 CAMINITO CABALA LA JOLLA, CA 92037

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	11/13/89

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	NOV 13 1989	▶ Donald L. 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
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 11-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 718-1-8 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-8373

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38569

Date: 11-14 19 69

From: Mrs Bailey Address: 4514 Hawley St. #D

Town Pittsburg Kansas 66762 Dollars ($ 112.25)

In Payment of Marie Mills interment

CITY AUDITOR

Lot Grave Row Section Division Block

NOV 20 1989

Invoice No.

Acct. No.

W.O. A-6813

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	~~112.25~~	32.0
Opening/ Closing	100 77181	175	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	112	25

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 115

ISSUED BY Linda Ward

AC-212 (Rev. 10-67)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ⊗ Ethel A. Smith ⊗

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs. 11/16 9:00

Church, Chapel, Graveside Graveside Merkley-Mitat Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 881 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 38565	242.80
Balance due	

Mrs Judy Corona

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

Ethel a Wade
Signature
3709 Menlo Ave
Address
San Diego, CA 92105
State Zip Code
Telephone 528-9422

Work Order # E 8374

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E-8374

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38565

Date: 11-13, 19 89

From: Ethel Wade Address: 3709 Menlo Ave San Diego CA

Two hundred Six Fee Only — Dollars ($ 206.00)

In Payment of Ethel Wade Interment

CITY AUDITOR
NOV 20 1989

Lot 261 Grave Row Section 1 Division Block 2

Invoice No.

Acct. No.

W.O. E-8374

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

2165
369

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Wade

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77164	
Opening/ Closing	100 77181	165.00
Burial Containers	100 77182	10.00
Handling Fee	100 77185	60.00
Recording & Misc. Fees	100 77183	3.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	3.00
TOTAL PAID	$	241.00

E-8374

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
ETHEL	ARLEEN	SMITH	FEB 22, 1906	NOV 12, 1989	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ETHEL A. BRUE, GRAND-DAUGHTER 3700 MENLO AVENUE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MOSELEY-MITCHELL MORTUARY, 3668 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 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
		▶ Ed Leach	NOV 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	NOV 13 1989	▶ Donald L. Ramras, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. BOX 85222, SAN DIEGO, CA 92138-5222	

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 881-1-8	11B. DATE INTERRED 11-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Tenayee
CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	12B. DATE CREMATED NOV 14 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ adolfo Bray
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 11-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (X) Ida Porter (X)

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 32 Grave 11 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund ..... preneed C 7509 .....

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 .....

Paid, receipt number _____

Balance due _____

Called by Ms. Heath

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8375

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Lee Barbour

in a DBL CRYPT. (Vault/Liner) Funeral, date, time 11/18 Sat 10:00

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 830 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & C[illegible] Fund	595.00
Additional space and [illegible] fu[illegible]	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees Labor	320.00
Flower vases - M[illegible]	
Recording and filing fee Sat. O.T.	416.00
Sales taxes	23.10
Total Due	2003.10
Paid receipt number 38559	2003.10
Balance due	-0-

PAID
NOV 13 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

Barbara Dees
Signature
6328 Torley St. #10
Address
Lakeside, 92114
State Zip Code
(619) 263-7104
Telephone

Work Order # E 8376

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

E-8376

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	LEE	BARBOUR	05/31/22	11/10/89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Charles Henry Barbour-Husband 4966 Lisa Avenue 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
		▶ Maxwell N. Thorpe	11-16-89

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	NOV 16 1989	▶ Donald L. Pamrat, M.D. mm

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	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, Calif.	11B. DATE INTERRED 11-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Wood	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 830-10 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.

E-8376

NO 38559

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-13- , 1989

From: Charles H. Barbour Address: 1966 Lee Avenue, S.D. CA 92102

Two Hundred three dollars and 10/100 Dollars ($ 203.10)

In Full Payment of interment fees for Dorothy Barbour

AUDITOR
NOV 20 1989

Lot 530 Grave Row Section Division Block 70

Invoice No.

Acct. No.

W.O. E 8376

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 7496

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	330	—
	100	320	—
Handling Fee	77185		
Recording & Misc. Fees	100 77183	415	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	23	10
TOTAL PAID	$	2003	10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ada Oakes

in a Bell liner 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 27 Grave 4 top Row _____ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 8377

Acct. # _____

PY-503 (REV. 6-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lottie Acuna in a Bell Liner (Vault/Liner) Funeral, date, time Tues 11/14 10:00 Church, Chapel, Graveside Graveside Sarah-Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 110 Grave 6 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	57.00
Burial Container	____
Handling Fees	8.50
Flower vases - Marker setting fee	____
Recording and filing fee	____
Sales taxes	63.50
Total Due	62.50
Paid receipt number 38567	
Balance due	0

3 Tier
382 E
not guaranteed
Family at time of service will pay

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

Marjorie Stage
Signature
10767 - Jamacha Bl.
Address
Spring Valley 92078
State Zip Code
670-7257
Telephone

Work Order # E 8378

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E-8378

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38567

Date: 11-14 19 89

From: Vilma Montes Address: 1314 Court Place, SD

Dollars ($ 62.50)

In _____ Payment of Lot 110 Grave 6 Section 1 Division _____

CITY AUDITOR
NOV 20 1989

Lot 110 Grave 6 Row _____ Section 1 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8378

BALANCE DUE C

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	54 00
Burial Containers	100 77182	
Handling Fee	100 77185	8 50
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	62 50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0277

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

E-8378

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
LOTTIE	—	OSUNA	4/7/1920	11/11/1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Wilma Cervantes - Daug. 1314 Cornet Place San Diego, CA 92154

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Lucy C. Gonzales	11/13/89

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	NOV 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 Street San Diego, CA	11B. DATE INTERRED 11-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 110-6-1-12 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olevia R. Harris

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 11-19 10:00

Church, Chapel, Graveside Cheek & Hope Pogodale Mortuary.

All Funeral cars must 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 Lowering

Lot 120 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00
Total Due	1002.00
Paid receipt number 38581	1002.00
Balance due	

PAID
NOV 17 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 Days Note

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Dorothy Harris
Signature
806 S 45th
Address
San Diego, CA 92113
State Zip Code
263-0181
Telephone

Work Order # E 8379

Invoice # _____

Acct. # _____

PY-503 (REV. 9-86)

W.O. # E-8379

NOTE

$ 1002.00 San Diego, California 11-14 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 one thousand two hundred DOLLARS with interest from 1-16-90 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 Harris SIGNATURE Dorothy Harris

ADDRESS 806 So 45th St. S.D. Ca. 92113

CALIF. DRIVERS LIC. # N7442259

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8379

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
OLEVIA	REBECCA	HARRIS	2-14-12	11-10-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Dorothy Harris - Daughter 806 S. 46th 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
Anderson-Ragsdale Mort.: San Diego, California	F-1529

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED
		[signature]	11-14-89

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	NOV 16 1989	▶ Harold L. Ramos, M.D. mm

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, CA	11B. DATE INTERRED 11-16-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy DeLeague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 120-5-2-11 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 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-8379

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38581

Date: 11-17 19 89

From: Dorothy Harris Address: 806 S. 45th Street
The Standard Two, rolls — Dollars ($ 1002.00)

In _____ Payment of Cedar Lawn Interment

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8379

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

190 & 189

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184	776	00
80% Sales of Lots	100 77184	276	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
	100		
Handling Fee	77185	145	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380	7	00
TOTAL PAID	$	1002	00

CITY AUDITOR

NOV 14 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Purchased Lot

Date 11-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Claira Mae 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 117 Grave 2 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

Teri Wade
Signature
P.O. Box 13538
Address
San Diego CA. 92113
State Zip Code
(619) 264-1644
Telephone

Work Order # E 8380

Invoice # _____

Acct. # _____

PY-883 (REV. 8-86)

Send or bring one coupon with each remittance **COUPON**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8380 Credit Lot

Teri Wade for Clara M. Green
P.O. Box 13538
San Deigo, 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. ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 25.00

$ 25.00

Amount Received $ 25.00

NAME Teri Wade for Clara Gre

ADDRESS P.O Box 13538

CITY San Diego STATE CA. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8380 Credit Lot

Teri Wade for Clara M. Green
P.O.? Box 13538
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. ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 25.00

$ 25.00

Amount Received $ 25.00

NAME Teri Wade

ADDRESS P.O. Box 13538

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8380 Credit Lot

Teri Wade for Clara M. Green
P.O. Box 13538
San Deigo, 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. $ 25.00

Amount due if paid more than ____ days after due date above. $ 25.00

$ 25.00

Amount Received $ 25.00

NAME Teri Wade for Clara Green

ADDRESS P.O. BOX 13538

CITY San Diego STATE CA. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8380 Credit Lot

Teri Wade for Clara M. Green
P.O.? Box 13538
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. $ 25.00

Amount due if paid more than ____ days after due date above. $ 25.00

$ 25.00

Amount Received $ 25.00

NAME Teri Wade for Clara Green

ADDRESS P.O. BOX 13538

CITY San Diego STATE CA. ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

CITY AUDITOR

E-8380

N2 38921

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
28-3151

MAR 5 1990

Date: 2/28, 1990

From: Trustee for Clara M. Du... Address: [illegible] 13535, SA, 92113

by Standard Bonding [illegible] Dollars ($ 100.00)

In ____ Payment of Credit Det

Lot 117 Grave 2 Row ____ Section 2 Division 12

Invoice No. ____

Acct. No. ____

W.O. E-2380

BALANCE DUE ____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

5054

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	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Funeral Trust

Date 11-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Felicidad Johnson

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 5 Grave 2 Row _____ Section 1 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 _____	
Balance due	

Pd 11-15-89 [illegible]

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Florence L. Johnson
Signature
245 N. Pardee St.
Address
San Diego, Calif. 92102
State Zip Code
239-65 38
Telephone

Work Order # E 8381

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-8381 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 30.00

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-8381 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca. 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than_____days after due date above. ▶ $ _____

$ 30.00

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-8381 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8381 Pfenced Truse

Felicidad Johnson
C/OPFlorence L. Johnson
245 N. Parke Street
San Diego Ca 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than_____days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ **check (✓) if this is new address**

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8381 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

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 this coupon with each remittance **COUPON 6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8381 Preneed Truse

Felicidad Johnson
C/O/Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

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-8361 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

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-6381 Preneed Truse

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8361 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

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-8381 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

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-8381 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

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-8381 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8381 Pruned Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

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 this coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8381 Prenced Trust

Felicided Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

Amount due when paid on, or before, due date above ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8381 Prefund Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											10

Amount due when paid on or before due date above ▶ $ 30.00

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. S-8381 Preneed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, CA 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											10

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ 262.25

$ _____

Amount Received $ 262-25

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-8381 Prepaid Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											10

Amount due when paid on or before, due date above. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ 262.25

$ _____

Amount Received $ 262.25

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. S-6321 Preneed Irrev

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92107

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. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ 262.25

$ _____

Amount Received $ 262.25

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-8381 Trained Trust

Felicidad Johnson
C/O Florence L. Johnson
245 E. Parkee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								262.25			30

Amount due when paid on, or before, due date above ▶ $ 30.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ 262.25

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-6381 Proceed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											10

Amount due when paid on or before, due date above ▶ $ 30.00

Amount due if paid more than ____ days after due date above. ▶ $ 262.25

$ _____

Amount Received $ 262.25

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. 2-8381 Prabeed Trust

Felicidad Johnson
C/O Florence L. Johnson
245 N. Pacific Street
San Diego, Ca 92102

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								262.25			

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ 262.25

$ _____

Amount Received $ 262.25

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-6381 Proceed Trust

Felicidad Johnson
C/O Florence L. Johnson
265 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											10

Amount due when paid on, or before, due date above: $ 30.00

Amount due if paid more than _____ days after due date above: $ 262.25

$ _____

Amount Received $ 262.25

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-8361 Prepaid Trash

Felicidad Johnson
C/O Florence L. Johnson
243 N. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								26	26	25	25

Amount due when paid on or before due date above ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ 26 25

$ _____

Amount Received $ 26 25

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-8381 Pressed Tiger

Felicidad Johnson
C/O Florence L. Johnson
245 S. Pardee Street
San Diego, Ca 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											10

[redacted]

▶ $ 22.25

days ▶ $ 262.25

$

Amount Received $ 262.25

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

E-8381

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39053

Date: 4-2-, 19 90

From: FLORENCE JOHNSON Address: 245 N. PARDEE ST S.D. 92102

CASH Dollars ($ 262.25)

In FILL Payment of PRE NEED TRUST FOR FLORENCE JOHNSON

Lot 5 Grave 152 Row Section 1 Division Block 7

Invoice No.

Acct. No.

W.O. E-8381 262.25

BALANCE DUE

PRENEED TRUST

Pre-Need Lot ☐ At 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	83033 9022	262	25
Sales Tax	60101 78390		
TOTAL PAID	$	262	25

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-8381
No 38734

Date: 1-4 19 90

From: Edward Lowe Address: 245 N. Torrey Pines Road, La Jolla
One Interment - Trust 2810 Dollars ($ 120.00)

In _____ Payment of Charges 2-5 Trust

Lot 5 Grave 2 Row _____ Section 1 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-8381

BALANCE DUE 362.25

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 [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	120 00
Sales Tax	60101 78390	
TOTAL PAID	$	120 00

CITY AUDITOR
JAN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
MAR 20 1990

E-8381
No 39013

Date: 3-16, 19 90

From: Florina Ybarra Address: 245 So. Marie St. El Cajon

Three Hundred 7/100 Dollars ($ 300.00)

In Payment of Pre-Need Trust for Felicidad Ybarra

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. HE-8381

BALANCE DUE $262.25

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 Auditor

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 77153		
Pre-Need Trust	63033 9022	300	00
Sales Tax	50101 78390		
TOTAL PAID	$	300	00

E-9381

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38643

Date: 12-6 89

From: Soledad Vidaurri Address: 245 N. Louise St SD

Chula Vista 92010 Dollars ($ 30.00)

In Payment of Opening / Interment Cost

Lot 5 Grave 2 Row Section 1 Division Block 7

Invoice No.

Acct. No.

W.O. 21-6381

BALANCE DUE 62.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 518

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Louise Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	DEC 11 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	30 00	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30 00	

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

CITY AUDITOR
MAR 20 1990

E-8381
No 39013

Date: 3-16, 1990

From: Florence Hann Address: 245 So. Harbor St. SD 92113

Three Hundred 00/100 Dollars ($ 300.00)

In Payment of Pre-Need Trust for Felicidad Ybarra

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. HE-8381

BALANCE DUE $762.25

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 Arlette

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	300	00
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

E-9381

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38643

Date: 12-6, 19 89

From: Adrienne Vickers Address: 245 N. Coast Hwy SD

Chula Vista 92010 Dollars ($ 30.00)

In ____ Payment of Cash / Preneed Trust

Lot 5 Grave 2 Row ____ Section 1 Division ____ Block 7

Invoice No. ____

Acct. No. ____

W.O. 21-9381

BALANCE DUE 662.25

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 Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	DEC 11 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	30 00	
Sales Tax	60101 78390		
TOTAL PAID	$	30 00	

E-8381

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15 day of November, 1989, between Felicia Johnson, 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 5, Grave 2, Row _____, Section 1, ~~Block~~/Division 7, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $712.25, payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $30.00 on the 10 day of December, 19___; and the balance in installments of $30.00 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-8381

WITNESS our hands this day and year above written.

Deed to be issued to: Florence L. Johnson
Name

23 @ $30.00
1 @ $22.25
$712.25

245 N. Pardee St.
Address

San Diego, Calif. 92102

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Warf

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Calvin R McGee

in a — Vault/Liner Funeral, date, time Fri 11/17 2:00

Church, Chapel, Graveside Graveside ; Davis-Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ . 6 hours

Lot 3140 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	
Balance due	

ACCOUNT WRITTEN OFF 8/29/90 $199.00

30 Day Note

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature Dorothy Coleman

Address 4026 #11 54th, ~~Encanto~~ CA

State Ca. Telephone 563-7786 92116

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 093713

Acct. # 039011

Work Order # E 8382

PY-553 (REV. 8-88)

W.O. # E-8382

NOTE

$ 199.00 San Diego, California November 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 ninety nine DOLLARS with interest from 1-15-87 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 DOROTHY Coleman SIGNATURE Dorothy Coleman

ADDRESS 4026 #41 51st STREET, San Diego, CA 92105

CALIF. DRIVERS LIC. # D62306

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8382

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
CALVIN	LORENZO	McGEE	11/15/89	11/15/89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Dorothy Coleman-Grandmother 4026 51st Street Apt.11 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	FD-284

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Lucy O. Gonzale	11/17/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	NOV 17 1989	Donald A. Rannals, 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	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 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 11-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3140-1-9	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 8382

CRG71 INVOICE INQUIRY PG 2
INVOICE: 070713 INC TOTAL: 192.00
ACCOUNT: 034011 NAME: DOROTHY COLEMAN
INVOICE STATUS

DISPOSITION DATE AMOUNT
WRITTEN OFF 06/29/90 192.00

COLLECTION ACTIONS

DATE NOTICE - 1ST: 12/27/89 REFERRED : - TREAS COLLECTION: 01/11/90
- 2ND: 01/10/90 - CITY ATTORNEY :
- 3RD: COLLECTION AGENCY:

LATE CHGS ASSESSED
DATE INVOICE AMOUNT

LATE CHG 1:
-2:
ENTER PAT KEY FOR NEXT SCREEN

(8382

Pd for Fun 12/31/89

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hayward Marlen Sr

in a Sole Vault/Liner Dept Funeral, date, time Wed 11/22 1:00

Church, Chapel, Graveside Chapel & Grove ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes. 12 above

Lot 53 Grave 4 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	280.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	83.10
Total Due	1523.10
Paid receipt number	Ø
Balance due	

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

Signature Mrs Eugenia Martin

Address 2651 Island ave

~~Stat~~ San Diego

State Cal. Zip Code 92102

Telephone 2347754

Work Order # E 8383

Invoice # 893971

Acct. # 034097

PY-593 (REV. 8-86)

W.O. # E-8383

NOTE

$ 1523.10 San Diego, California 11-15 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 Fifteen hundred twenty-three 10/100 DOLLARS with interest from 1-22-89 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 EUGENIA MARTIN SIGNATURE X Eugenia Martin

ADDRESS 2631 Island Ave San Diego, CA 92102

CALIF. DRIVERS LIC. # N0215918

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8383

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
Hayward		Martin	01-10-15	11-15-89	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	Luginia Martin - Wife 2651 Island Ave. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary	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

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	NOV 21 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
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, CA	11B. DATE INTERRED 12-22-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Andrea Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal non-sealer 53-4-2-11	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-8383

OFFICIAL RECEIPT

1/02

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38710

Date: 12-27, 19 89

From: Teresia Martin Address: 2651 Island Ave #35

Fifteen hundred twenty-three 10/100 Dollars ($ 1523.10

In Payment of Maynard Martin's Interment

Lot 33 Grave 4 Row Section 2 Division Block 11

Invoice No. 093971

Acct. No. 034097

W.O. 21-6303

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1380

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 22 1990

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 8022		
Sales Tax	60101 78380		
TOTAL PAID	$	1523	10

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
093971	11/27/89	034097	LUGENIA MARTIN					12/27/89	CK	38710	1,523.10	1,523.10	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				330.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				396.00		
			100	072		77185	000072				320.00		
			60101			78390					23.10		
			67007			77184					99.00		

E-8383

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard Lodner

in a Bell Liner (Vault/Liner) Funeral, date, time Sat 11-18 10:00

Church, Chapel, Graveside Chapel & Grave ; Calif Funeral Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ . 12 chairs

Lot 102 Grave 3 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	~~100.00~~
Handling Fees	170.00	~~145.00~~
Flower vases - Marker setting fee	Set. Onetime 380.00	
Recording and filing fee	12.25	~~7.00~~
Sales taxes	35.00	
Total Due	1392.25	~~1287.00~~
Paid receipt number 38579	400.00	
Balance due	992.25	

Paid CO

4

30 Days Noted

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.

Yvonne Williams
Signature

I hereby authorize the interment in lot I hold under deed.

3145 Madroncillo St
Address

SD, CA 92114
State Zip Code

286-8456
Telephone

Signature of recorded holder of deed

Invoice # 092715

Work Order # E 8384

Acct. # 034010

PY-583 (REV. 8-85)

W.O. # 9-8384

NOTE

$ 992.25 San Diego, California 11-16 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of nine hundred ninety-two 25 DOLLARS with interest from 1-18-89 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 Yvonne L. Williams SIGNATURE Yvonne Williams

ADDRESS 2445 Madroello St SD 92114

CALIF. DRIVERS LIC. # U0070362

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8304

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
Howard		Ladner	10-19-1915	11-12-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Yvonne L. Williams(Daughter) 2445 Madroncillo Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5602 EL CAJON BLVD. SAN DIEGO, CA	F-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED
			11-17-89

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	NOV 17 1989	▶ Donald G. Romero, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	P.O. Box 85222 San Diego, CA	

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 11-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Sandra L Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 102-3-1-12 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38579

Date: 11-16, 19 89

From: Jessie Williams Address: 2445 Hurlbut Ave #7

Jessie Lee Williams rel —

In Payment of Interment Services Dollars ($ 400.00)

Lot 102 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 2-2204

BALANCE DUE 192.25

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 Linda Cook

CREDIT	67007	
20% Sales Care	77184	40 00
80% Sales of Lots	100 77184	240 00
Opening/ Closing	100 77181	120 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	400 00

CITY AUDITOR
NOV 24 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe 89-0199

in a _____ (Vault/Liner) Funeral, date, time Fri 11-17 10:00

Church, Chapel, Graveside 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 _____ .

Lot 76 Grave 8 Row _____ Section 1 Division/Block 12

2½" ? Set by Jesse Moore 1 at top of grave

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	

Paid 12-15-89

P-A- 108 2868 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

Work Order # E 8385

Invoice # 093714

Acct. # 000952

PY-693 (REV. 8-88)

E-8385

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#89-0199	UNK	01-21-1989 Found	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Boulder Oaks	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
GREENWOOD MORT. 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 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Patricia D. Fellows	11-17-89

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	NOV 17 1989	Donald L. Rowe, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA	11B. DATE INTERRED 11-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 76-8-1-12 NO LINER	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest L Iberaga

in a Vault/Liner Space Funeral, date, time Thurs 11/21 3:00

Church, Chapel, Graveside Pelugrey Mtry; El Cajon Mortuary before 3:30

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2979 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 38580	35.00
Balance due	0

Received 8/12 D

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

Kurt Hunger
Signature
4663 Rainier ave
Address
San Diego
State Calif Zip Code 92120
Telephone 284-7864

Work Order # E 8386

Invoice # _____

Acct. # _____

PY-503 (REV. 9-86)

E-8386

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	KARL	ERINGER	9/30/1901	11/17/1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Karl Ringer - Son 4663 Rainier Ave. San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
El Cajon Mortuary 684 So. Mollison Ave. - El Cajon, CA 92020	F-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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 11-20-89

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	NOV 21 1989	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92138-5222	- - - -

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. 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 11-21-89	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2979-10 N/A Metal Seals	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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-8306

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38580

Date: 11-17 19 89

From: Ruth Heinen Address: 4663 Rainier Ave, SD

Thirty-five no/100 Dollars ($ 35.00)

In Payment of Interment fee for Ruth Heinen

Lot 2979 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8306

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

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	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

CITY AUDITOR
NOV 24 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cornelio Hermenio Carbajal-Arrasco

in a _____ Vault/Liner Funeral, date, time Tues 11/21 3:00

Church, Chapel, Graveside Peterson ; Pinkham-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 76 Grave 8-B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. 10 2019

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 093796

Acct. # 000952

Work Order # E 8387

PY-583 (REV. 8-85)

E-8397

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
CORNELIO	HERMINIO	CARBAJAL-CARRASCO	SEP 16, 1956	NOV 28, 1989	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
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
PINNOW-MITCHELL MORTUARY, 900 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 Leach	NOV 29, 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	NOV 21 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

- [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 (SAN DIEGO COUNTY)	11B. DATE INTERRED 11-21-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 76-8-1-12 Rose Board	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 11-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerry F Reynolds

in a V.S-Vault (Vault/Liner) Funeral, date/time Tue 11/21 1230

Church, Chapel, Graveside Graveside ; Greenwood (Mortuary) Memorial Park

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 53 Grave ____ Row ____ Section FOOF Division/Block 9

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	125.00
Recording and filing fee	25.00
Sales taxes	12.25
Total Due	837.25
Paid receipt number 38583	837.25
Balance due	0

I hereby certify I am the nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

David S. Knight
Signature

1818 Sweetwater Rd Sp. 49
Address

Spring Valley CA 92077
City State Zip Code

698-8329
Telephone

Work Order # E 8388

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

E-8388

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
Ann	Finch	Reynolds	10-18-1896	11-17-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	David Knights: Nephew 1815 Sweetwater Road #49 Spring Valley, CA 92077

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GREENWOOD MEM. I-805 & IMPERIAL AVENUE SAN DIEGO, CA	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Patricia D. Johnson	11-20-89

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	NOV 20 1989	▶ Donald L. Reuck, 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 Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 11-21-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 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.

E-8388

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38583

Date: 11-20, 19 39

From: David Knecht Address: 1174 E. Main St. El Cajon

Eight Hundred thirty two 2/100 Dollars ($ 832.00)

In Payment of Cem. Perpetual Care

CITY AUDITOR

Lot 53 Grave Row Section FOF Division Block 7

Invoice No.

Acct. No.

W.O. 2-8388

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 576

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	NOV 24	989
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	160	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	25
TOTAL PAID	$	837	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mayset R Estes

in a Soffe Crypt (Vault/Liner) Funeral, date, time Sat 11/25 10:00

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 ____ .

Lot 172 Grave ____ Row ____ Section MAS Division/Block P

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup Sat Service	380.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee Disinterment	200.00
Recording and filing fee (#3 Box A-1233)	35.00
Sales taxes	23.10
Total Due 1788.10	~~1408.10~~
Paid receipt number 38590	1788.10
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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature [signature]

Address 5672 San Marcos Blvd

State San Diego, Ca Zip Code 92104

Telephone 280 9418

Invoice # ____

Work Order # E 8389

Acct. # ____

PY-593 (REV. 8-85)

E-8389

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY - 3751 MARKET STREET - SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

November 20, 1989
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Donald Hamilton Estes

from Lot 172 Grave ___ Section MAS Row ___ Block P Div ___
and to remove the same to and reinter said remains in Lot 172 Grave ___
Section MAS Row ___ Block P Div ___.

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.

Donald H. Estes		
Signature	Signature	Signature
Donald H. ESTES		
Son		
Relation to deceased	Relation to deceased	Relation to deceased
2672 San Marcos Ave		
Address	Address	Address
San Diego, Ca. 92104		

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

E-8349

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
MAYSEL	REPLOGLE	ESTES	08-11-1902	11-20-1989	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	DONALD H. ESTES - SON 2672 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	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
3051 El Cajon Blvd. Lewis Colonial/Rembough San Diego, CA 92104	F-480	Melinda M. Stewart for LCB	11/22/89

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

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	NOV 22 1989	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH
VITAL RECORDS...P.O. BOX 85222
SAN DIEGO, CA 92138-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY
- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 11-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 172-MAB-P 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.

E-8389

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38590

Date: 11-21, 19 89

From: Donald H. Estes Address: 2672 San Mateo, SD 92104

One thousand seven hundred eighty-eight & 10/100 Dollars ($ 1788.10)

In Payment of Mrs. Estes' Interment

Lot 172 Grave Row Section WHS Division Block

CITY AUDITOR

Invoice No.

Acct. No.

W.O. E-8389

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 109

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184	NOV 24	1989
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	330	00
Handling Fee	100 77185	325	00
Recording & Misc. Fees	100 77183	1115	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	23	10
TOTAL PAID	$	1788	10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darlene Degeyseer

in a _____ (Vault/Liner) Funeral, date, time Wed 11/29 10:00

Church, Chapel, Graveside Graveside Berge - Eckert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 30 36 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 3578	199.00
Balance due	0

I hereby certify I am the father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address 6151 CUMBERLAND ST.

SAN DIEGO CA. 92139

State Zip Code

(619) 267-6730

Telephone

Work Order # E 8390

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 8390

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
DARLENE	PEREZ	DEGUZMAN	11/23/89	11/23/89	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Mr. Dominador DeGuzman-Father 6151 Cumberland Street San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Terry C. Gonzales	11/28/89

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	NOV 29 1989	▶ Donald L. Reaves, 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 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA		11B. DATE INTERRED 11-29-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3036-1-9 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.

E-8390

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38598

Date: 11-24, 19 89

From: Dominican Sisters Address: 62nd & Hartley Rd. Lot 2036

One hundred forty-nine 00 Dollars ($ 149.00)

In Payment of Perpetual Deposit & Interment

Lot 2036 Grave Row Section 1 Division Block 7

Invoice No.

Acct. No.

W.O.

BALANCE DUE E-8390

Pre-Need Lot ☐ At 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 Wash

CREDIT	67007	25	00
20% Sales Cars	77184	60	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	149	00

CITY AUDITOR
DEC 04 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Tamarin

in a Bell Liner (Vault/Liner) Funeral, date, time ~~Mon 11:30~~ 10am

Church, Chapel, Graveside Upper Cypress View (Mortuary)

All Funeral cars must arrive before 2:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 109 Grave 7 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 38614	100.00
Balance due	807.00

PA-In full 3-6-90

30 days Net

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.

Rev. Nebo Tamarin
Signature

123 N. Royal Oak Dr
Address

San Diego Ca 92114
State Zip Code

267-7093
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 094474

Acct. # 02921

Work Order # E 8391

PY-553 (REV. 8-88)

W.O. # E8391

NOTE

$ 907.00 San Diego, California 11-24 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 Nine hundred seven no DOLLARS with interest from 1-27-89 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 LOPETI MILO SIGNATURE Lopeti Milo

ADDRESS 127 N. Royal Oak Dr SD 92114

CALIF. DRIVERS LIC. # [redacted]45178032

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-8391

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
Lemoe	-	Tauanuu	7-07-70	11-23-89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lopeti Milo - Brother 123 Royal Oak Drive San Diego, CA. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Cypress View/Bonham Brothers 9990 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	11-27-89

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	NOV 29 1989	▶ Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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 Mount Hope Cemetery 3751 Market Street, San Diego, CA.92102	11B. DATE INTERRED 12-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 109-7-1-12 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.

E 8391

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38614

Date: DEC. 4, 19 89

From: MILO, ~~[illegible]~~ LOPETI AKA Address: 123 N. ROYAL OAK DR. SAN DIEGO 92114

ONE HUNDRED AND NO/CENTS Dollars ($ 100.00)

In PART Payment of

Lot 109 Grave 7 ~~Row~~ Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E 8391

BALANCE DUE $807.00

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 Kathleen Kendall

CREDIT	67007	~~100~~	~~00~~
20% Sales Cars	77184		
80% Sales of Lots	100 77184	100	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	$	100	00

OFFICIAL RECEIPT

2/12

E 8391

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38827

Date: 2-2, 19 90

From: Kopeti Milo Address: 123 No. Royal Oak Dr.

Fifty Dollars 7 Hs Dollars ($ 50.00)

In Payment of Grave Tarpaulins Services

Lot 109 Grave 7 Row Section 2 Division Block 12

Invoice No. 094474

Acct. No. 034211

W.O. E-8391

BALANCE DUE $697.00

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 J. Mills

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

CITY AUDITOR
FEB 12 1990

E 8391

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

CITY AUDITOR No. 38958

MAR 12 1990

Date: 3-6- , 19 90

From: Lopeti Milo Address: 123 No. Royal Oak Dr

Six hundred ninety-seven and XX/100 Dollars ($ 697.00)

In Full Payment of Lemage Thawaun Services

Lot 109 Grave 7 Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. E 8391

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

AO-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	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	$	697	—

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/08/90

E-8391

DATE: 01/08/90
TIME: 200952
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
094474	12/06/89	034211	LOPETI MILO					01/02/90	CA		60.00	807.00	747.00
			100	072		77181	000072				23.79		PARTIAL PAYMENT
			100	072		77182	000072				7.43		
			100	072		77183	000072				2.60		
			100	072		77184	000072				10.41		
			100	072		77185	000072				10.78		
			60101			78390					0.52		
			67007			77184					4.47		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willa Mae Porter Fu 12/1

in a Bell Liner Vault/Liner Funeral, date, time ~~Wed 11/29~~ 11:50

Church, Chapel, Graveside Lund & Grant 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 2704 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 3860	35-00
Balance due	0

Received 2704

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 Curtis Porter Sr

Address 5989 Lois St

State La Mesa Zip Code 92043

Telephone 464-7036

Work Order # E 8392

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

E-8392

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	Mae	Porter	02-06-1902	11-23-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Autery Potter, Sr.: Husband 529 S. 45th 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
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	F-963

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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. Johnson	11-30-89

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	DEC 01 1989	Donald L. Bonar, 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] 3751 Market Street San Diego, CA	11B. DATE INTERRED 12-1-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY liner/metal sealer 2704-10	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-8392

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38600

Date: 11-24 , 19 89

From: Vita Fite, Jr Address: 529 S. 45th Street SD

Thirty-five 35/100 Dollars ($ 35.00)

In Payment of Vita Misc Fates Interment

Lot 2704 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8392

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 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	25 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

CITY AUDITOR
DEC 04 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Slakwieger (8)

in a Vault Vault/Liner Funeral, date, time Fri 1:30 PM

Church, Chapel, Graveside Selevin ; Neeley Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 1899 Grave ____ Row ____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38606	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

Signature C. Slakwieger

Address 1073 Skylark Dr.

State La Jolla, Ca Zip Code 92037

Telephone 459-1723

Work Order # E 8393

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E-8393

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
ELIZABETH	DOROTHY	SCHWIEGER	08-12-1890	11-23-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Charles W. Schwieger - Son 1073 Skylark Drive La Jolla, CA 92037

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 C. King	11-29-1989

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	NOV 29 1989	▶ Donald L. Ramos, 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	11B. DATE INTERRED 12-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1899-3-8 Leneda, Inc. 14065 Olde Hwy. 80 El Cajon, CA	12B. DATE CREMATED 11/30/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Judy 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-83 93

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38606

Date: 11-29 19 89

From: C.O. Schweiss Address: 1073 Leyland St, La Jolla

Two hundred fifty - Type 80/10 — Dollars ($ 242.80)

In _____ Payment of Interment Services

CITY AUDITOR
DEC 04 1989

Lot 1699 Grave _____ Row _____ Section 3 Division _____ Block 8

Invoice No. _____

Acct. No. _____

W.O. 1-8393

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 946

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	100	00
Burial Containers	100 77182	40	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	17	80
TOTAL PAID	$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nora Smith in a Vault (Vault/Liner) Funeral, date, time Tues 11/28 2:00 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 1914 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	Prepaid 97
Burial Container	507
Handling Fees	D ____
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	____
Total Due	35.00
Paid receipt number 38601	35.00
Balance due	0

I hereby certify I am the Son Fr 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.

Dean N Good
Signature

4211 Corinth
Address

San Diego CA 92117
State Zip Code

582-9467
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8394

Invoice # ____

Acct. # ____

PY-893 (REV. 8-85)

E-8394

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
NORA	LEE	SMITH	4-30-1899	11-26-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maybell Rood daughter 4211 Corinth Street San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Goodbody Mort. 5027 El Cajon Blvd, San Diego, CA	FD 7000	▶ Peggy L Goodbody	11/27/89

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	NOV 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 85822 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE INTERRED 11-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Vault / metal / sealer 914-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-8394

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38601

Date: 11-27, 19 89

From: Dear Reed Address: 4211 Ohio St San Diego

Thirty-four 34/100 Dollars ($ 35.00)

In Payment of Nora Smith's Interment Fee

Lot 1914 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 21-6314

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1782

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Cole

			CITY AUDITOR
CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		DEC 04 1989
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

12 chairs

Ready at 11:30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Narmar A. Talley

in a _____ Vault/Liner Funeral, date, time Tues 11/28 12:00

Church, Chapel, Graveside Chapel & Grove, Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Bruce Eng Gate

Lot 16 Grave _____ Row _____ Section Nus Division/Block _____

Reserve Lot 18/14

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	385.00
Paid receipt number _____	
Balance due	

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 _____

Address 6293 Caminito del Oeste.

San Diego CA 92111
City State Zip Code

(619) 292-8567
Telephone

Work Order # E 8395

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

E-83915

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
Nazmar	Aziz	Fathy	09-21-1964	11-24-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Aziz Fathy: Father 6293 Caminito Del Oeste San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE SAN DIEGO, CA	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Patricia D. Fatmore	11-27-89

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	NOV 27 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

- [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)

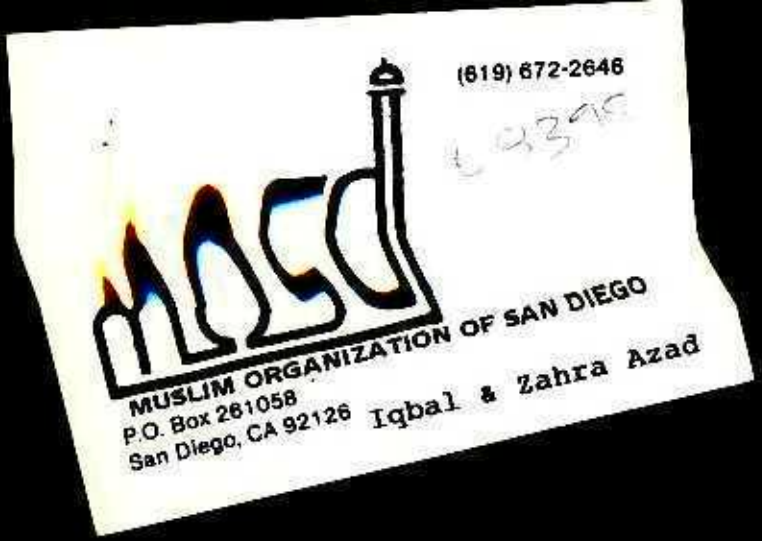
FOR CORONER'S USE ONLY

- [ ] 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 11-28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 16 - MOS 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.


(619) 672-2646
MUSLIM ORGANIZATION OF SAN DIEGO
P.O. Box 261058
San Diego, CA 92126
Iqbal & Zahra Azad

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-8395
No 38753

Date: 1-5, 1990

From: Muslim Cemetery Address: P.O. Box 261056

Three Hundred eight - five 00/100 Dollars ($ 385.00)

In Payment of Normal Entombment

Lot 16 Grave Row Section Muslim Division Block

Invoice No.

Acct. No.

W.O. E-2395

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

125

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY

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	33	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	353	00

Renewed lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert James Edwards / Nellie Edwards

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WWII.

Lot 155 Grave 11&12 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... 2@495 credit lot	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 38602	990.00
Balance due	-0-

PAID
NOV 27 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 Nellie Edwards
Address 3960 'C' St
State San Diego, Ca. Zip Code 92102
Telephone 264-3273

Work Order # E 8396

Invoice # _____

Acct. # _____

PY-593 (REV. 5-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-8396
NO. 38602

Date: 11-27-89

From: Nellie & Richard Edwards Address: 3960 "C" St. S.D. CA 92102

Nine hundred ninety dollars and xx/100 Dollars ($ 990.00)

In Full Payment of 2 lots

Lot 155 Grave 11612 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8396

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1089-021656

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	198 —
20% Sales Care	77184	
80% Sales of Lots	100 77184	792 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	990 —

CITY AUDITOR
DEC 04 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Jones-Soto (X)

in a Asst Vault Vault/Liner Funeral, date, time Mon Dec 3 12:00 noon

Church, Chapel, Graveside Graveside ; Neptune Soc Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied upper right

and billed to undersigned. War time veteran _____ . 12 days

Lot 4899 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
~~Flower vases - Marker setting~~ fee Sunday Overtime	210.00
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	1147.80 ~~937.80~~
Paid receipt number _____	
Balance due _____	

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.

Luis A. Soto
Signature

3265 LOWER RIDGE RD
Address

SAN DIEGO CA 92130
State Zip Code

619 - 792-0616
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 094475

Acct. # 034212

Work Order # E 8397

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-8398

NOTE

$ 1147.80 San Diego, California November 30 19 89

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of eleven hundred forty-seven 80/100 DOLLARS with interest from 2-1-89 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME LUIS A. SOTO SIGNATURE Luis A. Soto

ADDRESS 3265 LOWER RIDGE RD SAN DIEGO CA 92130

CALIFORNIA DRIVER LICENSE NUMBER N6025[illegible]0916 SSN # 551-43-1825

PY-1012 (11-89)

E-83917

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
Nancy	Mariana	Jones-Soto	12-15-41	11-24-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Luis A Soto-husband 3265 Lower Ridge Rd San Diego, Ca 92130

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
		▶	11-29-89

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	NOV 28 1989	▶ Donald L. Pamel, 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

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt Hope Cemetery 3751 Market St San Diego,Ca	11B. DATE INTERRED 12-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy De Lange
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4899-10 Leneda Inc 14065 Hwy 8 Bus El Cajon, Ca	12B. DATE CREMATED 11/28/89	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 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.

L 0571

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/19/90

DATE: 01/19/90
TIME: 200921
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
094475	12/06/89	034212	LUIS A SOTO					01/12/90	CK	78	1,147.80	1,147.80	0.00
			100	072		77181	000072				105.00		PAID IN FULL
			100	072		77182	000072				40.00		
			100	072		77183	000072				245.00		
			100	072		77184	000072				556.00		
			100	072		77185	000072				60.00		
			60101			78390					2.80		
			67007			77184					139.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,147.80

WP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice L. Hayes

in a Cash Vault (Vault/Liner), Funeral, date, time Fri 12:30 AM

Church, Chapel, Graveside Delmar; White-Emerson Mortuary.

All Funeral cars must arrive 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 ____ Row ____ Section 4 Division ~~Block~~ 6

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.80
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 38650	242.80
Balance due	0

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8398

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E-8398

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALICE	LENORA	HAY	April 18,1904	Nov.25,1989	Femal

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Fullerton	Orange	Gerald Hay - Son 9340 La Alba Dr. Whittier, Ca. 90605

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
White-Emerson Mortuary,Whittier, Ca.	FD 217

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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
		▶ Phil White	11-28-89

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	NOV 28 1989	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 355, Santa Ana, Ca.	1600 Pacific Hwy, San Diego, Ca.

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, ca. 92102 H2-4-6	11B. DATE INTERRED 12-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Loma Vista Crematory 701 E. Bastanchury Rd. Fullerton, Ca.	12B. DATE CREMATED 11-30-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-8396

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38650

Date: 12-7 89

From: White-Emerson Mortuary Address: 13204 Philadelphia Street Whittier

Two hundred forty-two 80/100 Dollars ($ 242.80)

in Payment of Nellie L. Hays Interment

Lot 142 Grave Row Section 4 Division A Block

Invoice No.

Acct. No.

W.O. E-8398

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	DEC 11	1989
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	40	00
Recording & Misc. Fee	100 77183	5	00
Pre-Need Trust	63033 9022	2	80
Sales Tax	60101 78390		
TOTAL PAID	$	242	80

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

AC-212 (Rev. 10-67)

7543

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need Trust

Date 11-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gilbert Hall

in a ~~Fog Double Top Redwood~~ 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 15 Grave 5 Row Section MAS Division/Block O

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 38605	712.25
Balance due	0

I hereby certify I am the NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Alan Leitch
Signature
3345 ETON GREENS Ct
Address
SPRING VALLEY CA 92077
State Zip Code
670-4144
Telephone

Work Order # E 8399

Invoice #

Acct. #

PY-583 (REV. 8-85)

E-8399

OFFICIAL RECEIPT

NO 38605

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-29, 19 89

From: Lillian Mills Address: 4137 Hadara
Dr. Lemon Grove 92045

Dollars ($ 712.25)

In Payment of Lillian Mills Perpetual Trust
Lawn Service

Lot 15 Grave 5 Row Section MH8 Division Block

CITY AUDITOR
DEC 04 1989

Invoice No.

Acct. No.

W.O. E-8399

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

0448

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Mike Ward

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	712	25
Sales Tax	80101 78390		
TOTAL PAID	$	712	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yukido Sasaki

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 12/4 9:30

Church, Chapel, Graveside ~~Peterson~~ Graveside ; El Camino Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 4372 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 38615	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 8400

Invoice # ____

Acct. # ____

PY-593 (REV. 9-88)

E 8400

OFFICIAL RECEIPT

№ 38615

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-4 , 19 89

From: El Camino Memorial Address: 3600 Carroll Canyon Rd SD

Thirty-five 35/100 Dollars ($ 35.00)

In Payment of Funeral Services Interment

Lot 4372 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8400

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1299

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Vera

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	DEC 11 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35 00	
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	35 00	

E-3400

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
YUKIKO	—	TANIZAKI	08-16-28	11-28-89	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	San Diego Regional Center Suzie Kaplan-Schick, Caseworker 4355 Ruffin Rd. SD, CA. 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT (FUNERAL DIRECTOR OR PERSON ACTING AS SUCH)	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
El Camino Mortuary 5600 Carroll Canyon Road San Diego, CA. 92121	F1260	▶ Jim Tosh	12-1-89

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	DEC 01 1989	▶ Donald 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
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 3571 Market Street San Diego, CA. 92112	11B. DATE INTERRED 12-4-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4372-10 N/A Liner / 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ford Tout

in a liner (Vault/Liner) Funeral, date, time Tue 12/5 11:00

Church, Chapel, Graveside Greenwood ; Rothenwild Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3380 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... Prepaid C 9535

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

Total Due 35.00

Paid receipt number 38684 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 8401

Acct. # _____

PY-553 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 84d

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
FORD		TOUT	3/1/1923	11/29/1989	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	Woodrow Tout Brother 4824 Van Dyke San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
FEATHERINGILL MORTUARY San Diego	1083	Edward Fegell	12/1/89

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	DEC 4 1989	Donald E. 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

- [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	11B. DATE INTERRED 12-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3380-10 n/a Clark Cremated Urns	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 38684

Date: 12-14 19 89

From: Woodrow Saint Address: 3724 Van Dyke Ave SD 92105

Transfer - Fee 25.00 Dollars ($ 35.00)

In Payment of Ford Saint's Recording Fee

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. 51-8401

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Pre-Need Lot	☐	At Need	☒
Pre-need Trust	☐	Cash	☐
On Acct	☐	Check	☒

AC-212 (Rev. 10-87)

1734

ISSUED BY Linda Ward

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	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

CITY AUDITOR
DEC 18 1989

E8401

*U.S. GOVERNMENT PRINTING OFFICE: 1989-247-335

IMPORTANT: Read the General Information sheet before completing this form. Type or print in caps (except signatures).

Form Approved
OMB No. 76-R0668

1. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NICKNAME NOT AUTHORIZED) ☐ CHECK IF REMAINS NONRECOVERABLE

FIRST (Or initial)	MIDDLE (Or initial)	LAST
FORD		TOUT

NOTE – Shaded blocks are optional inscription items. See Inscription Information.

3. BRANCH OF SERVICE: U.S.A, NAVY

4. WAS DECEASED AWARDED MEDAL OF HONOR? ☐ YES ☒ NO

5. YEAR OF BIRTH * 3-1-1923

7. YEAR OF DEATH * 11-29-1989

*Give complete dates (month, day, year) if desired on inscription.

8. SERVICE NO., SOCIAL SECURITY NO., OR VA CLAIM NO. OF DECEASED: 519-12-5817

9. SERVICE INFORMATION (Last period of active duty)

A. DATE ENTERED (Month, day, year): 1941

B. DATE RELEASED (Month, day, year): 1966

10. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

☐ UPRIGHT MARBLE ☐ FLAT MARBLE ☐ FLAT GRANITE ☐ FLAT SLATE ☒ FLAT BRONZE

11. DESIRED EMBLEM OF RELIGIOUS OR NON-RELIGIOUS BELIEF (Check one)

☒ CROSS (Christian) ☐ STAR OF DAVID (Judaic) ☐ WHEEL OF RIGHTEOUSNESS (Buddhist) ☐ OTHER (Specify in Item 24) ☐ NONE

FOR USE OF VETERANS ADMINISTRATION

INSCRIPTION DATA

ORDER NO.	DATE ORDERED	CONTRACTOR

12. APPLICANT'S NAME AND ADDRESS (No. and street, city, State and ZIP CODE)

WOODROW W. TOUT
3724 Van Dyke Av
SAN DIEGO, CA 92105

13. AREA CODE AND PHONE NO.: 619/282-0382

14. RELATIONSHIP TO DECEASED: BROTHER

I accept responsibility for installing the headstone or marker at no expense to the Government. I certify that all statements made are true and correct to the best of my knowledge.

15. SIGNATURE OF APPLICANT: Woodrow W. Tout

16. DATE: 8-29-90

17. NAME AND ADDRESS OF PERSON, CEMETERY, OR FIRM OFFICIAL WHO WILL ACCEPT PREPAID DELIVERY (No. and street, city, State and ZIP CODE)

18. AREA CODE AND PHONE NO.

I agree to accept headstone or marker on behalf of applicant.

19. SIGNATURE OF PERSON TO ACCEPT DELIVERY: W.J. League

20. DATE: 9-5-90

21. NAME AND LOCATION OF CEMETERY (City and State)

The headstone or marker of the type checked in item 10 will be permitted on the unmarked plot or grave of the named deceased.

22. SIGNATURE OF CEMETERY OFFICIAL: W.J. League

23. DATE: 9-5-90

VA FORM JUL 1980 **40-1330** (SUBMIT IN DUPLICATE)

APPLICATION FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

3380-10

E-8401

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-01-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cyrstis Cornier

in a Double Crypt (Vault/Liner) Funeral date, time Fri 12/8 11:00

Church, Chapel, Graveside Rush & Lone, Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes Military Detail

Lot 31 Grave 6 Row ____ Section 2 Division/Block 16 Lot 11

Grave space & Care Fund	695.00
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	23.93
Total Due	1523.93
Paid receipt number	
Balance due	

Paid 12/20/90

60 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

Atlanta M. Cornier
Signature
659 Sawtelle Avenue
Address
San Diego, CA 92114
State Zip Code
(619) 469-6054
Telephone

Work Order # E 8402

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-8402

NOTE

$ 1525.93 San Diego, California December 1 19 89

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of fifteen hundred twenty five 93/100 DOLLARS with interest from 2-8-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Atlanta M. Cormier SIGNATURE Atlanta M. Cormier

ADDRESS 659 Sawtelle Avenue

CALIFORNIA DRIVER LICENSE NUMBER N7020552 SSN # 579- -7492

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8402

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
CURTIS		CORNIER	06/28/36	11/29/89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Atlanta Cornier - Wife 659 Sawtello Avenue 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, Calif.	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
		▶ Debbie Williams	12-4-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	DEC 4 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 12-8-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Jaques
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 31-6-2-11 DBL CRYPT 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.

094960 12/14/89 034564 ATLANTA M. CORMIER

23402

100	072		01/20/90 CK #2106			
100	072	77181	000072	1,523.93		
100	072	77182	000072	320.00		
100	072	77183	000072	330.00		
100	072	77184	000072	35.00		
60101		77185	000072	396.00		
67007		78390		320.00		
		77184		23.93		
				99.00		
					1,523.93	0.00
						PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,523.93

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Denmark

in a Bell Liner Vault/Liner Funeral, date, time Tues 12/5 10:00

Church, Chapel, Graveside Belvieu ; Pentecostal Mortuary. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 103 Grave 1 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	7.25
Total Due	907.25
Paid receipt number 38636	907.25
Balance due	0

Mortuary pays

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8403

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

F 8403

1A. NAME OF 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	---	DENNIS	MAR 23, 1902	NOV 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
SAN DIEGO	SAN DIEGO	MARY DENNIS, WIFE 1133 11TH 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
PINCOCK-REYCHELL MORTUARY, 800 13TH STREET, IMPERIAL BEACH, CA 92032	F-1176

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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	DEC 4, 1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	DEC 4 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 MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)	11B. DATE INTERRED 12-5-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 103-1-1-12 metal/sealer/liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38636

Date: 12-6, 19 89

From: Sullivan-Mitchell Address: 208 13th Street, San Diego, CA 92203

two hundred seven 25/100 Dollars ($ 207.25)

In Payment of for Remarks (Interment

CITY AUDITOR
DEC 11 1989

Lot 103 Grave 1 Row Section 1 Division Block 2

Invoice No.

Acct. No.

W.O. 2-42

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 7196

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda 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 78390	7	25
TOTAL PAID	$	907	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/4/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ella Stondefer in a Bell Seney Vault/Liner Funeral, date, time Wed 12/6 10:00 Church, Chapel, Graveside Graveside Gatheyjill Mortuary. All Funeral cars must arrive 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 11 Row ____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Prepaid 8355
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number ____	
Balance due	

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8404

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8404

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
ELLA	-	STANDEFER	12/30/1894	12/3/1989	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 H. Standefer, husband 3821 Chamoune Ave. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA	1083

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Edward Feather	12-5-89

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	DEC 5 1989	▶ Donald L. Ramos, M.D. ec

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 12-6-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 119-11-1-11 n/a Liner / 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

No 38690

Date: 12-19 , 19 89

From: Mrs L. Utterback Address: 3821 Okanane Ave, SD 92105

Thirty-five 00/100 Dollars ($ 35.00)

In Payment of Ella Hardefers Recording Fee

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6404

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2016

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

CITY AUDITOR
DEC 26 1989

Received Guest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Compagna

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 5 Grave 1 Row _____ Section 5 Division/~~Block~~ 5

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number 38618	242.80
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8405

PY-593 (REV. 8-85)

MOUNT HOPE CEMETERY
3751 Market Street
San Diego, Cal. 92102

Tel: 264-3151

E 8405

7-24-89
Date

Lot	Gr	Row	Sec	Blk/Div		$
	Preneed					
Interment Charges					Open/Closing	$ 105.00
~~Vault/Liner~~					Ash Vault	$ 102.80
Marker Setting Fee						$
Recording Fee						$ 35.00
Miscellaneous Charges						
						$
						$
						$
						$
						$ 242.80
						Total

W.J. Teague
Estimate Given By:

The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E 8405

No 38618

Date: 12-4, 19 99

From: Robert P. Chapman Address: 4774 Lemuda Ave, SD 92107-3520

Two hundred forty-two 50/100 Dollars ($ 242.50)

In Payment of Interment

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-1405

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
002562

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Wood

CREDIT 20% Sales Care	67007 77184		CITY AUDITOR
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		DEC 10 1999
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	242	50
Sales Tax	80101 78390		
TOTAL PAID	$	242	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ella B. Barrette

in a T-S. Vault (Vault/Liner) Funeral, date, time Thurs 12/7 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 772 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	12.69
Total Due	1307.69
Paid receipt number 36689	1307.69
Balance due	

30 Days 1 Year

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

David Allison
Signature
5514 San Mateo Dr
Address
San Diego Ca 92114
State Zip Code
264-5778
Telephone

Work Order # E 8406

Invoice # ____

Acct. # ____

PY-593 (REV. 9-85)

MT. HOPE CEMETERY

W.O. # E-8406

NOTE

$ 1307.69 San Diego, California December 5 19 89

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Thirteen hundred seven 69/100 DOLLARS with interest from 2-7-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME DAVID ALLISON SIGNATURE David Allison

ADDRESS 5514 SAN MATEO DR

CALIFORNIA DRIVER LICENSE NUMBER W1020434 SSN # 555-36-4385

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8406

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Ella	Rae	Barnette	Apr. 8, 1900	11-30-89	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	David Allison - Son 5514 San Mateo 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
Anderson-Engedale Mort.: 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
		▶ Debbie Williams	12-5-89

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	DEC 5 1989	▶ Donald L. Powers, M.D. MPH

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85252 Vital Records: 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, CA	11B. DATE INTERRED 12-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 772-10 N/A metal - non dealer/vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38689

Date: 12-19, 19 89

From: David Allison Address: 5514 San Mateo Dr, SD

Thirteen hundred Sixty Dollars ($ 1307.69)

In Payment of Ola L. Lewallen's Interment

Lot 772 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-5406

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	340	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183	10	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	157	69
TOTAL PAID	$	1307	69

CITY TREASURER
DEC 26 1989

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

AC-212 (Rev. 10-87) 0452

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mesfin Akale

in a ~~Vault/Liner~~ Funeral, date, time Fri 12/8 2:00

Church, Chapel, ~~Graveside~~ Rosedale ; 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 ~~_____~~ Other Dept

Lot ~~101~~ 102 Grave 8 Row ~~_____~~ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

Pd in full 1-24-90

P.A. 108374

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 # 079702

Acct. # 000753

Work Order # E 8407

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8407

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
MESFIN	WUBETU	AKALE	12/1/54	11/30/89	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Daniel Tsehay - Brother 909-15 Kennedy Street Winnipeg, Manitoba R3C3X5

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, Calif.	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: ▶ Lo Mesa

8B. DATE SIGNED: 12-7-89

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	DEC 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
Vital Records P. O. Box 85222, 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

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
INTERMENT	100-8-1-12 Mt. Hope Cemetery San Diego, Calif. Metiner/Cloth covered	12-8-89	▶ Wendy Jo League
	12A. NAME AND ADDRESS OF CREMATORY	**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**
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.

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/05/90

E 8407

DATE: 02/05/90
TIME: 201048
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	DKG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EJ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
094962	12/14/89	000952	COUNTY OF SAN DIEGO					01/24/90	CK	04-437990	145.00	145.00	0.00
			100	072		77181	000072				90.00		PAID IN FULL
			67007			77184					55.00		

E 8407 A/R/E

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Cadet Lot

Date 12-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yvonne T Quin

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1576 Grave 5 & 9 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	4 @ 595 — 2380.00
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	2380.00
Paid receipt number 38647	2380.00
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. Yvonne Quin

Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

7490 Budge View Dr
Address
San Diego, CA 92105
State Zip Code

Telephone

Work Order # E 8408

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 38647

Date: 12-7, 19 89

From: Irene T. Cuevas Address: 1490 Linda Vista Dr SD 92105

Two - Three hundred fifty dollars Dollars ($ 2350.00)

In Payment of Purch Lots

Lot 1516 - 1519 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-8406

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
05-4766

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	476	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1904	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	2380	00

CITY AUDITOR
DEC 11 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie M. Rader (X)

in a Bk Vault Funeral, date, time Mon 12/11-11:00

Vault/Liner

Church, Chapel, Graveside ~~Parlors~~ Home Telephone Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ upper right

Lot 42 Grave 6 Row ____ Section MPS Division/Block E

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	2.90
Total Due	242.90
Paid receipt number 28649	242.90
Balance due	0

call when ashes are delivered

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.

John M. Rader
Signature

7122 San Miguel
Address

San Dr. Lemon Grove
State Zip Code

CA 92045
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8409

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

Change of Disposition

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8409

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elsie	Mae	Rader	11-24-1918	11-29-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Preneed Telophase 7122 San Miguel Avenue Lemon Grove, CA 92045

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Telophase Society 1545 Hotel Circle S.	F-1212

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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 O Wilson	12/7/89

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	DEC 08 1989	▶ Donald L. Ramos, M.D., M.P.H.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans Street San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
INTERMENT	MT. Hope Cemetary 3751 Market Street San Diego, CA 92102	12-11-89	▶ Wendy D. League
	12A. NAME AND ADDRESS OF CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION			▶
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE			▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT**
TRANSIT			▶
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	**15B. DATE OF DISPOSITION**	**15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION**
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38649

Date: 12-7, 19 89

From: John H Rader Address: 7122 San Miguel Canyon Lane
Hydroseeded Forte - tax 19.80 Dollars ($ 242.90)

In Payment of 21.2 M. Rader's Interment

CITY AUDITOR
DEC 12 1989

Lot 42 Grave 6 Row Section 17/18 Division Block 2

Invoice No.
Acct. No.
W.O. 2-8409
BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 393

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	90
TOTAL PAID	$	242	90

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Floyd Trammel

in a Bell Liner Vault/Liner Funeral, date, time Tues. 12/12 11am

Church, Chapel, Graveside Delivery/Witness Only 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 90 Grave 6 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	____
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker [illegible]	____
Recording and fil[illegible]	35.00
Sales taxes	7.25
Total Due	1102.25
Paid receipt number 39176	1102.25
Balance due	0

Pd in full

Pat Wilson

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8410

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8410

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Floyd	W.	Trammel	10-28-1915	12-4-1989	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	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]	12-12-89

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	DEC 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	

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 12-12-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy DeLeague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 90-C-2-12 N/A metal/non-sealer/liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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 39176
E840

Date: 5-2, 19 90

From: S E Cronn Address: 520-A Leyland St 92133

Eleven Hundred Two Dollars & 25 Dollars ($ 1102.25)

In Payment of Floyd T Ranard Service

Lot 90 Grave C Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. F-1410

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 043644

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Glenn Wahl

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	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	25
TOTAL PAID	$	1102	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-08-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LUCY E. MURPHY

in a Steel Lepin Vault/Liner Funeral, date, time Wed 12/13 2:00

Church, Chapel, Graveside Graveside ; Bonham Brothers Mildred Lee

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 627 Grave ____ Row ____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund prepaid A-7249	
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	7.25
Total Due	607.25
Paid receipt number 38669	607.25
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

D W Murphy
Signature

4675 POCAHONTAS AVE
Address

SAN DIEGO, CA. 92117
State Zip Code

273-0988
Telephone

Invoice # ____

Work Order # E 8411

Acct. # ____

PY-593 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8411

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
LUCY	ELIZABETH	MURPHY	12/4/1897	12/8/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Ramona	San Diego	Donald W. Murphy-Son 4675 Pocahontas Ave. San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Bonham Bros & Lee Mortuary, Ramona, CA 321 22th St.	568

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
		▶ Carolyn Lee	12/9/89

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	DEC 11 1989	▶ Donald L. Remer, M.D. LVR

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	

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 12-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 627-3-8 liner/metal sealer NA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

№ 38669

Date: 12-11 , 19 89

From: L. D. Murphy Address: 4675 Scripps Ranch Blvd

Dollars ($ 607.25)

In Payment of Lacy Murphy's Interment

CITY AUDITOR

Lot Grave Row Section Block

Invoice No.

Acct. No.

W.O. E-8411

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

DEC 18 1989

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	320 00
Opening/ Closing	100 77181	250 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	7 25
TOTAL PAID	$	607 25

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 041782

ISSUED BY Linda Ward

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hide Kariya

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 12/14 11:30

Church, Chapel, Graveside Graveside ; Fukui (L.A.) Mortuary.

All Funeral cars must 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 4648 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund preneed E-1027	—
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 Credited Aleem	12.69
Total Due	712.69
Paid receipt number 38685	712.69
Balance due	

Dale Nakashima Suite 610
321 E. 2nd St.
Los Angeles, CA 90012

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

M. Kariya
Signature

Address 15725 Hy 76 Pauma Vy
State CA Zip Code 92061
Telephone 742-3477

Work Order # E 8412 ✓

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8412

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Hide	—	Kariya	5-21-1901	12-6-1989	female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Gardena	Los Angeles	Masami Kariya - Son 15725 Highway 76 Penna Valley, CA 92061

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Fukui Mortuary Inc. 707 E. Temple St. L.A., CA	FD-808

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶ Robert Fukui

8B. DATE SIGNED 12-10-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	DEC 13 1989	▶ Robert B. Mata

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa St., L.A., CA 90012	P.O. Box 85222 San Diego, CA

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. 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 INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4648-10 N/A metal - stoker	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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 38685

Date: 12-14 19 89

From: Fukui Mortuary Inc Address: 707 E. Temple Street LA
Seven hundred twelve 69/100 Dollars ($ 712.69)

In Payment of Hide Lewis's Interest

CITY AUDITOR
DEC 18 1989

Lot 4678 Grave Row Section Division
Block 10

Invoice No.
Acct. No.
W.O. 2-8412
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		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	12	69
TOTAL PAID	$	712	69

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 12326

AC-212 (Rev. 10-87)

ISSUED BY Linda Davis

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Natividad Hernandez in a Cst 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 162 Grave 1 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.90
Total Due	242.90
Paid receipt number 38664	200.00
Balance due	42.90

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

Alicia Hernandez
Signature
3079 L St
Address
San Diego CA 92102
State Zip Code
236-7209
Telephone

Work Order # E 8413

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

Proceed Guest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esther Hendrix

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 22 Grave 3 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320-00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.69
Total Due	712.69
Paid receipt number 38665	712.69
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

Esther T. Hendrix
Signature
3859 Superior
Address
La Mesa, CA 92113
State Zip Code

Telephone

Work Order # E 8414

Invoice # _____

Acct. # _____

PY-503 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38665

Date: 12-11-89

From: Lethea Hendrix Address: 3259 Sycamore, SD 92113

Lewis Hendrix Tractor & Wa Dollars ($ 712.69)

In Payment of Perpetual Care Service

Lot 27 Grave 3 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. 2-8410

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 Teresa 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	712	69
Sales Tax	60101 78390		
TOTAL PAID	$	712	69

CITY AUDITOR
DEC 18 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renewed Lot & Grant

Date 12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie M. Crosby

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 3024 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	12.69
Total Due	1307.69
Paid receipt number 38666	1000.00
Balance due 38668	307.69

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Hattie M Crosby
Signature
3859 Superior
Address
San Diego CA 92113
State Zip Code
_____
Telephone

Work Order # E 8415

Invoice # _____

Acct. # _____

PY-503 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38668

Date: 12-11, 19 89

From: Hattie Cobb Address: 3659 Lapwin, SD

three hundred no/100 Dollars ($ 300.00)

In Payment of Final Payment for Funeral

Services.

Lot 3024 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-8415

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		
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	$	300	00

CITY AUDITOR
DEC 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38667

Date: 12-11, 19 89

From: Wallace, Audrey Address: 3859 Lexington, SD
one Thousand Seven 69/100 Dollars ($ 1007.69)

In Payment of Perpetual Lot & Trust Burial Space

Lot 2024 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-8415

BALANCE DUE 300.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [X] Cash [X] Check [ ]

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007		1190
20% Sales Care	77184	CITY	
80% Sales of Lots	100 77184		TR
Opening/ Closing	100 77181		
Burial Containers	100 77182	DEC 18	1989
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		462 69 SW
Sales Tax	60101 78390		
TOTAL PAID	$		1007 69

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AKA: Shirley Centeno Date 12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Giselle Moffatt

in a _____ Vault/Liner Funeral, date, time Fri 12/15 2:00

Church, Chapel, Graveside Skaggs ; 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 887 Grave 8 Row 39 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	

Pd Mofatt 1-31-90

P.A. 10837 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 # [redacted]

Acct. # [redacted]

Work Order # E 8416

PY-593 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9416

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
GISELLE		MOFFATT	2-12-40	11-30-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Valley Center	San Diego	Public Administrator 5201 Ruffin Road San Diego, California 92123

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
		▶ Debbie Williams	12-14-89

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	DEC 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 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 Mt. Hope Cemetery: San Diego, CA	11B. DATE INTERRED 12-15-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 87-8B-1-12 N/A 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 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-8416 no plats

095128	12/18/89	000952	COUNTY OF SAN DIEGO			01/24/90	CK	04-437990	145.00	145.00	0.00
			100 072	77181	000072				90.00		PAID IN FULL
			67007	77184					55.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVE HAWTHORNE

in a DBL CRYPT Vault/Liner Funeral, date, time Thurs 12/14 11am

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 4744 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	795.00
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	23.93
Total Due	1823.93
Paid receipt number 38670	1823.93
Balance due	-0-

PAID
DEC 11 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.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Dolethea Hawthorne
Signature
811 SOUTH 46 STREET
Address
SAN DIEGO CA 92113
State Zip Code
619 264 8740
Telephone

Invoice # _____

Work Order # E 8417

Acct. # _____

PY-503 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

G-2417

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
DAVE		HAWTHORNE	9-24-17	12-9-89	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	Gleather Hawthorne - Wife 811 South 46th 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
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
		Delbert Williams	12-14-89

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	DEC 14 1989	▶ Donald G. Rawcliffe, 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	

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 12-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 47144-10 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38670

Date: 12-11- , 1989

From: CLEATHER HAWTHORNE Address: 811 So. 46th St, S.D. CA 92113

Eighteen hundred twenty-three and 93/100 Dollars ($ 1823.93)

In Full Payment of interment fees for Dave Hawthorne

DEC 18 1989

Lot 4744 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E 5417

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3183

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	159	00
80% Sales of Lots	100 77184	636	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	93
TOTAL PAID	$	1823	93

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth Mayfield

in a Liner Vault/Liner Funeral, date, time Fri 12/15 2:00

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 _____ .

8 closes

Lot 273 Grave _____ Row _____ Section 2 Division/~~Block~~ IMPERIAL GATE 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	5.44
Total Due	495.44
Paid receipt number	
Balance due	

I hereby certify I am the Social Worker of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Joanne L Reeta
Signature
5787 Chesapeake Ct.
Address
San Diego, Ca 92123
State Zip Code
565-3088
3054
Telephone

Work Order # E 8418

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8418

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Kenneth	Ross	Mayfield	10-31-87	12-10-89	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	Janae Mayfield— Mother 3530 "J" Street San Diego, CA. 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
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	12-12-89

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	DEC 12 1989	▶ Donald L. Bonar, 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. 92102	11B. DATE INTERRED 12-15-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 273-2-9 N/A LINER / 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pete Manzanares

in a Dble Crypt (Vault/Lawn) Funeral, date, time Fri 12/15 9:00

Church, Chapel, Graveside Rose Lawn ; 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 ____ . 16 Chadds Ford Pa.

Lot 66 Grave ____ Row ____ Section 1 Division/Block 8

Grave space & Care Fund		—
Additional spaces and care fund		
Opening/Closing & Setup	2nd 320.00	320.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee		
Recording and filing fee	2 Add 35.00	35.00
Sales taxes	355.00	23.93
Total Due		1028.93
		355.00
Paid receipt number 38680	Balance due	1383.93

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

Rose Manzanares
Signature
2844 Boston Ave
Address
San Diego, Cal 92113
State Zip Code
619-232-2304
Telephone

Work Order # E 8419

Invoice # ____

Acct. # ____

PY-883 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8419

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
PETE	----	MANZANARES	12-12-1909	12-01-1989	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	Rosie Manzanares - Wife 2844 Boston 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
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	12-12-1989

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	DEC 12 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
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 Street - San Diego, CA		11B. DATE INTERRED 12-15-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	66-1-8 DBL CRYPT / 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38680

Date: 12-12, 19 89

From: Lorie Manzanares Address: 2644 Linda Vista, SD 92113

Thirteen hundred sixty-three 93/100 — Dollars ($ 1363.93

In Payment of Lot, Manzanares, interment

and funeral Trust for Lorie Manzanares

CITY AUDITOR

DEC 18 1989

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. C1-84119

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	330	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	330	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 8022	355	00
Sales Tax	60101 78390	23	93
TOTAL PAID	$	1363	93

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

ISSUED BY

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 38703

Date: 12/22, 19 89

From: John McKnight Address: 3168 Chelton Dr SD

Ca 92100 Dollars ($ 15.96)

In Payment of Flower Vase for Alpheus

CITY AUDITOR

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

DEC 02 1990

Invoice No. ____

Acct. No. ____

W.O. E-8219

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
	100	10	60
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 6022		
Sales Tax	60101 78390		36
TOTAL PAID	$	15	96

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Priscilla Margaret Hurlburt in a Bell Seige Vault/Liner Funeral, date, time Fri 12/15 1:00 Church, Chapel, Graveside Graveside; 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 575 Grave ____ Row ____ Section 10 Division/~~Block~~ 7

Grave space & Care Fund ..... ____

Additional spaces and care fund ..... ____

Opening/Closing & Setup ..... ____

Burial Container ..... ____

Handling Fees ..... ____

Flower vases - Marker setting fee ..... ____

Recording and filing fee ..... ____

Sales taxes ..... ____

Total Due ..... ____

Paid receipt number ____ ____

Balance due ____

Received Trust 8358 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

Invoice # ____

Work Order # E 8420

Acct. # ____

PY-553 (REV. 8-85)

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
Christena	Margaret	Hurlburt	March 8, 1900	December 12, 1989	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Loretta La Lanne (Daughter) 8124 Lincoln St. Lemon Grove, CA 92045

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	FZ96

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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 Dec. 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 $ 4.00	9B. DATE PERMIT ISSUED DEC 12 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records PO 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 Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 12-15-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 575-10-7 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.

E8420

NAME Hurlburt, Margaret C/O Loretta LaLanne ACCT. NO. E-8358

ADDRESS 8122 Lincoln Street, Lemon Grove, Ca 92045 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
1/2	89	Opening/Closing, Bell Liner, Recording Fee	607 00		607 00	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gillean L. McRoberts

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 12/13 1:30

Church, Chapel, Graveside Graveside ; Mayes Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 90 Grave 1 Row ____ Section 1 Division ~~Block~~ 12

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	220.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.25
Total Due	907.25
Paid receipt number 38679	300.00
Balance due	607.25

30 days no to

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 Marilyn Arnett

Address 2420 PASEO ALTA #41

City SAN DIEGO State CALF Zip Code 92154

Telephone 420-1253

Invoice 090123

Acct. # 034594

Work Order # E 8421

PY-593 (REV. 8-86)

MT. HOPE CEMETERY W.O. # E-8421

NOTE

$ 607.25 San Diego, California December 12 1989

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of six hundred seven 25/100 — DOLLARS with interest from 2-13-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME MARILYN MERRITT SIGNATURE Marilyn Merritt

ADDRESS 2420 PALM AVE # 41 SAN DIEGO 92154

CALIFORNIA DRIVER LICENSE NUMBER N525-7300 CALIF ID SSN # 570-62-3338

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8421

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	Louise	McRobetts	11-14-15	12-9-89	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	Marilyn Merritt - Daughter 2420 Palm Ave. #41 San Diego, CA 92154

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	12-12-89

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
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		4.00	DEC 13 1989	▶ Donald G. Rowe, M.D. hm

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 Cemetary 3751 Market St. San Diego, CA.	11B. DATE INTERRED 12-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 90-1-1-12 Liner/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 2 IS RETAINED BY 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 38679

Date: 12-12, 19 89

From: Marilyn Merritt Address: 2930 Nelson Ave #41, SD

Three hundred 00/100 Dollars ($ 300.00)

In Payment of Lillian L. McRobert

Lot Grave Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8421

BALANCE DUE 607.25

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 Andrea Mead

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	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	$	300	00

CITY AUDITOR
DEC 18 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Natividad Hernandez in a Bell Lexier Vault/Liner Funeral, date, time Wed 12/13 9:00 Church, Chapel, Graveside Church & Glen Haven Mortuary. All funeral cars must arrive 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 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	7.25
Total Due	907.25
Paid receipt number 38664	200.00
Balance due	707.25

Don't

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 Alicia Hernandez

Address 3079 "L" St

State San Diego CA Zip Code 92102

Telephone 236-8209

Work Order # E 8422

PY-593 (REV. 8-86)

Invoice # 033586

Acct. # 034593

MT. HOPE CEMETERY W.O. # E-8422

NOTE

$ 707.25 San Diego, California December 13 19 89

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven hundred seven 25/100 DOLLARS with interest from 2-13-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME ALICIA Hernández SIGNATURE Alicia Hernández

ADDRESS 3079 "L" ST SAN DIEGO CA 92102

CALIFORNIA DRIVER LICENSE NUMBER C2859008 SSN # 617-10-6305

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8422

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Natividad	Ortega	Hernandez	9-8-25	12-9-89	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	Alicia Hernandez – Daughter 3079 L 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
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
		▶ [signature]	12-12-89

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	DEC 12 1989	▶ Donald L. Rowe, M.D. MM

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	3851 Rosecrans 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 3751 Market ST. San Diego, CA.	11B. DATE INTERRED 12-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 161-6-1-12 funeral cloth covered N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38664

Date: 12-11-89

From: Olivia Hernandez Address: 3079 L Street

Two hundred 10/100 Dollars ($ 200.00)

In Payment of Interment Hernandez Infant

Lot 162 Grave 1 Row Section 1 Division Block 12

Invoice No.

Acct. No. 8422

W.O. E-8413

BALANCE DUE 42.70

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	CASH	00
Burial Containers	100 77182	ADMIN	00
	100		55 00
Handling Fee	77185	DEC 18	1989
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	207	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY Sandra L. Clark

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEWIS CORNELIUS

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 34 Grave 4 Row ____ Section ____ Division/Block ____

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	____
Burial Container	____
Handling Fees	10.60
(Flower vases) Marker setting fee	5.00
Recording and filing fee	____
Sales taxes	.36
Total Due	15.36
Paid receipt number ____	____
Balance due	-0-

I hereby certify I am the Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

— —

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 8423

Acct. # ____

PY-593 (REV. 8-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-89

MARY

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAS. ~~GRADE~~ WOOD (X)

in a ____ Vault/Liner Funeral, date, time TU 12/22 11:30

Church, Chapel, Graveside Witness Only ; 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 175 Grave ____ Row ____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	140.00
Paid receipt number 38683	140.00
Balance due	-0-

PAID
DEC 13 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Call when arrives

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

Frances Owens Sig
Signature
842 E St. Chulavista
Address
CA 92024
State Zip Code
(619) 944-3867
Telephone

Work Order # E 8424

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

58665 Pacific Beach E8424

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	ALLENE	WOOD	12/15/1898	12/12/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMES BURL STIFF-SON 3579 JEWELL ST. SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PACIFIC BEACH MORTUARY-4710 CASS ST. SAN DIEGO, CA 92109	815

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: ▶ Mary Friedl

8B. DATE SIGNED: 12/13/89

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	DEC 13 1989	▶ for Ronald S. 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

	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 - SAN DIEGO CO.	12-22-89	▶ Sandra L. Wood
	12A. NAME AND ADDRESS OF CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY**
CREMATION	CYPRESS VIEW CREMATORY-3953 IMPERIAL AVE. SAN DIEGO, CA 175-4-8	12-14-89	▶ S Strader
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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38683

Date: 12-13- , 19 89

From: JAMES B. STIFF Address: 3571 Juvalest. S.D. CA. 92109

One hundred forty dollars and xx/100 Dollars ($ 140.00)

In Full Payment of interment of Mrs. Claude Wood

Lot 175 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E 4424

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0311

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	CITY AUDITOR	
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	DEC 18 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	140	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel Richardson P.A.

in a ~~Vault/Liner~~ Funeral, date, time Thurs 2PM Davis

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 No.

Lot 101 Grave 8 Row ~~Section~~ 1 Division/~~Block~~ 12

Grave space & Care Fund	55	90
Additional spaces and care fund		
Opening/Closing & Setup	90	55
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		145.00
Paid receipt number		
Balance due		

Pd in full 1-24-90

P.A.# 1084003 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 # [redacted]

Acct. # [redacted]

Work Order # E 8425

PY-583 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8425

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Hazel	—	Richardson	2-23-1900	12-4-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	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 Ave. 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]	12-13-89

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
		8.00	DEC 13 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
	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 3751 Market Street San Diego, CA.	11B. DATE INTERRED 12-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature] Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 100-87-1-12 NONE/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.

Rich Richardson

095127 12/18/89 000952 COUNTY OF SAN DIEGO 01/24/90 CR 04-437990 145.00 E8429 145.00 PAID IN FULL 0.00
100 072 77181 000072 90.00
67007 77184 55.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELIZABETH ANTEL (X)

in a Ash Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Las Vegas Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 1817 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.80
Total Due	242.80
Paid receipt number _____	
Balance due	

VOIDED 12-14-89

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8426 ✓

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-15-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucy Tamboulian

in a Bell Liner (Vault/Liner) Funeral, date, time Mon. 12/18 2:00

Church, Chapel, Graveside Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 4149 Grave ____ Row ____ Section ____ Division Block 10

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		320.00
Burial Container	100.00	~~252.25~~
Handling Fees	145.00	~~60.00~~
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes	7.25	~~46.70~~
Total Due	607.25	~~713.95~~
Paid receipt number #38688		713.95
Balance due refund overpayment		(106.70)

PAID
DEC 15 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the brother-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.

G Haroutunian
Signature of recorded holder of deed

A. HARUTUNIAN
G Haroutunian
Signature
P.O. BOX 9038
Address
San Diego, CA 92109
State Zip Code
619/273-8537
Telephone

Work Order # E 8427

Invoice # 3

Acct. #

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8427

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
A AKA LUCY	TOMBOULIAN	TOMBOULIAN PAKDIAN	10-18-1931	12-14-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
TIJUANA	BAJA CALIFORNIA	[redacted] K. HARUTUNIAN SISTER 5339 SOLIDAD RANCHO CT. SAN DIEGO CA 92109

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
[redacted] CHULA VISTA MORTUARY 855 [redacted] CHULA VISTA CA 92011	F-964	▶ [signature]	12-15-89

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	DEC 18 1989	▶ Donald L. Pamrat, 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 #5222 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 3751 [redacted] ST. MT? HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE INTERRED 12 18 89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4199-10 N/A [illegible] Road	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 38688

Date: 12-15, 1989

From: Albert Harbutunian Address: 5339 Soledad Rancho Ct:

Seven hundred thirteen and 95/100 Dollars ($ 713.95)

In Full Payment of Interment fees for Lucy Tombouliea

Lot 4149 Grave Row Section Division 13 Block

CITY AUDITOR
DEC 26 1989

Invoice No

Acct. No

W.O. E 8427

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #4538

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jack S Hardell

CREDIT		
20% Sales Cars	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	106 70
Sales Tax	80101 78390	7 25
TOTAL PAID	$	713 95

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert F. Bearden

in a I.S. Vault (Vault/Liner) Funeral, date, time Wed 12/20 11:30

Church, Chapel, Graveside: Graveside; Lyon-Wood Mortuary. Glendale

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 53 Grave 11 Row ____ Section 3 Division/~~Block~~ 2

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	135.00
Recording and filing fee	
Sales taxes	135.00
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 8428

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8428

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	I.	Bearden	06-02-1910	12-16-1989	M

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	Hazel Marie Stanfill: Sister 288 F Street #1208 Chula Vista, CA 92010

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Patricia D Tolman	12-18-89

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	DEC 20 1989	▶ Ronald L. Romrell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery: 3501 Market Street San Diego, CA	11B. DATE INTERRED 12-20-89	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Sandra Wood	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 53-11-3-12 Cold Covered	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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 38695

Date: 12-20, 1989

From: Greenwood Address: P.O. Box 81, San Diego CA

One hundred thirty five Dollars ($ 135.00)

In Payment of Mgt. Fee for Adult Interment

Lot 53 Grave 11 Row Section 3 Division/Block 12

Invoice No.

Acct. No.

W.O. E-8428

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135 00

CITY AUDITOR
DEC 20 1989

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 15522

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helma Leefe

in a _____ (Vault/Liner) Funeral, date, time Thurs /

Church, Chapel, Graveside _____ ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 8429

Invoice # _____

Acct. # _____

PY-503 (REV. 9-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helena Keefe (X)

in a Ash Vault Vault/Liner Funeral, date, time Tues 12/26 AM

Church, Chapel, Graveside Deliverance ; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 45 Grave 2 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	2.90
Total Due	242.90
Paid receipt number 38701	242.90
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

George T Keefe
Signature
23453 Jaquar Rd
Address
Calif 92001
State Zip Code
619 445-5635
Telephone

Work Order # E 8430

Invoice # ____

Acct. # ____

PY-693 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8430

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Thelma	Fae	Keefe	12-18-01	12-9-89	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	George Keefe-Son 23453 Japatul Valley Road Alpine, CA 92001

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
374 E. Main El Cajon, CA Paris-Frederick Mortuary El Cajon, CA 92020	795

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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
		Timothy Bacon	12-22-89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	DEC 22 1989	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans Street San Diego, CA 92110	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 12-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Sondra Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 45-2-1-11	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
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 38701

Date: 12-22, 1989

From: Janice T. Cole Address: 23453 Crystal Valley Rd
Two Hundred Forty-Two Dollars — Dollars ($ 242.00)

In Payment of Eldred Cole's Interment

AUDITOR

Lot 45 Grave 2 Row Section 1 Division Block

JAN 02 1990

Invoice No.

Acct. No.

W.O. 2-5930

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

3589

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Cass

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	195	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 78380	12	00
TOTAL PAID	$	242	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paula Wolmore in a ~~Double Crypt~~ ~~Full Grave~~ Vault/Liner. Funeral, date, time Thurs 12/21 10:00 Church, Chapel, Graveside Chapel of the Chimes Berge-Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 1070 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		320.00
Burial Container	320.00	~~400.00~~
Handling Fees	320.00	~~445.00~~
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes	23.93	~~2.25~~
Total Due	1028.93	~~609.25~~
Paid receipt number 38699		603.00
Balance due		426.93

30 days

I hereby certify I am the Guest of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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: Juistal C. Echeverria
Address: 2049 Whinchat St
State: San Diego, Ca. Zip Code: 92123
Telephone: 292-4370

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # [redacted]

Work Order # E 8431

Acct. # 028603

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

426.93

W.O. # E-8431

NOTE

Six hundred two dollars 93/100 San Diego, California 12-21 1989

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Four hundred twenty-six dollars 93/100 DOLLARS with interest from Feb 21, 1990 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME R. Echeverria SIGNATURE _____

ADDRESS 20069 Alhinehd ST 2049 Windsor St 92121

CALIFORNIA DRIVER LICENSE NUMBER Y0611157 SSN # 526-12-7024

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8431

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Paula	Christine	Wetmore	Sept 29, 59	Dec 16, 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	Carmen Lucero - Grandmother 345 E. First St. National City, CA. 92050

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
BERGH-ROBERTS MORTUARY 827 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
		▶ Douglas J. Roberts	12/19/89

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	DEC 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 92138-5222	

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	11B. DATE INTERRED 2-21-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Abel	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1020-10 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 38699

Date: 12-21, 1989

From: Al Echeverria Address: 2049 Wunderlin Dr San Diego CA 92121

Six Hundred-two dollars & 00/100 Dollars ($ 602.00)

In Full Payment of Interment of Paula Wehrle

Lot 1070 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8431

BALANCE DUE 426.93

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 10-87)

80

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY NCB

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	282	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	602	00

DEC 26 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38834

Date: Feb 5, 1990

From: A Echeverria Address: 2049 Whitchet St, #D Bay

One Hundred Dollars and 00/100 Dollars ($ 100.00)

In Payment of Paula Watrous Services

Lot 1070 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. F-8431

BALANCE DUE $226.93

Pre-Need Lot ☐ At 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 Ann Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	100	00
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 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

MAR 12 1990

No 38955

Date: 3-6 , 1990

From: A Esperanza Address: 2049 Wincott St.

Two Hundred Twenty-Six 23/100 Dollars ($ 226.23)

In Payment of Double Wetness Service

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7431

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Arlene Witt

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	$	226	23

095395 12/26/89 034653 A. ECHEVERRIA
E-8431

100 072
100 072
100 072
60101

77181 000072
77183 000072
77185 000072
78390

01/10/90 CA P.P.

100.00
11.24
8.20
74.95
5.61

426.93 PARTIAL 326.93 PAYMENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida Fern Brewer,

in a T.S. Vault (Vault/Liner) Funeral, date, time 12/22 Fri 11:00

Church, Chapel, Graveside Church of Gethsemane Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 75 Grave 3 Row ____ Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.69
Total Due	1207.69
Paid receipt number	
Balance due	

Paid 1/17/90

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.

Johnathon C. Brewer
Signature

1365 Wystone Dr.
Address

San Diego 92113
State Zip Code

(619) 264-4255
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

1357 63rd Ave
Oakland, Ca. 94621
(415) 638-2796

Work Order # E 8432

Invoice [redacted]

Acct. # 034652

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # 2-8432

NOTE

$ 1207-25 San Diego, California December 18 1989

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve hundred Seven 25/00 DOLLARS with interest from 2-22-89 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Johnathan C Brewer SIGNATURE Johnathan C Brewer

ADDRESS 1357 63rd Ave, Oakland, Ca 94621

CALIFORNIA DRIVER LICENSE NUMBER N5272917 *SSN #* 560-31-8910

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8432

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
LaVern		Brewer	9-20-38	12-15-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Claude J. Brewer - Husband 1365 Wystone Drive San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mort.; 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
		▶ Debbie Wellons	12-19-89

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	DEC 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 Vital Records: 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, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra Ward	
*CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 89-39-12 Both Funeral	12B. DATE CREMATED 12-2089	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
*SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Metro Leader	13B. DATE RECEIVED	13C. SIGNATURE OF 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

44650

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 2/22, 19 94

From: Arthur Baker Address: P.O. Box 13152 San Diego 92170

Twenty-three and 78/100 Dollars ($ 23 78)

In Full Payment of Galvanized Flower vase for LaFern Brewer

Lot 75 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. OE-8432

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) #2871

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K E Kindall

CREDIT 20% Sales Care	67007 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 77183		
Pre-Need Trust	63033 8022		
Sales Tax	50101 78390		78
TOTAL PAID	$	23	78

095394 12/26/89 034652	JOHNATHAN C. BREWER			01/17/90 CK		1,207.69	1,207.69	BALANCE	
E-8432	100	072	77181	000072		320.00		0.00	
	100	072	77182	000072		175.00		PAID IN FULL	
	100	072	77183	000072		35.00			
	100	072	77184	000072		396.00			
	100	072	77185	000072		170.00			
	60101		78390			12.69			
	67007		77184			99.00			

Deceased Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Bueno Jr

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 64 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 _____	
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

John Bueno III
Signature
6483 - Estrella Ave
Address
San Diego, Cal 92120
State Zip Code
265-9001
Telephone

Work Order # E 8433

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

№ 11817
E 8433

OWNERSHIP AND INTERMENT PRIVILEGES

TO John Buono for the sum of $ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 64; Grave 5; Section 1; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8433

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 Travers
Cemetery Manager

Property Director

PY-284

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E 8433

No 38796

Date: 1-23, 19 90

From: Lee Lucas III Address: 6483 - Estella Ave. 50

Two hundred forty-seven 50 Dollars ($ 247.50)

In _____ Payment of Opening 1-11 + 4.50
Vault 24

Lot 64 Grave 5 Row _____ Section 1 Division/Block 12

Invoice No. _____

E-8433

CE DUE 247.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	247	50
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	247	50

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 39121
E 8433

Date: 4-11, 1990

From: JOHN BUONO Address: 6483 ESTRELLA AVE S.D 92120

ONE HUNDRED TWENTY FOUR dollars Dollars ($ 124.00)

In Payment of JOHN BUONO JR. CREDIT LOT

Lot 64 Grave 5 Row — Section 1 Division Block 12

Invoice

8433

BALANCE DUE 123.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

(Rev. 10-87) #1136216

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	124	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	124	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 8433

No 41295

Date: 9-27, 19 91

From: Mr. Burnett Address: 603 E Tudor St. #1055

Forty-Two ~~Dollars~~ Dollars ($ 42.00)

In _____ Payment of Crypt Lot

Lot 69 Grave 5 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct 8433

DUE $71.00

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 J. Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	42	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	42	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E 8433

№ 41556

Date: 11-26-, 1991

From: John Buono III Address: 6485 Estrella Ave. San Diego CA 92120

Sixty and 50/100 Dollars ($ 60.50)

In Full Payment of Credit Left

Lot 64 Grave 5 Row Section 1 Division Block 12

Invoice No.

A[illegible] E-8433

[illegible]CE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
4339

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT	67007		
20% Sales Care	77184	60	50
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	60	50

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E 8433

No 41448

Date: 11-4-, 1991

From: BUONO JOHN Address: 6483 ESTRELLA AVE S.D. CA 92120

TWENTY ONE AND 00/100 Dollars ($ 21.00)

In PART Payment of CREDIT LOTS

Lot 64 Grave 5 Row 1 Section 1 Division Block 12

Invoice No.

Acct.

E-8433

DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) #4242

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184	21	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	21	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Lot

John Buono NI Mr
6483 Estrella Avenue
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. ▶ $ 21.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Lot

John Buono III
6483 Estrella Avenue
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 ▶ $ 21.00

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-8433 Credit Lot

John Buono III
6483 Estrella Avenue
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. ▶ $ 21.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Lot

John Buono III
6483 Estrella Avenue
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. ▶ $ 21.00

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 any coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Lot

John Buono LM Nov
6483 Estrella Avenue
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. ▶ $ 21.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Lot

John Buono III
6483 Estrella Avenue
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. ▶ $ 21.00

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-8433 Credit Lot

John Buono III
6483 Estrella Avenue
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 ▶ $ 21.00

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-8433 Credit Lot

John Buono III
6483 Estrella Avenue
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. $ 21.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Loc

John Buono III
6483 Botrella Avenue
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. ▶ $ 21.00

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-8433 Credit Loc

John Buong IIT
6483 Estrella Avenue
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. ▶ $ 21.00

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-8433 Credit Lot

John Buono III
6433 Botrella Avenue
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. $ 21.00

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-8433 Credit Lot

John Bueno III
6483 Estrella Avenue
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. ▶ $ ~~21.00~~ 16.50

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Lot

John Buono III
6483 Estrella Avenue
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. ▶ $ 21.00

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. B-8433 Credit Loc

John Buono III
6403 Estrella Avenue
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. ▶ $ 21.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Loc

John Buono III
6493 Motrella Avenue
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. ▶ $ 21.09

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-6433 Credit Lot

John Suono III
6483 Estrella Avenue
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. ▶ $

Amount due if paid more than _____ days after due date above. ▶ $

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8433 Credit Lot

John Boone III
6483 Betrelle Avenue
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 ▶ $ 21.00

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-5433 Castle Lot

John Bueno III
5483 Estrella Avenue
San Diego, Ca 92120

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
10							%				

[redacted] re, ▶ $ 12.00

[redacted] days ▶ $

$

$ 60 50

Amount Received

NAME John Bueno III

ADDRESS 5483 Estrella Ave

CITY San Diego STATE CA ZIP 92120

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert L. Davenport White

in a Bell Liner Vault/Liner Funeral, date, time Thurs 12/21 11:00

Church, Chapel, Graveside Chapel of the Pines, Rose dale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____. 16 chairs

Lot 89 Grave 1 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	302.00
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	7.25
Total Due	907.25
Paid receipt number 38693	500.00
Balance due 38694	407.25
	407.25

Bo Doe 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

Kenneth E White
Signature

1450 13 RIDGE AVE
Address

CA 92111
State Zip Code

427 2937
Telephone

[redacted]

Work Order # E 8434

Acct. # [redacted]

PY-593 (REV. 8-88)

E 8434

MT. HOPE CEMETERY W.O. # E-8434

NOTE

$ 407.25 San Diego, California December 20 19 89

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Four hundred seven 25/100 DOLLARS with interest from 2-21-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Kenneth P White SIGNATURE Kenneth P White

ADDRESS 14501 3 MERCY CHULA VISTA CA

CALIFORNIA DRIVER LICENSE NUMBER D0777447 SSN # 573-42-2554

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E8434

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
ALBERTA	LOUISE	DAVENPORT	10-20-1908	12-17-89	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	Delores Mitchell - Daughter 3984 Florence Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Reynolds Mortuary: 3030 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
		▶ Debbie Williams	12-19-89

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	DEC 19 1989	▶ Donald L. Remick, 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, 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, CA	11B. DATE INTERRED 12-21-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Stanley L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 12-1-12 Clarke Remick	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 38694

Date: 12-20 , 19 89

From: Marie Custer Address: 936 44th Street SD

Four hundred seven 25/100 — Dollars ($ 407.25)

In Payment of Alberta L. Davenport Estate Interment

CITY AUDITOR

Lot 89 Grave 1 Row Section 1 Division Block 92

Invoice No.

Acct. No.

W.O. 2-8434

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

			DEC 26 1989
CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	120	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	25
TOTAL PAID	$	407	25

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

No 38693

Date: 12-20, 19 89

From: Leonard D White Address: 1450 Melrose Ave, D

Five hundred 00/100 Dollars ($ 500.00)

In Payment of Albert L. Davenport White's Interment

Lot 89 Grave 1 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-2434

BALANCE DUE 407.25

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	200	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

CITY AUDITOR
DEC 26 1989

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

AC-212 (Rev. 10-87) 100953

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Clemons

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 12/26 1:00

Church, Chapel, Graveside Greenwood Grove Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 61 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	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	7.25
Total Due	1,102.25
	38702 1102.25
Balance due	0

PAID

DEC 22 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.

Signature Colleen Cotton

Address 1862 - 50th St

State San Diego Ca. Zip Code 92102

Telephone 262-2394

I hereby authorize the interment in lot 1 hold under deed.

Signature of recorded holder of deed

Work Order # E 8435

Invoice # ____

Acct. # ____

PY-603 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 8435

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
THELMA	JEAN	CLEMONS	8-23-34	12-20-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lillian Cotten - Sister 1862 50th St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 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
		▶ Delbert Williams	12-21-89

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	DEC 21 1989	▶ Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85222 Vital Records 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, CA	11B. DATE INTERRED 12-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Andrea L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 61-2-3-12 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
264-3151

No 38702

Date: 12-22 19 89

From: Lillian Ortiz Address:

Eleven hundred Two 25/100 Dollars ($ 1102.25)

In Payment of Debra Ramos interment

CITY AUDITOR
JAN 02 1990

Lot 41 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. 2-84/35

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0012322

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Lock

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	220	00
Burial Containers	100 77182	100	00
	100		
Handling Fee	77185	14	00
Recording & Misc. Fees	100 77183	1	25
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	7	25
TOTAL PAID	$	1102	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theresa L. Calleja

in a T.S. Vault (Vault/Liner) Funeral date, time Wed 12/27 2:00

Church, Chapel, Graveside Chapel & Graveside Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ Witness interment

Lot 590 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	83.70
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 Trust

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8436

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E843C

NAME Cutino Geneva L. ACCT. NO. E-8370

ADDRESS 1370 Mt. View Lane, Chula Vista, Ca 92011 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1 89	Lot 590, Section 1, Division 8	595.00			
	Opening/Closing, Top Seal Vault, Recording Fee	712.25		1307.25	00

AIGNER FORM NO. 25-204 Cutino, Geneva L. 590 - 1 - 8 PRINTED IN USA

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8436

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
GENEVA	L.	CUTINO	9/15/1918	12/21/1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Louis G. Cutino Husband 1370 Mt. View Lane Chula Vista, CA 92011

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
FEATHERINGILL MORTUARY SAN DIEGO, CA	1083

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Edward Featheringill	12-22-89

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	DEC 26 1989	▶ Donald A. Ramos, M.D. mm

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
P.O. Box 85222, San Diego, CA 92138-5222	

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 92102	11B. DATE INTERRED 12-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 590-1-8 date 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-22-89

You are hereby authorized and instructed subject to your rules and regulations, to inter the remains of Asad Moneta (A)

in a Oak Vault Vault/Liner Funeral, date, time Wed 12/27 1:00

Church, Chapel, Graveside Church & Gone 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 ____ Head - left side

Lot 13 Grave 3 Row ____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
[illegible] Marker setting fee	
Recording and filing fee	35.00
Sales tax	2.90
Total Due	242.90
Paid receipt number 38703	242.90
Balance due	

PAID
DEC 20 1989
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 8437

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

58700 Lewis Colonial

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8437

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
ASAO	—	NOMITA	07-25-1913	12-21-1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mieko Nomita - Wife 218 Walling Way 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/Scobough Mortuary	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
		▶ Donald H. Bartleben for ICP	12-22-1989

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	DEC 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 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 13-3-11-7 3751 Market St. San Diego, CA	11B. DATE INTERRED 12-29-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra Lloyd
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cypress View Crematory 3953 Imperial Ave. San Diego CA	12B. DATE CREMATED 12-23-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Linda
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

PCH [illegible] 006779

38700

Date: 12-22, 19 89

From: Mrs. E. Morita Address: 1478 Distributor Dr. Los
Two Hundred Forty-Two and 90/100 Dollars ($ 242.90)

In Payment of Asao Morita's Interment

CITY AUDITOR
JAN 07 1990

Lot 13 Grave 3 Row Section 11 Division Block

Invoice No.

Acct. No.

W.O. 1-8427

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT		
20% Sales Cars	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 90
TOTAL PAID	$	242 90

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Debra Wolf

AC-212 (Rev. 10-87) 115

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth L. Dennison in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 12/26 1:00 Church, Chapel, Graveside Chapel of the Good Shepherd Mortuary. Bill Hughes

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 89 Grave 4 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	12.69
Total Due	712.69
Paid receipt number ____	____
Balance due	____

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

Charlotte Dennison
Signature
1849 CRENSHAW ST
Address
SAN DIEGO, CA 92105
State Zip Code
(619) 264-7571
Telephone

Invoice # [redacted]

Work Order # E 8438

Acct. # 032691

PY-583 (REV. 8-85)

MT. HOPE CEMETERY W.O. # 2-8438

NOTE

$ 712.69 San Diego, California December 22 19 88

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven hundred twelve 69/100 DOLLARS with interest from 2-26-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME CHARLOTTE D ELLISON SIGNATURE Charlotte Ellison

ADDRESS 1849 CRENSHAW ST

CALIFORNIA DRIVER LICENSE NUMBER C0555214- 7/91 SSN # 565-21-6925

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 8438

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELISABETH	GERTRUDE	DENNISON	11-19-26	12-21-89	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	Charlotte Dennison daughter 1849 Crenshaw 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
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 J. Ahmed	12/26/89

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	DEC 26 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—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 12-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Barbara L. Wood	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 89-4-1-11 N/A metal non-fuel	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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 12-22-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oneatha Berry

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 12/27 10:00

Church, Chapel, Graveside Emanuel Church; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 101 Grave 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	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.25
Total Due	907.25
Paid receipt number	
Balance due	

PD 4/3/90

30 days noted

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.

Roscoe A Berry
Signature

354 LAUSMANN DR
Address

SAN DIEGO CALIF 92114
State Zip Code

263 1861
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 0257240

Acct. # 0346720

Work Order # E 8439

PY-593 (REV. 9-86)

MT. HOPE CEMETERY

W.O. # E-8439

NOTE

$ 907.25 San Diego, California December 22 19 80

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred seven 25/100 DOLLARS with interest from 2-27-80 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Roscoe A Perry SIGNATURE Roscoe A Perry

ADDRESS 354 Lausanne

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 577446142

PY-1012 (11-69)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 8439

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
GERATHA	R	PERRY	2-23-38	12-20-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Roscoe Perry - Husband 354 Lausanne Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Hagedale Mort.: 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
		Russell D Ryedale	12/26/89

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	DEC 27 1989	Donald L. Parmes, 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

- [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 12-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A mtd Dealer 101-12-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

01/16

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38770

Date: 1-10 19 90

From: Irene Perry Address: 354 Louisiana Dr SD

Ten hundred 10/100 Dollars ($ 20.00)

In Payment of Double Perp Interment

Lot 101 Grave 12 Row Section 1 Division Block 12

Invoice No. 095460

Acct. No. 034690

W.O. 2-6439

BALANCE DUE 707.25

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

JAN 23 1990

ISSUED BY Sandra Cline

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

2/12

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38860

Date: 2-7, 19 90

From: Rose A Perry Address: 354 Lawson Ln, SD 92114

C/o Linda Dilley Dollars ($ 100.00)

In Payment of Cecelia Perry's Services

Lot 101 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-2439

BALANCE DUE $607.25

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 J Applewhite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	100 00
Opening/ Closing	100 77161	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

CITY AUDITOR
FEB 12 1990

Perry, Roscoe A.

MT. HOPE CEMETERY

INTERMENT ORDER

~~City of San Diego~~

Date 12-22-89

907.25 - 1/10/90
200.00

707.25
100.00 - 2/7/90

607.25
100.00 3/27/90 - 39038

507.25 - 4/3/90 - 39061
207.25

300.00 - pd dmtn
300.00 - 3/12/90
0

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cneatha Perry

in a Bell Liner Vault/Liner Funeral date, time Wed 12/27 10:00

Church, Chapel, Graveside Memorial Chapel Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 101 Grave 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	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.25
Total Due	907.25
Paid receipt number	
Balance due	

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Roscoe A Perry

Address 3541 Lousiana Dr

State San Diego Calif Zip Code 92116

Telephone 263 1861

Invoice # 075480

Acct. # 634680

Work Order # E 8439

PY-693 (REV. 8-85)

DFS2002 04:39:12 TERMINAL CONNECTED TO IMS/VS IMSPROD

ACR071 INVOICE INQUIRY PG 3

INVOICE: 095480 INV TOTAL: 907.25

ACCOUNT: 034690 NAME: ROSCOE A. PERRY

PAYMENT DATA

APPLIED	RECEIVED	AMOUNT	METH	REF NO
01/16/90	01/10/90	200.00	CA	38770
02/12/90	02/07/90	100.00	CA	
03/12/90	03/02/90	300.00	CK	225767926

DEPRESS PA1 KEY FOR NEXT SCREEN

E 8439

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 39061
E 8439

Date: 4-3 1990

From: Rosario Perez Address: 354 Lawson Dr. Ch 92114

Two Hundred Seven 22/100 Dollars ($ 207.25)

In Payment of Concha Perez Grave

Lot 101 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7439

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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	20	00
Burial Containers	100 77182	145	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	25
TOTAL PAID	$	207	25

CITY AUDITOR

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

APR 2 1990

No 39038

Date: 3-27, 1990

From: Lucas Perry Address: 334 Laurie Dr. N Dak

& Husband Dollars ($ 100.00)

In Payment of Grave Opening Fee

Lot 121 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8439

BALANCE DUE $507.25

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	
Opening/ Closing	100 77181	100 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

095480 12/28/89 034690	ROSCOE A. PERRY			01/10/90 CA	38770	200.00	907.25	707.25
	100	072	77181	000072		70.54		PARTIAL PAYMENT
E-8439	100	072	77182	000072		22.04		
	100	072	77183	000072		7.72		
	100	072	77184	000072		52.91		
	100	072	77185	000072		31.96		
	60101		78390			1.60		
	67007		77184			13.23		

687

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/26/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tony Mitchell in a Bell Series Vault/Liner Funeral, date, time Tues 12/26 2:30 Church, Chapel, Graveside Graveside Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 122 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	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.25
Total Due	907.25
Paid receipt number 38708	907.25
Balance due	0

Rosedale Bell Series

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8440

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E8440

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
TONY		MITCHELL	10-28-48	12-16-89	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	Mary Alice Mitchell - Mother

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	2024 N. Lemon St, Chicago, Ill. 60639
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
		▶ Emily Hampton	12-26-89

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	DEC 26 1989	▶ Donald L. Romas, 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, 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, CA	11B. DATE INTERRED: 12-26-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Sandra L Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: 12-2-12 N/A Date Arrived	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 38708

Date: 12-26 19 89

From: Melissa-Lo-Cable Address: 5050 Federal Blvd. SD

nine hundred seven 25/100 — Dollars ($ 907.25)

In Payment of Cemetery Interment

JAN 02 1990

Lot 122 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 2-8440

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4907

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda 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	80101 78390	7	25
TOTAL PAID	$	907	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angela Balbuena, White

in a Ash Vault (Vault/Liner) Funeral, date, time Wed Jan 3 12:00

Church, Chapel, Graveside Witness ; Hendricks Mortuary.

All Funeral cars must arrive 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 11 Row ____ Section 2 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.90
Total Due	242.90
Paid receipt number 38712	242.90
Balance due	0

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address Box 3064

State San Ysidro Zip Code CA 92073

Telephone 17066871674

Work Order # E 8441

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8441

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
ANGELA	BALTAZAR	RODRIGUEZ-MARCHESE	10-14-1911	12-24-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Nephew Adolfo Baltazar-Villanueva P.O. BOx 3064 San Ysidro, CA 92073

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
		▶ Gail M. Hembel	12-28-89

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	DEC 28 1989	▶ Donald L. Ramos, M.D. hm

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 1-3-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy DeLeague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Ash Vault/Box Leneda, Inc. 14065 Olde Hwy. 80 El Cajon, CA	12B. DATE CREMATED 1/1/90	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Sally Stevens	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38712

Date: 12-27 19 89

From: Linda Villagrana Address: BX 3064 San Ysidro CA

Two Hundred Forty-Two 90/100 Dollars ($ 242.90)

In Payment of Angela Baltazar White Grave

CITY AUDITOR

Lot 38 Grave 11 Row Section 2 Division 7 Block

Invoice No.

Acct. No.

W.O. E-8441

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 017417

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Vall

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	89101 78390	2	90
TOTAL PAID	$	242	90

JAN 02 1990

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/26/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys E. Shepard

in a Liner (Vault/Liner) Funeral, date, time ~~Sat~~ 12/30 10:00

Church, Chapel, Graveside Graveside ; Mills & 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 3580 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 Sat O.T.	380.00
Recording and filing fee	35.00
Sales taxes	7.25
Total Due	987.25
Paid receipt number 38709	987.25
Balance due	0

Formula with Boy at time of service

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature James R Carlin

Address 5509 17th Ave NE

State Olympia WA Zip Code 98506

Telephone 206 491 6781

Work Order # E 8442

Invoice # ____

Acct. # ____

PY-693 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8442

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	SHEPARD	10-31-1905	12-23-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lacey	Thurston, WA	Sally Carlin Dau 5509 17th Ave N.E. Olympia, WA 98506

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
		▶ Dale M. Hembel	12-28-89

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	DEC 28 1989	▶ Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	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 12/30/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra L. Ward	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3580-10 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38709

Date: 12-30 ,19 89

From: James Cullen Address: 5509 17th Ave, Olympia Wy

Three hundred eight - dollars 25/100 Dollars ($ 782.25)

In Payment of Gladys L. Shepard

Lot 3580 Grave Row Section Division Block

CITY AUDITOR
JAN 08 1990

Invoice No.

Acct. No. E-8442

W.O.

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

30 SW

ISSUED BY Andrea L. Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
	100	145	00
Handling Fee	77185	415	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	25
TOTAL PAID	$	787	25

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 12-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Kirk Childs

in a F.S. Vault (Vault/Liner) Funeral date, time Fri 12/29 12:00

Church, Chapel, Graveside Emerald Hills Memorial Park, 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 Active duty - military detail

✓ Lot 35 Grave 12 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	125.00
Handling Fees	120.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.69
Total Due	1207.69
Paid receipt number 3/9/90 38968	1207.69
Balance due	-0-

Don't 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

Ingrid Childs
Signature
14345 Cuca St #C
Address
San Diego CA 92129
State Zip Code
(619) 672-0413
Telephone

Invoice # 095690

Work Order # E 8443

Acct. # 034777

PY-583 (REV. 8-88)

MT. HOPE CEMETERY W.O. # 2-8443

NOTE

$ 1207.69 San Diego, California 12-29 19 8[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of twelve hundred seven 69/100 DOLLARS with interest from 2-29-80 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Ingrid Childs SIGNATURE Ingrid Childs

ADDRESS 14345 Cuca St #C San Diego CA 92129

CALIFORNIA DRIVER LICENSE NUMBER C2075638 SSN # 580 04 2520

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

CITY AUDITOR

MAR 12 1990

No 38968

Date: 3-9, 1990

From: Anderson Kagarbe Address: 5050 Federal Blvd

One Thousand Two Hundred Seven & 69/100 Dollars ($ 1207.69)

In Payment of Kirk Child's Service

Lot 35 Grave 12 Row Section 2 Division 11

Invoice No.

Acct. No.

W.O. F-9443

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

5201

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	12	69
TOTAL PAID	$	1207	69

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8443

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, [illegible])	4. SEX
KIRK	-	CHILDS	02-02-1959	12-25-1989	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	U.S. GOVERNMENT RECORDS Naval Hospital San Diego, CA 92134

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-460

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Melinda K. Stewart-for-LCB	12/27/89

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	DEC 27 1989	▶ Donald L. Rawles, 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 12-29-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY metal/sealer N/A 35-12-2-11	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 12-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mateo Diego Sr

in a _____ Vault/Liner Funeral, date, time ~~Tues 12-29~~ 10:00

Church, Chapel, Graveside Delores, Only, Olivet-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 87 Grave 98 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 - Ma[illegible] setting fee	
Recording a[illegible] fee	
Sales ta[illegible]	
Total Due	145.00
Paid receipt number	
Balance due	

Paid in full 1-24-90

C.A. 10850 Son Bellamy

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8444

PY-593 (REV. 8-86)

Receipt # 095691

Permit # 00252

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 8444

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mateo	Andreas	Diego	Unknown	12-19-89	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Francisco Diego - Brother 520 N. Elm St. Apt.4 Escondido, CA 92025

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Alhiser-Wilson 225 S Broadway Escondido, CA 92025	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 ▶ Jill Chamberlain

8B. DATE SIGNED 12/28/89

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	DEC 29 1989	▶ Donald L. Ramos, M.D. HH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92138	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 12-29-89	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Sandra L. Ward
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 87-8-1-12 particle board	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
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.

095691 01/02/90 000952 COUNTY OF SAN DIEGO
E-8444 Mateo Diego 100 072 67007

77181 000072 01/24/90 CK 04-437990 145.00
77184 90.00
55.00

145.00 0.00
PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Burial cost

Date 12-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William & Josephine Ogodaca

in a _____ Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4934 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

Josephine Ogodaca
Signature
3555 Sunnyslope St
Address
San Diego Ca
State
CA. 92114
Zip Code
Telephone

Work Order # E 8445

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11825

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Josephine & William Apodaca for the sum of $ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4934, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8445

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

Windy Jo Teague
Cemetery Manager

Property Director

PV-6M

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40409

Date: 3-7, 19 71

From: William Godard Address: 355 Lunsmuir St. S.D. Ca

Twenty-nine 00/100 Dollars ($ 29.00)

In Payment of Cradle Lot

Lot 4734 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8445

BALANCE DUE 347.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
996

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N Leguen

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	29	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
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
284-3151

CITY AUDITOR APR 9 1990

No 39082

Date: 4-4 , 1990

From: William Apodaca Address: 355 Sunset St. #E 92114

Twenty-Nine Dollars 00/100 Dollars ($ 29.00)

In Payment of Cedar Lot

Lot 4934 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8445

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 654

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ann Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	29	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41512

Date: 11-14-1994

From WM S & JOSEPHINE ARDMAN Address: 3558 UNIVERSITY ST SD CA 92104

FIFTY EIGHT AND 00/100 Dollars ($ 58.00)

In PART Payment of CREDIT LOT

Lot 4934 Grave _____ Row _____ Section _____ Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8445

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) # 1238

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT	67007	58 00
20% Sales Care	77164	
80% Sales of Lots	100 77164	
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	$	58 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41311

Date: 10-2-91, 1991

From: Williams Arodaca Address: 355 Sunswept St S.D 92114

Twenty Nine 00/100 Dollars ($ 29.00)

In _____ Payment of Credit Lot

Lot 4934 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-8445

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1195

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY D Castro

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 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

№ 40941

Date: July 8, 1971

From: Mr. Joseph B. Aguilera Address: 355 Seawright Dr. S.D. CA 92114

Twenty three and No/100 Dollars ($ 23.00)

In Payment of Grave Lot

Lot 4434 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8445

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) #1122

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT 20% Sales Care	67007 77184	24 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	$	24 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40612

Date: 4-25, 19 71

From: Wm Aguayo Address: 355 Lynwood Ave. La 72114

One Hundred Fifty-Five Dollars ($ 145 00)

In Payment of Crdt Lot

Lot 4934 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8445

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 1037

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	145	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	$	145	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
MAY 29 1990

No 39243

Date: 5-10, 1990

From: Wm Cipriani Address: 355 Date pt 11 H Dr.

Twenty-Five ... Dollars ($ 25.00)

In ____ Payment of Credit Lot

Lot 4934 Grave ____ Row ____ Section ____ Division Block 10

Invoice No. ____

Acct. No. ____

W.O. E 1445

BALANCE DUE ____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 6/90

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Veith

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	29	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 39695

Date: 9-11-, 19 90

From: Helen Josephine Dykstra Address: 2515 Sunnyslope ST - S.D. Ca. 92114

Fifty-Eight and 00/100 Dollars ($ 58.00)

In ____ Payment of Credit Lot

Lot 4924 Grave ____ Row ____ Section ____ Division ____ Block 16

Invoice No. ____

Acct. No. ____

W.O. E-8446

BALANCE DUE ____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AO-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K.M.T. 9-90

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	58.00
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	$	58.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40230

Date: 1-28, 1971

From: William Apodaca Address: 355 Lunetopt St. S.D. 92114

fifty-eight 00/100 Dollars ($ 58.00)

In Payment of Credit Lot

Lot 4934 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8445

BALANCE DUE $376.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 934

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY M. Enquera

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	$ 58	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	58	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39540

Date: Aug 3, 19 90

From: William Cardara Address: 3[illegible] Sunnyside Dr. Ja. 92114

Twenty-Five 10/100 Dollars ($ 25.00)

In _____ Payment of Outer Lot

Lot 4934 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9445

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 10-87) 788

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		
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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

MAR 5 1990

No 38919

Date: 2-26, 19 90

From: William Ayala Address: 355 Linway # 11 92114

Twenty Nine Dollars 00/100 Dollars ($ 29.00)

In Payment of Credit Lot

Lot 4934 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-7445

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 614

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 77184	29	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39325

Date: 6-6 , 19 76

From: Wm Apodaca Address: 355 Sunnyslope N, 14

Twenty Five ~ 110/100 Dollars ($ 29.00)

In Payment of Cedar Lot

Lot 4934 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8445

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 1D4

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	23.20 W
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	65033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	29 W

CITY AUDITOR
JUN 08 1976

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38825

Date: 2-1, 1990

From: Dillian Apodaca Address: 355 Sierra Pt, S.L. 92114

Twenty Five Dollars 7½ Dollars ($ 27.50)

In Payment of Cedar Lot

Lot 4934 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-9445

BALANCE DUE $666.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 571

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	29 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	29 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

No 39433

Date: 7-3, 19 90

From: Wm Apodaca Address: 355 Lemon St. #12 92114

Thirty-Two Dollars Dollars ($ 32.00)

In Payment of Credit Lot

Lot 4934 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E 9445

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 1/51

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jwait

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	29	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41910

Date: 2/15, 19 93

From: William Apodaca Address: 355 Sunswept St. Apt 9 & 14

Fifty Seven 7/45 Dollars ($ 57.00)

In full Payment of Pre-Need Lot

Lot 4934 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8445

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	57.00	
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	57.00	

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39774

Date: 10-3-, 1970

From: Apodaca, William Address: 255 SUNSWEPT ST. IMP. CA. 92114

TWENTY AND 00/100 Dollars ($ 20.00)

In Payment of CREDIT LOT

Lot 4924 Grave — Row — Section — Division Block 16

Invoice No.

Acct. No.

W.O. E-8,445

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) #844

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	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77165	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76393	
TOTAL PAID	$	20.00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
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 ▶ $29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Wm & Josephine Apodaca

ADDRESS 355 Sunswept St

CITY SD. 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-8445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
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. ▶ $29.00

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-8445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
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. ▶ $29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
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. ▶ $29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

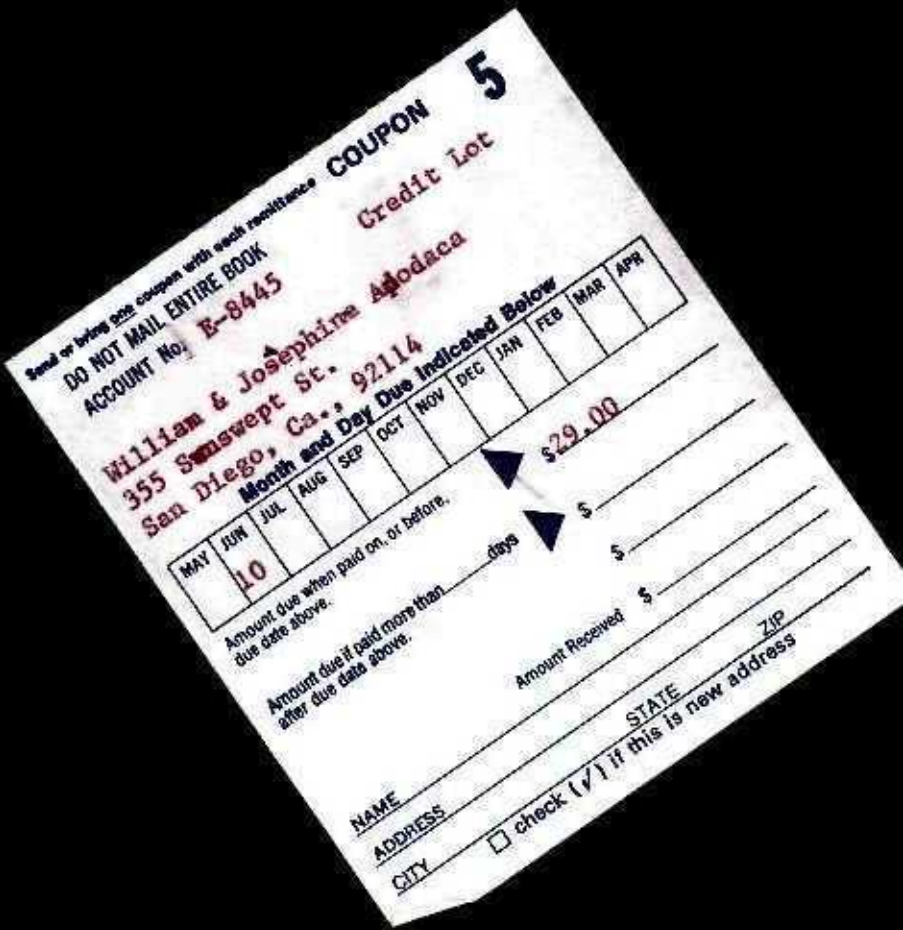
Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address


Send or bring one coupon with each remittance COUPON 5
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. E-8445
Credit Lot
William & Josephine Agodaca
355 Sunswept St.
San Diego, Ca., 92114
Month and Day Due Indicated Below
MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR
10
$29.00
Amount due when paid on, or before, due date above.
Amount due if paid more than ____ days after due date above.
$
$
Amount Received $
NAME
ADDRESS
CITY
STATE
ZIP
☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
San Diego, Ca., 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
	10						-3				

Amount due when paid on, or before, due date above. ▶ $ 29.00

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-8445 Credit Lot

William & Josephine Agodaca
355 Sunswept St.
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. $29.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

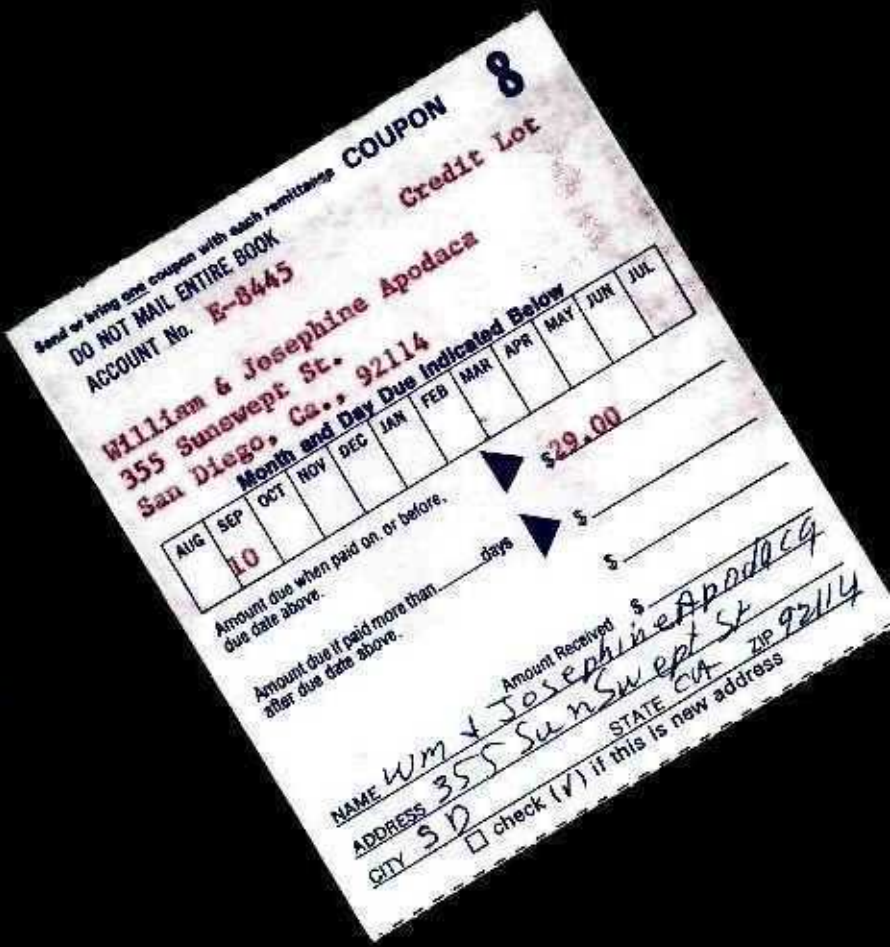
Amount Received $ _____

NAME Wm & Josephine Agodaca

ADDRESS 355 Sun Swept Dr

CITY SD 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-8445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
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. $29.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME Wm & Josephine Apodaca

ADDRESS 355 Sunswept St

CITY SD 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-84451 Credit Lot

William & Josephine Agodoca
355 Sunswept St.
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 ▶ $29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Wm + Josephine Agodoca

ADDRESS 355 Sunsweept

CITY SD 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-8445 --> Credit Lot

William & Josephine Apodaca
355 Sunswept St.
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. ▶ $29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Josephine & Wm Apodaca

ADDRESS 355 Sunswept St

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-8445 Credit Lot

William & Josephine Modaca
355 Sunswept St.
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. $29.00

Amount due if paid more than ____ days after due date above. $

$

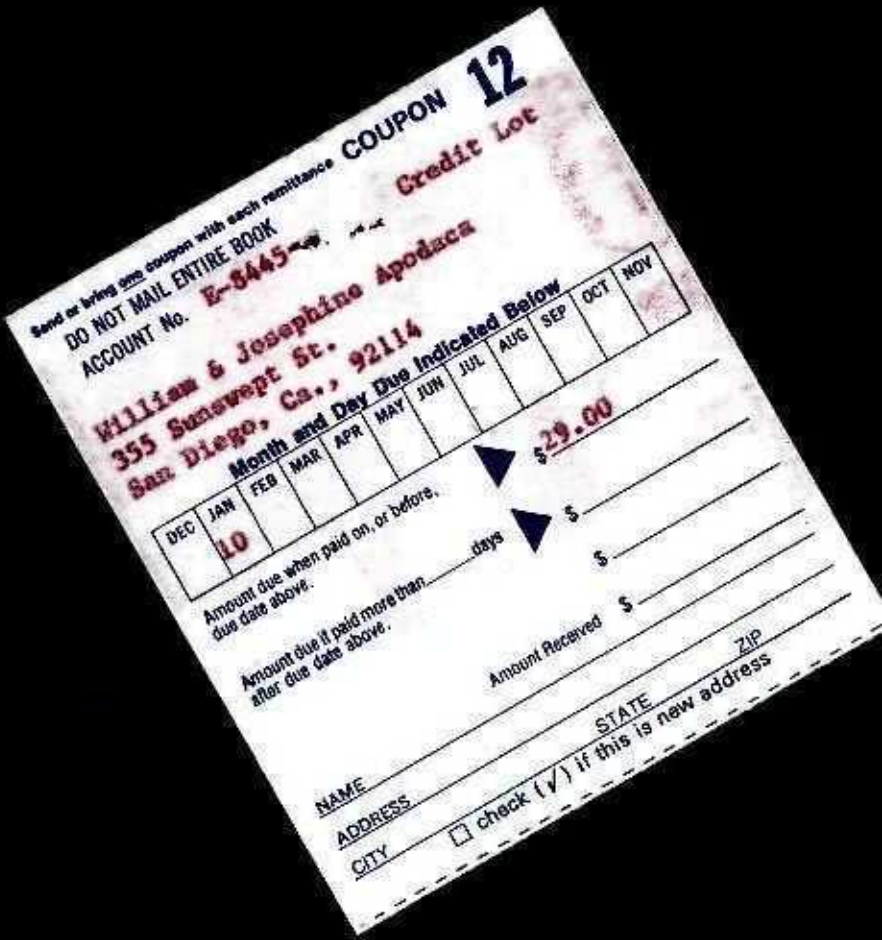
Amount Received $

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-8445
Credit Lot
William & Josephine Apodaca
355 Sunswept St.
San Diego, Ca., 92114
Month and Day Due Indicated Below
DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV
10
$29.00
Amount due when paid on, or before, ____ days due date above.
$
Amount due if paid more than ____ days after due date above.
$
Amount Received $
NAME
ADDRESS
CITY STATE ZIP
check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7-0445 Credit Lot

William & Josephine Agodaca
355 Sunswept St.
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 ▶ $29.00

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-8445 Credit Lot

William & Josephine Apoduca
355 Sunswept St.
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. $29.00

Amount due if paid more then _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8445 Credit Lot

William & Josephine Agodoca
355 Sunswept St.
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. ▶ $ 29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Josephine & Wm Agodoca

ADDRESS 355 Sunswept St

CITY S.D. STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
San Diego, Ca., 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	16							1			

Amount due when paid on, or before, due date above. ▶ $29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Wm & Josephine Apodaca

ADDRESS 355 SunSwept St

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-8445 Credit Let

William & Josephine Agodica
355 Sunswept St.
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. ▶ $ 29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Wm + Josephine Agodica

ADDRESS 355 Sunswept St

CITY S.D. STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
San Diego, Ca., 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
	18										

Amount due when paid on, or before, due date above. $ 29.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Wm & Josephine Apodaca

ADDRESS 355 Sun Swept St

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8445 Credit Lot

William & Josephine Rhodes
355 Sunswept St.
San Diego, Cgs. 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. $ 29.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Wm & Josephine Rhodes

ADDRESS 355 Sunswept St

CITY S.D. STATE Cal ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each payment

DO NOT MAIL ENTIRE BOOK

COUPON 20

ACCOUNT No. E-6445 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
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. $29.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8465 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
San Diego, Ca., 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
	19										

Amount due when paid on, or before, due date above ▶ $ 29.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6445 - Credit Loc

William & Josephine Apodaca
355 Sunswept St.
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. $ 29.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5445 Credit Lot

William & Josephine Agodoca
355 Emmawept St.
San Diego, Co., 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 ▶ $ 29.00

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. B-8443 Credit Lot

William & Josephine Apodaca
355 Sunswept St.
San Diego, Ca., 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
	10										

[redacted] $ ~~30.00~~ 28.00

[redacted] days $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-28-89

Russell Funeral

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Genevieve Redd

in a Ash Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1593 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	2.90
Total Due	242.90
Paid receipt number 38714	242.90
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

Carmen Hagen
Signature
3747 Brookshire St
Address
San Diego Ca 92111
State Zip Code
576-1310
Telephone

Work Order # E 8446

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

No 38714

Date: 12-28, 19 89

From: Carmen Haven Address: 3747 Lucklow Ave Apt. D

two hundred forty-two 90/100 Dollars ($ 242.90)

In Payment of Interment Cost for Lawrence Kidd

Lot 1593 Grave Row Section 1 Division 8 Block

Invoice No.

Acct. No.

W.O. E-8446

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.

8th

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	242	90
Sales Tax	60101 78390		
TOTAL PAID	$	242	90

CITY AUDITOR
JAN 08 1990

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-29-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Berniece Gillon

in a Bell Seven Vault/Liner Funeral date, time Sat 12/30 10:00

Church, Chapel, Graveside 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 116 Grave 1 Row ____ Section C 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 Sep. 87	380.00
Recording and filing fee	35.00
Sales taxes	7.25
Total Due	1287.25
Paid receipt number 38716	1287.25
Balance due	0

Mortuary will collect 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 8447

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 7447

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
BERNICE	DIANE	GREEN	9-11-57	12-23-89	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	Dorothy Green - Mother 738 O'Meara 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
		▶ Debbie Williams	12-29-89

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	DEC 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 Vital Records: 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, CA	11B. DATE INTERRED 12/30/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Sandra Shaw	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 16-1-1-12 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
264-3151

No 38716

Date: 12-29 19 89

From: Robison-Rosales Address: 5050 Federal Ave, SD

Twelve hundred eight-five 25/100 Dollars ($ 1285.25

In Payment of Grave & Space interment CITY AUDITOR

Lot 116 Grave 1 Row Section 1 Division Block

JAN 04 1990

Invoice No.

Acct. No.

W.O. E-8447

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3716

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda West

CREDIT	87007		
20% Sales Care	77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	415	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	7	25
TOTAL PAID	$	1287	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-2-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Darrell

in a T.S. Vault (Vault/Lawn) Funeral, date, time Thurs 1/4 11:00

Church, Chapel, Graveside Mount of Hope; 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 86 Grave 5 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	395.00
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	12.69
Total Due	1107.69
Paid receipt number 38717	1107.69
Balance due	-0-

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Darrell D. Garrett

Address 6805 Montana Ave

State CA. Zip Code 92114

Telephone 287-2946

Work Order # E 8448

Invoice # ____

Acct. # ____

PY-593 (REV. 9-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8448

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
DORIS	MARIE	GARRETT	6-30-53	12-28-89	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	Darrell D. Garrett - Husband 6805 Charlene 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.; 5050 Fed. 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
		▶ Debbie Williams	1-3-90

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	JAN 03 1990	▶ Donald E. 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 Vital Records: 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, CA	11B. DATE INTERRED 1-4-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Yeager	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Vault/Sealed metal 86-5-2-11 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 38717

Date: 1-2 19 90

From: Carroll Jarrett Address: 6805 Montero Ave SD 92114

Dollars ($ 1107.69)

In Payment of Lot 86 Grave 5 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-8443

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 5857

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Louise Dent

CREDIT 20% Sales Care	67007 77184	77	00
80% Sales of Lots	100 77184	216	00
Opening/ Closing	100 77181	325	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022	12	00
Sales Tax	60101 78390	12	69
TOTAL PAID	$	1107	69

CITY AUDITOR
JAN 08 1990

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-2-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie Mitchell (X)

in a _____ Vault/Liner Funeral, date, time Tues 1/23 AM

Church, Chapel, Graveside Delivery Only, Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 229 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 58718	355.00
Balance due	

I hereby certify I am the Foster of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Shirley Gene Rusk
Signature
6357 Kimmy ct
Address
San Diego, CA. 92114
State Zip Code
619-266-0454
Telephone

Work Order # E 8449

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 8449

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
JESSE		MITCHELL	8-7-31	12-24-89	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	Shirley Rucks - Sister 6357 Kinny Court 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.; 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]	1-[illegible]

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	DEC 29 1989 ▶	Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
	P. O. Box 85222 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, CA	11B. DATE INTERRED 1-23-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy B. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 229-4-8 San Diego, Lomeda Inc.; 14065 Olde Highway 80; CA	12B. DATE CREMATED 1-3-90	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ R Bracken
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38718

Date: 1-2 , 19 90

From: Jessie Herd Address: 5873 Dravia Mnt. SD 92114

Three hundred forty-five and 00/100 Dollars ($ 345.00)

In Payment of Jessie Metcalf Interment

Lot 229 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. 2-8449

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 Dell

CREDIT	67007	43	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	172	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	345	00

CITY TREASURER
JAN 08 1990

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Grant

Date 1-2-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esriqueta H. Flores

in a Sale 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 3765 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	23.93
Total Due	1028.93
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

Aida Flores Villegas
Signature

1020 So. 31st
Address

San Diego, C.
State Zip Code

Telephone 2370463

Work Order # E 8450

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

CITY AUDITOR

OFFICIAL RECEIPT

No 38949

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY MAR 12 1990
284-3151

Date: 3-6, 19 90

From: Enriqueta Flores Address: 4220 S. 31st St. SD 92113

(Forty-Three Dollars Flat Dollars ($ 43.00)

In Payment of Pre-Need Trust

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-8450

BALANCE DUE $985.93

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	43	W
Sales Tax	60101 78390		
TOTAL PAID	$	43	W

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

ISSUED BY John Watt

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

CITY AUDITOR
MAY 07 1990

No 39173

Date: 5-2, 19 90

From: Enriqueta Flores Address: 1020 S. 31st St, S.D., 92113

Forty Three and no/100 Dollars ($ 43.00)

In Payment of Purchase Price

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-1450

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 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	43	00
Sales Tax	60101 78390		
TOTAL PAID	$	43	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39672

Date: Sept. 6, 1990

From: Lida Velasco Address: 1081 S. 31st St. S.D. Ca 92113

Dollars ($ 43.00)

In cash Payment of pre-need trust

Lot 765 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8450

BALANCE DUE $ 724.93

Pre-Need Lot ☐ At 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 T. A. Kinder

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	43	00
Sales Tax	60101 78390		
TOTAL PAID	$	43	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39906

Date: 11-7, 19 60

From: Emerson Flin Address: 1021 N 31st St 92113

Forty Three Dollars ($ 43.00)

In _____ Payment of Perpetual Trust

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-2450

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 L. Diaz

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	43.00
Sales Tax	60101 76390	
TOTAL PAID	$	43.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39089

Date: 4-5- , 19 90

From: ENRIQUETA FLORES Address: 1020 S. 31ST SD 92113

FORTY three dollars Dollars ($ 43 00)

In Payment of PRE NEED

CITY AUDITOR
APR 16 1990

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-2450

BALANCE DUE 942.93

Pre-Need Lot ☐ At 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	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	43	00
Sales Tax	60101 78380		
TOTAL PAID	$	43	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39286

Date: 6-1, 1990

From: Enriqueta Flores Address: 102 S. 31st St. SD 92113

For: Pre-Need Trust Dollars ($ 43.00)

In Payment of Columbarium Pre-Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-9450

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 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	43 00
Sales Tax	60101 78390	
TOTAL PAID	$	43 00

CITY AUDITOR
JUN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
*284-3151

№ 39448

Date: 7-5 , 19 90

From: Evergreen Floral Address: 1120 - 31st SD 92113

Forty three dollars + tax Dollars ($ 43.00)

In Payment of Evergreen Floral (Pre need)

Lot 3765 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8450

BALANCE DUE 820 43

Pre-Need Lot ☐ At 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	43	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	43	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39596

Date: 8 — 9 — , 1990

From: Flores, Enriqueta Address: 1005 S. 21st Ave. S.I. Ca 92173

Forty Three and No/100 Dollars ($ 43.00)

In Payment of Pre need Trust

Lot 2765 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-8950

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 Robert Gross

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	43	00
Sales Tax	60101 78390		
TOTAL PAID	$	43	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 39809

Date: 10-7-, 19 90

From: ENRIQUETA FLORES Address: 1020 So 31st St. SDCA. 92113

FORTY THREE AND 00/100 Dollars ($ 43.00)

In Payment of PRE NEED TRUST

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. 8450

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 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	42	75
Sales Tax	60101 78380		
TOTAL PAID	$	42	75

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40384

Date: 3-5, 1991

From: Enriqueta Flores Address: 1020 So 31st S.D. Ca

Forty-three 00/100 Dollars ($ 43.00)

In Payment of Pre Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8450

BALANCE DUE 476.93

Pre-Need Lot ☐ At 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. Leyva

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	43	00
Sales Tax	60101 78390		
TOTAL PAID	$	43	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 40307

Date: 2-12, 1971

From: Enriqueta Flores Address: 1020 So. 31st S.D. CA 92113

Forty-three 00/100 Dollars ($ 43.00)

In ____ Payment of Pre Need Trust

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-8450

BALANCE DUE 5/9.93

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 M. Fregoso

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	43	00
Sales Tax	60101 78390		
TOTAL PAID	$	43	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 40493

Date: 4-1, 19 91

From: Enriqueta Flores Address: 1021 S 31st St SD 92113

Forty three & 43/100 Dollars ($ 43.00)

In Payment of @ Pre Need Trust

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-4450

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 Walt

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	43 00
Sales Tax	60101 78390	
TOTAL PAID	$	43 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41643

Date: 12-10 , 1991

From: Enriqueta Flores Address: 1020 So 31st St, SD 92113

Forty-Three (7/10/00) Dollars ($ 43.00)

In Payment of Pre-Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8450

BALANCE DUE 5/32.53

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 8022	43 00
Sales Tax	60101 78390	
TOTAL PAID	$	43 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 41248

Date: 9/11/, 19 91

From: FLORES, ENRIQUETA Address: 1026 - 21st ST SDCA 92113

Forty Three AND 00/100 Dollars ($ 43.00)

In Part Payment of Opening-Closing Bi-Crypt R.F.

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9450

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 Robert Jones

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	43.00
Sales Tax	60101 78390	
TOTAL PAID	$	43.00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41838

Date: 2/5, 19 92

From: Enriqueta Flores Address: 102 S. 31st St, SD

Forty-Three Dollars ($ 43.-)

In Payment of Pre-Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-8450

BALANCE DUE $37.93

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jwait

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	43	W
Sales Tax	60101 78390		
TOTAL PAID	$	43	W

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41497

Date: 11-12-, 1991

From: ENRIQUETA FLORES Address: 1020 So 31ST SDCA 92113

Forty three AND 00/100 Dollars ($ 43.00)

In Part Payment of PRE-NEED TRUST

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8450

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY 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	43 00
Sales Tax	60101 78300	
TOTAL PAID	$	43 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42268

Date: 5-20, 19 92

From: Enriqueta Flores Address: 1020 S. 31st St. SD 92113

Thirty-Nine 93/100 Dollars ($ 39.93)

In Payment of Pre Need Trust

Lot 3765 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8450

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waite

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	39	93
Sales Tax	60101 78390		
TOTAL PAID	$	39	93

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41712

Date: 1-3-, 1995

From Esiquela Flores Address 1020 31ST ST S.D.CA. 92113

Forty Three and 00/100 Dollars ($ 43.00)

In Part Payment of Pre-need Trust.

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8450

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY 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	43.00
Sales Tax	60101 78390	
TOTAL PAID	$	43.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41374

Date: 10-9, 19 91

From: Enriqueta Ibarra Address: 1031 S 31st St, Apt D113

Forty-three and no/100 Dollars ($ 43.00)

In Payment of Pre Need Rate

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. F-7450

BALANCE DUE $212.93

Pre-Need Lot ☐ At 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 Gwait

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	43 00
Sales Tax	80101 78390	
TOTAL PAID	$	43 00

OFFICIAL RECEIPT

WHITE . . . . . TO CUSTOMER
CANARY . . . . . CEMETERY
PINK . . . . . AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41056

Date: 8/1/, 19 32

From: ENRIQUETA TORRES Address: 4230 31ST ST. SD. CA. 92113

FORTY THREE AND 00/100 Dollars ($ 43.00)

In FULL Payment of PRE-NEED TRUST

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8450

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 Ruth Torres

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	43.00
Sales Tax	60101 78390	
TOTAL PAID	$	43.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40792

Date: 6-5, 19 91

From: Enriqueta Flores Address: 1020 So 21st St Santee, Ca 92071

Forty three dollars 00/100 Dollars ($ 43.00)

In part Payment of Pre-Need Trust

Lot 3765 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-8450

BALANCE DUE 347.93

Pre-Need Lot ☐ At 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 Lora Black

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	43	00
Sales Tax	60101 78390		
TOTAL PAID	$	43	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40967

Date: 7-4-, 19 91

From: Enriqueta H. Flores Address: 1026 30 3151 San Diego

Dollars ($ 43.00)

In part Payment of credit lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8450

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 Rose Flores

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	40.00
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	42.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40686

Date: 5-7, 19 71

From: Eurgusta Flores Address: 102 S. 31st St. 92113

For: Thru 2 [illegible] 70 Dollars ($ 43.00)

In Payment of Pre-Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7450

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. Dirks

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	43 00
Sales Tax	60101 78390	
TOTAL PAID	$	43 00

Dup. Pink Copy

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40142

Date: 1-4 , 19 91

From: Enriqueta Flores Address: 1020 So 31st SD. 92113

Forty-three 00/100 Dollars ($ 43.00)

In ____ Payment of Opening/Closing

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-8450

BALANCE DUE 562.93

Pre-Need Lot ☐ At 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		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	43	00
Sales Tax	60101 78390		
TOTAL PAID	$	43	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8450 Preneed Trust

Enriqueta Floxes
1020 So. 31st St.
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. ▶ $ 43.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ *check (✓) if this is new address*

...ning one coupon with cash remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8450 Preneed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $43.00

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-8450 Preneed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $ 43.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8450 Preneed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $43.00

Amount due if paid more than_____days after due date above. ▶ $_____

$_____

Amount Received $_____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ **check (✓) if this is new address**

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8450 Preneed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $ 43.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8450 Preneed Trust

Enriquetta Flores
1020 So. 31st St.
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. ▶ $43.00

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

DO NOT MAIL ENTIRE BOOK

COUPON 7

ACCOUNT No. E-8450

Preneed Trust

Enriqueta Flores
1020 So. 31st 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. $ 43.00

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-8450

Preneed
Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $43.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8450 Preneed Trust

Enriqueta Flores
1020 So. 31st St.
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 ▶ $ 43.00

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. B-8450

Preneed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $43.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. J-3450 Proceed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $ 43.00

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-9450 Preneed Trust

Enriqueta Flores
1020 So. 31st St.
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 ▶ $43.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8450 Prepaid Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $ 43.00

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. S-8450 Pressed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $43.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-0450

Preseed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $ 43.00

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 this coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6450

Pressed Trust

Enriqueta Flores
1020 So. 31st St.
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. ▶ $43.00

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-7567 Credit Log

Enrique Flores

1020 S. 31st 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. $ 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** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

Enriqueta Flores
1020 So. 31st Street
% Aida Villegas
S. D., Ca. 92113

E 8450

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10	10								

Amount due when paid on, or before, due date above. $ 43.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

Enriqueta Flores
1020 So. 31st Street
X Aida Villegas
S. D., Ca. 92113

E 8450

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		30	10								

Amount due when paid on or before, due date above. ▶ $ 43.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

Enriqueta Flores

I Aida Villegas

1020 So. Mac Street

S.D., Ca. 92113

E-8450

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 ▶ $ 43.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...open with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Trust

Enriqueta Flores
1020 So. 31st Street
% Aida Villegas
S. D., Ca. 92113

E 8450

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
		~~10~~	10								

Amount due if paid on or before ... days after the date above ▶ $ ~~43.00~~ 39.53

Amount due if paid more than ... days after the date above ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

Enriqueta Flores
I Aida Villegas
1020 So. 31st Street
S.D., Ca. 92113

E-8450

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 ▶ $ 43.00

Amount due if paid more than _____ days after due date above.. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

CAESAR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-2-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George B. Mitchell in a T.S. Vault (Vault/Liner) Funeral date, time Thur 1-8 11:00 Church, Chapel, Graveside Chapel & Chapel Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 91 Grave 3 Row ____ Section 2 Division/Block 11

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	12.69
Total Due	712.69
Paid receipt number ____	
Balance due	

1-2-90 3 91

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.

Sylvia Caesar
Signature

HC 5 Detroit PO
Address

San Diego Ca 92114
State Zip Code

264 4183
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 096201

Work Order # E 8451

Acct. # 034869

PY-883 (REV. 6-85)

MT. HOPE CEMETERY W.O. # E-8451

NOTE

$ 712.69 San Diego, California January 2 1990

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of seven hundred twelve 69/100 DOLLARS with interest from 3-8-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME SYLVIA CAESAR SIGNATURE Sylvia Caesar

ADDRESS 441 S. Detroit Pl

CALIFORNIA DRIVER LICENSE NUMBER C0576602 SSN # 435-40-9213

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 39380

Date: 6-20 19 90

From: Sylvia Caesar Address: 441 So. Mutual Place St

Twenty Dollars Dollars ($ 20.00)

In Payment of Lease R. Mutual Space

Lot 91 Grave 3 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-1451

BALANCE DUE $602.69

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	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	JUN 25 1990
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 8022	
Sales Tax	60101 75380	
TOTAL PAID	$	20 00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY

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

CITY AUDITOR

APR 9 1990

No 39078

Date: 4-4 19 90

From: Sylvia Ceasar Address: 441 A Street #4, SD, 92101

Twenty Dollars and No Cents Dollars ($ 20.00)

In Payment of Lot Marker Service

Lot 91 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-1451

BALANCE DUE 642.69

Pre-Need Lot ☐ At 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	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 No 38960

MAR 12 1990

Date: 3-7, 19 90

From: Sylvia Ceasar Address: 441 S. Mt Hope Place

Twenty-five Dollars 00/100 Dollars ($ 25 00)

In Payment of Lease Modified Services

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-7451

BALANCE DUE $662.85

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Ann Wait

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

OFFICIAL RECEIPT

8/6

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 8451 Nº 39508

Date: 7-23, 1990

From: Sylvia Caesar Address: 441 So. Detroit Pl. 219

Dollars ($)

In Payment of Lena B. Mitchell's service

Lot 91 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8457

BALANCE DUE $580.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) #1165 7-22-90

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ann Rouch

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	22 69
Opening/ Closing	100 77181	AUG 09 1990	
Burial Containers	100		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	22	69

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY E845!
264-3151

No 39620

Date: 7-17, 19 90

From: Lydia Casas Address: 411 S Detroit Place LA 9022[illegible]

Twenty Dollars Dollars ($ 20.00)

In Payment of Lot Interment

Lot 11 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-845

BALANCE DUE $560.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 27 1990

ISSUED BY Wit

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 77186	002123
Pre-Need Trust	83053 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	20.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9451

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
LEONORE	ORPHE	MITCHELL	12-14-01	12-30-89	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	Sylvia Caesar - Daughter

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE	
Anderson-Ragsdale Mort.: 2020 Federal Blvd. San Diego, CA	F-1329	441 S. Detroit Pl. San Diego, CA 92114

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	1-3-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	JAN 03 1990	▶ 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 Vital Records: 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, CA	11B. DATE INTERRED: 1-8-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: N/A 91-3-2-11 T.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: 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.

E8451

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

NO 39209

Date: 5-8 19 90

From: Sylvia Casar Address: 441 S. Detroit PC

Twenty dollars + no/100 Dollars ($ 20.00)

In P Payment of Pre need For Sylvia Casar

Division 11
Block

Lot 91 Grave 3 Row — Section 2

Invoice No.

Acct. No.

W.O. E 8451

BALANCE DUE 622.69

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT		
20% Sales Care	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	83033 9022	20 00
Sales Tax	80101 78390	
TOTAL PAID	$	20 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 39620
E845

Date: 6-27, 19 90

From: Lopez Canon Address: 441 S. Market Place, Ste 220
Mount Hope Dollars ($ 2 00)

In _____ Payment of Lot 111

Lot 111 Grave 2 Row _____ Section 2 Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. F-9451

BALANCE DUE PAID

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 27 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	902123
Pre-Need Trust	83033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39380

Date: 6-20 19 90

From: Lopez Canon Address: 441 S. Market Place Ste
Mount Hope Dollars ($ 2 00)

In _____ Payment of Lot 91

Lot 91 Grave 3 Row _____ Section 2 Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. F-

BALANCE DUE PAID

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

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	JUN 25 1990
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	

Name and Address of Court:

MUNICIPAL COURT OF CALIFORNIA
SAN DIEGO JUDICIAL DISTRICT
8950 Clairemont Mesa Blvd.
San Diego, CA 92123-1187

E 8451

Fees Paid $_____

SMALL CLAIMS CASE NO.

— NOTICE TO DEFENDANT —
YOU ARE BEING SUED BY PLAINTIFF

To protect your rights, you must appear in this court on the trial date shown in the table below. You may lose the case if you do not appear. The court may award the plaintiff the amount of the claim and the costs. Your wages, money, and property may be taken without further warning from the court.

— AVISO AL DEMANDADO —
A USTED LO ESTAN DEMANDANDO

Para proteger sus derechos, usted debe presentarse ante esta corte en la fecha del juicio indicada en el cuadro que aparece a continuación. Si no se presenta, puede perder el caso. La corte puede decidir en favor del demandante por la cantidad del reclamo y los costos. A usted le pueden quitar su salario, su dinero, y otras cosas de su propiedad, sin aviso adicional por parte de esta corte.

552225

PLAINTIFF/DEMANDANTE (Name and address of each):

CITY OF SAN DIEGO %CITY TREASURER
525 "B" Street Suite 508
San Diego, CA 92101

DEFENDANT/DEMANDADO (Name and address of each):

SYLVIA CAESAR aka SYLVIA BROWN
441 South Detroit Place
San Diego, Ca 92114

☐ See attached sheet for additional plaintiffs and defendants.

CANCELLED

PLAINTIFF'S CLAIM

1. Defendant owes me the sum of $ 604.08, not including court costs, because *(describe claim and date)*:
   Promissory note signed 01-02-90 for burial expenses, plus interest.
2. I have asked defendant to pay this money, but it has not been paid.
3. This court is the proper court for the trial because [C] *(In the box at the left, insert one of the letters from the list marked "Venue Table" on the back of this sheet. If you select D, E, or F, specify additional facts in this space.)*
4. [XX] I have filed more than 12 claims in this court, including this claim, during the previous 12 calendar months.
5. I understand that
   a. I may talk to an attorney about this claim, but I cannot be represented by an attorney at the trial in the small claims court.
   b. I must appear at the time and place of trial and bring all witnesses, books, receipts, and other papers or things to prove my case.
   c. I have no right of appeal on my claim, but I may appeal a claim filed by the defendant in this case.
   d. If I cannot afford to pay the fees for filing or service by a sheriff, marshal, or constable, I may ask that the fees be waived.
6. I have received and read the information sheet explaining some important rights of plaintiffs in the small claims court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 01-23-91

BONNIE F. EHLI
(TYPE OR PRINT NAME)

Bonnie F. Ehli
(SIGNATURE OF PLAINTIFF)

ORDER TO DEFENDANT

You must appear in this court on the trial date and at the time LAST SHOWN IN THE BOX BELOW if you do not agree with the plaintiff's claim. Bring all witnesses, books, receipts, and other papers or things with you to support your case.

TRIAL DATE / FECHA DEL JUICIO	DATE	TIME	PLACE	COURT USE
	1. MAR 13 1991	9:30 AM	DEPT 1 8950 CLAIREMONT MESA BLVD. SAN DIEGO, CA 92123	
	2.			
	3.			
	4.			

Filed on *(date)*: JAN 31 1991

Clerk, by T. T. WILLIAMS, Deputy

— You have a right to a small claims advisor free of charge. Read the information sheet on the reverse. —

34-904183 - Aguirre

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 39209

Date: 5-8, 19 76

From: Sylvia Cagnac Address: 441 S. Detroit St

Twenty Dollars + 00 Dollars ($ 20.00)

In Payment of Pd Mtce For Sylvia Cagnac

Lot 11 Grave 3 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. F 8451

BALANCE DUE 622.69

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 14 19 76

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Vaults/ Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	20	00
Sales Tax	60101 7838p		
TOTAL PAID	$	20	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

AC-212 (Rev. 10-67)

E8451

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE
LATE NOTICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

SYLVIA CAESAR
441 SO. DETROIT PLACE
SAN DIEGO CA 92114

ACCT NO
034869

TREASURER'S USE ONLY

PAYMENT DATE 3-7-90
BY: (CA) CK IF
PAYMENT REF NO 38960 AMT PAID: $25.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/10/90	02/09/90	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-8451
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 264 3151

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	712.69
PAYMENTS RECEIVED TO DATE	25.00

PAYMENTS RECEIVED TO DATE 25.00-
REMAINING TOTAL DUE ~~687.69~~ 662.79
YOUR PAYMENT ON THIS INVOICE IS OVERDUE.
PLEASE SUBMIT YOUR PAYMENT WITHIN FIVE DAYS.

AC-22 (REV. - 2/82)

RETURN WITH PAYMENT INV NO. 096201

Caesar, Sylvia

(1 (E 8451)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-2-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George B. Mitchell in a I.J. Vault (Vault/Liner) Funeral date, time Thur 1-8 11:00 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 91 Grave 3 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.69
Total Due	712.69
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

Sylvia Caesar
Address 4115 Detroit Pl
City San Diego Ca. 92114 Zip Code
Telephone 264 4183

Work Order # E 8451
PY-583.9 (REV. 8-85)

Invoice # 096201
Acct. # 034869

4/2 69 - 25.00 (see Attached) 687.69 25.00 - 3/1/90 38960 662.69 20.00 4/2/90 39041 642.69 20.00 5/8/90 39209 622.69 20.00 6/20/90 39380 602.69 22.69 7/23/90 39508 580.00 20.00 8/17/90 30 Days Note 39620 560.00 20.00 9/21 540.00 20.00 10/31 520.00 20.00 11/28 500.00 20.00 12/21 480.00 1/29/91 460.00 20.00 2/19 440.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

CITY AUDITOR MAR 12 1990

No 38960
E8451

Date: 3-7, 19 90

From: Sylvia Caesar Address: 441 So. Detroit Place

Twenty-five Dollars ($ 25.00)

In _____ Payment of Lena Mitchell Services

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8451

BALANCE DUE $662.85

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Una Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	W

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 39508

Date: 7-23, 19 90

From: Sylvia Caesar Address: 441 So. Detroit Pl. 219

Dollars ($ _____)

In _____ Payment of Lena B Mitchell's services

Lot 91 Grave 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-8457

BALANCE DUE $550.00

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 _____

CITY AUDITOR
AUG 09 1990

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	22	50
Opening/ Closing	100 77181		
Burial Containers	100 77182	465	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	487	50

E 8451

OFFICIAL RECEIPT

WHITE - CANARY - PINK — TO CUSTOMER, CEMETERY, AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 3078

Date

From

Address

Dollars

In payment of

Lot 11 Grave 3 Row Section 2 Division 7

Invoice No.

Acct. No.

W.O. 2-1051

BALANCE DUE 442.63

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	87007	
30% Sales Comp	74194	
Interest		
Liner		
Opening	00	
Closing	7781	
Setup	00	
Containers	7182	
	001	
Handling Fee	7195	
Recording &	400	
Misc. Fees	27183	
Pre-Need	00000	
Trust	00022	
Sales Tax	88101	
	78390	
TOTAL PAID	$	00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY

AC-212 (Rev. 10-87)

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-3-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roosevelt Jackson in a Bell liner (Vault/Liner) Funeral, date, time Mon 1/8 1:30 Church, Chapel, Graveside Church & Home. Paradise Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 2239 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	575.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee P-5596 Rosa Mae Jackson	384.80
Recording and filing fee	35.00
Sales taxes	7.25
Total Due	1587.05
Paid receipt number 38768	1000.00
Balance due	587.05

Pd 4-10-90 In full

30 days note

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Frank R Jackson
Signature

4412 Z St
Address

San Diego CA 92113
State Zip Code

Telephone 224-3533

Invoice # 096205

Acct. # 034870

Work Order # E 8452

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

W.O. # E-8452

NOTE

$ 1587.05 San Diego, California January 3 1990

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fifteen hundred eighty-seven & 05/100 DOLLARS with interest from 3-12-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME FRANK L. JACKSON SIGNATURE Frank Jackson

ADDRESS 4412 Z St San Diego CA

CALIFORNIA DRIVER LICENSE NUMBER A0034124 SSN #

PY-1012 (11-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8452

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
ROOSEVELT		JACKSON	11-20-1907	1-2-1990	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	Jessie Jackson - Son 1251 S. 47th St. #206 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
		▶ Debbie Williams	1/4/90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 04 1990	▶ Ronald S. 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
	Dept. of Health Services P.O. Box 85222 San Diego, CA92138	

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 1-8-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy LaTeague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2293-10 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 38768

Date: 1-10 1990

From: Frank Polson Address: 4412 Z Street, San Diego

One thousand 00/100 Dollars ($ 1000.00)

In Payment of Roosevelt Jackson's Interment

Lot 4239 Grave Row Section Division Block 15

Invoice No

Acct. No

W.O. E-6452

BALANCE DUE 587.05

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	85	00
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	1000	00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-10- 19 75

CHARGE Roosevelt Jackson 263-2795

ADDRESS 5221 Churchward St., San Diego, Ca-92114

NAME OF DECEASED Rosie Mae Jackson

OWNER above

ADDRESS

MORTUARY Ragsdale

LOT 2240 GR ROW SEC DIV 10	180	00
OPENING TIME 2 Pm DAY THUR. DATE 3-13-75	120	00
~~VAULT~~ BOX Bell SIZE #3	84	80
REMOVAL OR FOUNDATION VET.		
See E-8452 TOTAL	384	80
PAID RECEIPT NUMBER		
BALANCE		

Regulation flush type Marker only

2239 res. To 7-1-75

30 day note

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

~~AUTHORIZED~~ (IN PERSON) PHONE BY R. JACKSON ORDER TAKEN BY

W.O. NO. D 5596 INVOICE NO. 22860

FORM PR-974 REV.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-3-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alberta Weiden (X)

in a [redacted] Vault/Liner Funeral, date, time Monday, 3/19, 10:00 AM

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 ____ .

Lot 87 Grave 1 Row ____ Section 4 Division/~~Block~~ 4

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	[redacted]
Handling Fees	[redacted]
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	[redacted]
Total Due	140.00
Paid receipt number 39011	140.00
Balance due	0

I hereby certify I am the Niece & Pers. Rep. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Bonnie Lee Williams

Address 30-43 - Boy 14

State Lapwai, Co. Zip Code 83543

Telephone

Work Order # E 8453

Invoice # ____

Acct. # ____

PY-583 (REV. 8-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Violet Engel in a Bell Liner (Vault/Liner) Funeral, date, time Mon. 1/9 2pm Church, Chapel, Graveside Graveside Paris-Fredericks Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 4½ Grave A Row ____ Section MAS ~~Division~~/Block J

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	7.25
Total Due	607.25
Paid receipt number	____
Balance due	____

Arlette Owen Bellamy
P.A. Son

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8454

Invoice # 096206

Acct. # 000952

PY-693 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8454

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Viola	Fern	Engel	8-23-18	12-29-89	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	Don Killings-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
Parie-Frederick Mortuary 274 E. 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 ▶ [signature]

8B. DATE SIGNED 1-3-90

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 JAN 3 1990

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rimel, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
3851 Rosecrans Street
San Diego, CA 92110

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [X] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 1-8-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 44½-A-MAS-J NO LINER/ N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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 1-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roberto Ayala,

in a Bell Vault/Liner Funeral, date, time Mon 1/8 10:00

Church, Chapel, Graveside 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 160 Grave 11 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	7.25
Total Due	907.25
Paid receipt number ____	
Balance due ____	

Pd in full 1-22-90

30 days Note

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

A Ayala
Signature

251 So. 36th St
Address

San Diego, CA 92113
State Zip Code

338-2888
Telephone

Work Order # E 8455

Invoice # 096196

Acct. # 034868

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8455

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Roberto	Jose	Ayala	3-12-51	1-01-90	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	Anita Ayala - Wife 251 S. 36th 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/Bonham Brothers 3953 Imperial Ave San Diego, CA.	670

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	1-04-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 04 1990	▶ 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
	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 1-8-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 160-11-1-12 N/A LINER / 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.

MT. HOPE CEMETERY W.O. # E-8455

NOTE

$ 907.25 San Diego, California January 3 19 90

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of nine hundred seven 25/100 DOLLARS with interest from 3/8/90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Anita Ayala SIGNATURE Anita Ayala

ADDRESS 251 So. 36th St San Diego, CA 92113

CALIFORNIA DRIVER LICENSE NUMBER N3845004 SSN # 564-11-6440

PY-1012 (11-89)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/30/90

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
096196	01/10/90	034868	ANITA AYALA					01/22/90	CK	1077	907.25	907.25	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				240.00		
			100	072		77185	000072				145.00		
			100			78390					7.25		
			60101			77184					60.00		
			67007										

E-8455

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ofami Rega Moayeri

in a _____ (Vault/Liner) Funeral, date, time Thurs 1/4 1:00

Church, Chapel, Graveside _____ Featherings Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

✓ Lot 70 Grave _____ Row _____ Section Meadow Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	
Handling Fees Deed of Acres & Copies	
Flower vases - Marker setting fee not embalmed	
Recording and filing fee (DO not Deseribe)	35.00
Sales taxes	
Total Due	385.00
Paid receipt number 38735	385.00
Balance due	0

I hereby certify I am the friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Behrooz Entezari
Signature

16274 B Avenida Venusto
Address

San Diego, CA 92128
State Zip Code

(619) 451-9808
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 8456

Acct. # _____

PY-503 (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 38735

Date: 1-4-1990

From: Mapparbeb agkabranLOO Address: 9041 Jicky St. San Diego Ca 92126

Three hundred eighty-five dollars & 00/100 Dollars ($ 38500)

In full Payment of interment of Harold R. Rougeu

CITY AUDITOR

Lot 70 Grave ~ Row ~ Section Muslim Division ~ Block ~

JAN 08 1990

Invoice No.

Acct. No.

W.O. F-8456

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0734

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sara Black

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	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	$	385	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E 8456

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
HAMI REZA		MOAYERI	July 24,1957	12/30/89	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	Behnan Entezam, cousin 16274 B Avenida Venusto San Diego, CA 92128

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 04 1990	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 1-4-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY No Liner/Grave/Partial Board 20-Muslum 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 1-4-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara Webster

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
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 8457

Invoice # _____

Acct. # _____

PY-603 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Everett Perry in a Dble. Crypt (Vault/Liner) Funeral, date, time Thurs 1/11 11:00 Church, Chapel, Graveside Hope & Glen 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 117 Grave 1 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	320.00
Burial Container	320.00
Handling Fees	320.00
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	23.93
Total Due	1028.93
Paid receipt number ____	____
Balance due	____

Paid 1/17/90

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.

Laura L. Perry
Signature
5424-Lemay Dr.
Address
San Diego Ca. 92114
State Zip Code
263-3055
Telephone

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Work Order # E 8458

Invoice # 096392

Acct. # 034934

PY-593 (REV. 8-88)

MT. HOPE CEMETERY W.O. # E-8458

NOTE

$ 1028.93 San Diego, California January 5 1990

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand twenty-eight 93/100 DOLLARS with interest from 3-10-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME LAURA L. Perry SIGNATURE Laura L. Perry

ADDRESS 5424 Lenox Drive

CALIFORNIA DRIVER LICENSE NUMBER B0132325 SSN # 546-74-3404

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E 84458

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Everett	—	Perry	11-11-1916	01-05-1990	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	Laura Perry: Wife 5424 Lenox 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
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	8B. DATE SIGNED
		[signature]	1/11/90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	JAN 11 1990	[signature] Donald L. Powers, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego	11B. DATE INTERRED 1-11-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT [signature] Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Sealer/Slab Crypt 117-1-1-11	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
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

1/22

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8458

No. 38785

Date: 1-17, 19 90

From: Kara L Perry Address: 5424 Lewis St, SD

Dollars ($ 1026.73)

In Payment of Cemetery Perpetual Interment

Lot 117 Grave 1 Row Section 1 Division Block 11

Invoice No.

Acct. No. 2-8458

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.

CITY AUDITOR

JAN 23 1990

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1026	73

								PAID IN FULL
96392	01/17/90	034934	LAURA L. PERRY		01/17/90	CA 38785	1,028.93	1,028.93
			100 072	77181	000072		320.00	0.00
			100 072	77182	000072		330.00	PAID IN FULL
			100 072	77183	000072		35.00	
			100 072	77185	000072		320.00	
			60101	78390			23.93	

M -8458

WJ7

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 2,816.62

Preneed Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Churchill

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 109 Grave 12 Row _____ Section 1 Division/[redacted] 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 38742	495.00
Balance due	0

Pd in Full 1-5-90

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

Margaret Churchill
Signature
4336 Mississippi #3
Address
San Diego CA 92104
State Zip Code
291-1992
Telephone

Work Order # E 8459

Invoice # _____

Acct. # _____

PY-803 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38742
C 8459

Date: 1-5, 1990

From: Margaret Churchill Address: 4333 Mississippi #3 SD 92104

Four Hundred Ninety Five Dollars ($ 495.00)

In Payment of Planned Lot

Lot 109 Grave 12 Row Section 1 Division II

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.

CITY AUDITOR

JAN 16 1990

ISSUED BY Ann Watts

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	495	00

Renewed Grant

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray Olvera

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 3040 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	PAID IN FULL	
Additional spaces and care fund		
Opening/Closing & Setup	375.00	320.00
Burial Container	250.00	
Handling Fees	185.00	
Flower vases - Marker setting fee		
Recording and filing fee	45.00	
Sales taxes	19.38	
Total Due	874.38	320.00
Paid receipt number		25.00
Balance due		295.00

1-12-00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 8460

Acct. # _____

PY-583 (REV. 9-86)

Pre-need Trust

E-8460

NAME Owens, Ray 3984 Hemlock St., San Diego 92113 ACCT. NO. ~~E-6454~~

ADDRESS 255 S. 38th Street, San Diego, Ca 91113 RELIG 3040 Div 10 LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
12-8	88	Opening/closing Receipt 57077	320.00		25 00	295 00
		Top Seal Vault, Handling Fee, Rec. Fee, Tax.				
						8[illegible].38
11-8-99		R - 51665			438.00	436.38
1-12-00		R - 51873			436.38	0

AIGNER FORM NO. 25-204 Owens, Ray 3040 - 10 PRINTED IN USA

CITY OF SAN DIEGO

Mt. Hope Cemetery

E 8468

Notice of Cancellation and Forfeiture

To Ray Owens

Address 255 S. 35th St. S.D. 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~~ 3040 (TRUST), Grave —, Row —, Section —, ~~Block~~/Division 10 in Mt. Hope Cemetery, entered into on December 8, 1988, by and between Mt. Hope Cemetery and Ray Owens 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

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

B1873

Date: JAN 12 -- 2000

From: RAY F OWENS Address: 3984 HEMLOCK ST SAN DIEGO, CA 92113

FOUR HUNDRED - THIRTY-SIX & 38/100 Dollars ($ 436.38)

In CHECK Payment of CEMETERY PRE-NEED

PAID - IN-FULL

Lot 3040 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. E-8460

W.O. —

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐
#1320

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 12 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Ray Sanchez

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	436	38
Sales Tax	60101 78390		
TOTAL PAID	$	436	38

OFFICIAL RECEIPT

51665

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11-8 19 99

From: Ray T. Owens Address: 3984 Hemlock St. San Diego 92

Four Hundred Thirty Eight Dollars ($ 438.00)

In part Payment of Pre-Need Trust

Lot 3040 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E - 8460

BALANCE DUE 436.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3149

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Stachillis

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	438	00
Sales Tax	60101 78390		
TOTAL PAID	$	438	00

Pat Williams/SD County

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lambert, (Infant)

in a — Vault/Liner — Funeral, date, time Fri 1/12 2:00

Church, Chapel, Graveside Deliver Hale / 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 109 Grave 4 Row ____ Section 100F ~~Division~~ Block 43

Grave space & Care Fund	28
Additional spaces and care fund	
Opening/Closing & Setup	45
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	73
Paid receipt number	
Balance due	[redacted]

PA #1085948

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8461

Invoice # 096390

Acct. # 000952

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E8461

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
STEPHANIE		LAMBERT	12-26-89	12-26-89	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201A 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
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
		▶ Debbie Williams	1-12-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 12 1990	▶ Donald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records: P.O. Box 85222 San Diego, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

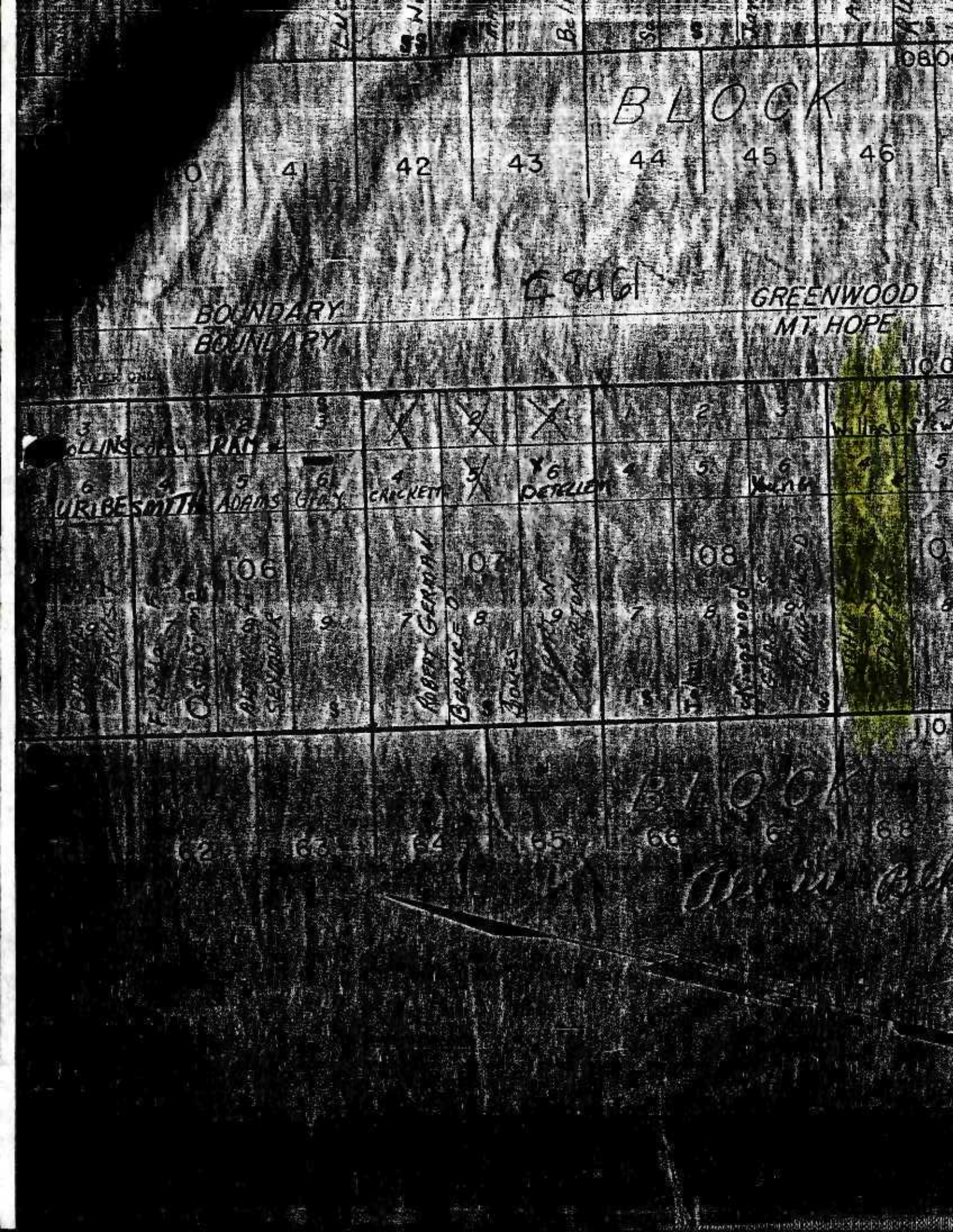
FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY: Mt. Hope Cemetery; San Diego, CA	11B. DATE INTERRED: 1-12-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY: ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 109-4-1007-43: 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.


BLOCK
41
42
43
44
45
46
BOUNDARY
BOUNDARY
GREENWOOD
MT. HOPE
106
107
108
BLOCK
62
63
64
65
66

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-80

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Morson 1/4/80

in a T-S. Vault (Vault/Liner) Funeral, date, time Thurs 1 pm

Church, Chapel, Graveside Graveside ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 59 Grave _____ Row _____ Section MA3 Division/Block P

Funeral Date

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... 250 _____

Burial Container ..... 394 _____

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 8462

Invoice # _____

Acct. # _____

PY-563 (REV. 8-85)

E8462

NAME MORGAN, FRANCES C/O Theda N. Dickison ACCT. NO. E-6394

ADDRESS 8545 Mission Gorge Road, Santee, Ca 92071 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Ja[redacted]5	87	Upgrade to Vault	10 4 50		104 50	00
Oct 28	86	Opening/Closing, Recording Fee, Bell Liner	606 00		606 00	00
			710 50			

AIGNER FORM NO. 25-204 MORGAN, FRANCES 59 - MAS - P PRINTED IN USA

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E8462

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
FRANCES	GAIL	MORGAN	2-18-1903	1-6-1990	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	Pre-need

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	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
		▶ Anna Conrad	1-9-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 09 1990	▶ 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
SAN DIEGO CO. DEPT. OF HEALTH SERVICES 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 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE INTERRED 1-11-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 59-MAS-P 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rose Anne Basta

in a T.S. VAULT (Vault/Liner) Funeral, date, time 1/11/90 Thur. 10:00 AM

Church, Chapel, Graveside Chapel & Grave Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 24 Grave 9 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		320.00
Burial Container	175.00	357.69
Handling Fees	170.00	
Flower vases - Marker setting fee	F.C.	15.96
Recording and filing fee		35.00
Sales taxes		12.69
Total Due		728.65
Paid receipt number 38754		728.65
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 Vivian Beckmann

Address 9044 Amherst St.

San Diego, Ca. 92115

State Zip Code

Telephone 469-4109

Work Order # E 8463

Invoice # ____

Acct. # ____

PY-693 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6463

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	ANNE	BASTA	03-10-1895	01-07-1990	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 BEEKMAN - DAUGHTER 7044 AMHERST STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE	ACKNOWLEDGMENT OF APPLICANT	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	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	▶ Melinda M. Stewart for LCB	1/9/90

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	JAN 10 1990	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	-

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St. 24-9-1-11	11B. DATE INTERRED 1-11-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY T.S. Vault N/A Metal Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
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 38754
E 8463

Date: 1-80, 1990

From: Mrs B.C. Beckmann Address: 7044 Anita St., SD 92115

Seven Hundred Twenty-Eight & 65/100 Dollars ($ 728.65)

In _____ Payment of Rose Care Busta

Lot 24 Grave 9 Row _____ Section 1 Division 11 ~~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)

E 8463 1225

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY J. Anderson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	[redacted]	180.00
Handling Fee	100 77185	180	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	90101 78390	13	05
TOTAL PAID	$	728	65

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christian Carpona

in a _____ Funeral, date, time Wed 1/10 2pm

Church, Chapel, Graveside (Vault/Liner) Graveside ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 3444 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 38755	199.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Carla Stephens
Signature
2560 Pico PLACE
Address
SAN DIEGO CA. 92109
State Zip Code
270-0578 ok
Telephone
423 6432

Work Order # E 8464

Invoice # _____

Acct. # _____

PY-693 (REV. 6-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8464

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Christian	—	Carmona	1-7-90	1-7-90	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	Sandra E. Carmona – Mother 1785 Oro Vista Rd. #186 San Diego, CA 92154

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 1-10-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 JAN 10 1990	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 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
3851 Rosecrans AV. San Diego, CA 92101	—

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 1-10-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3444-1-9 Cloth covered /no liner N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38755

Date: 1-8, 19 90

From: Carla Stephens Address: 2560 Vica Place, N. 92109

One Hundred Thirty-Three Dollars ^{No/100} Dollars ($ 133.00)

In _____ Payment of Christian Carmona

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-24464

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

JAN 16 1990

ISSUED BY J Ann Waite

CREDIT 20% Sales Care	67007 77184	30	00
80% Sales of Lots	100 77184	70	00
Opening/ Closing	100 77161	64	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	199	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Erika C. Fenin

in a Lite Crypt Vault/Liner Funeral, date, time Thurs 1/11 10:00

Church, Chapel, Graveside Witness ; 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 881 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund ..... Paid in Full ..... ____

Additional spaces and care fund ..... 1-5-90 ..... ____

Opening/Closing & Setup ..... 8304. for Perpetual Trust 116.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee ..... Balance of Pierced 724.10

Recording and filing fee ..... DE-8152 ..... 35.10

Sales taxes 23.10

Total Due 724.10

Paid Pierced Ind Ledger card

Paid receipt number ____ ____

Balance due ____

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Michael F. Fenin
Signature

6380 Cnto. Salado
Address

San Diego CA 92111
State Zip Code

(619) 279-5121
Telephone

Work Order # E 8465

Invoice # 096397

Acct. # 034937

PY-693 (REV. 8-86)

MT. HOPE CEMETERY

W.O. # E-8465

NOTE

$ 724.10 San Diego, California 1-8 1990

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Twenty four and 10/100 DOLLARS ($724.10) with interest from March 11, 1990 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME MICHAEL F. FINN SIGNATURE Michael F. Finn

ADDRESS 6380 Camanito Salado San Diego Ca 92111

CALIFORNIA DRIVER LICENSE NUMBER 454685 SSN # 106-18-3551

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8465

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ERIKA	C.	FINN	01-26-1922	01-8-90	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	Michael F. Finn - Husband 6380 Caminito Salado San Diego, CA 92111

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	1-10-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 11 1990	Donald L. Ramos, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92138-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 1-11-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY DBL CRYPT N/A Particle Board	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
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.

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/05/90

DATE: 03/05/90
TIME: 204648
PAGE: 11

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
096397	01/17/90	034937	ERIKA FINN					02/05/90	CK	1006	724.10	724.10	0.00
E-8465			100	072		77181	000072				16.00		PAID IN FULL
			100	072		77182	000072				330.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				320.00		
			60101			78390					23.10		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 724.10

WP7

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-9-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Lopez in a Ash Vault (Vault/Liner) Funeral, date, time Thurs 1/11, 2pm 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 29 Grave 5 Row ____ Section 3 Division [redacted] 12

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	105.00
Burial Container	40.[redacted]
Handling Fees	60.00
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	2.90
Total Due	242.90
Paid receipt number 38766	242.90
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 Hortensia E Lopez

Address 2441 Ridgeview DR

State Vista Zip Code 92083

Telephone 724-5428

Work Order # E 8466

Invoice # ____

Acct. # ____

PY-883 (REV. 8-85)

E8466

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROY	--	LOPEZ	10-20-1926	1-9-1990	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	Leo Lopez [brother] 2441 Ridgeview Drive San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
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	1/10/90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	JAN 10 1990	▶ 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—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 1-11-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 29-5-3-12 Greenwood Crematory I-805 & Imperial Ave., San Diego, CA	12B. DATE CREMATED JAN 10 1990	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ adolfo Ruiz
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38766

Date: 1-9, 1990

From: Celia Lopez Address: 2441 Kidgemuir Dr., St., 92105

Two Hundred Forty-two and Dollars ~~0/100~~ Dollars ($ 242.00)

In Payment of Ray Lopez

Lot 29 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-9466

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

JAN 16 1990

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	50101 78390	2	00
TOTAL PAID	$	242	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-9-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisco Gelin

in a ——— Vault/Liner Funeral, date, time Mon 1/22 A4

Church, Chapel, Graveside Selvin Only Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ——— .

Lot 301 Grave ——— Row ——— Section 4 Division ~~Block~~ 8

Grave space & Care Fund	———
Additional spaces and care fund	———
Opening/Closing & Setup	105.00
Burial Container	———
Handling Fees	———
Flower vases - Marker setting fee	———
Recording and filing fee	35.00
Sales taxes	———
Total Due	140.00
Paid receipt number 38789	140.00
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 8467

Acct. # _____

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E8467

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCINE	ELIZABETH	GELIN	AUG 9, 1915	JAN 9, 1990	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 @ MERKLEY-MITCHELL MORTUARY 3085 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
MERKLEY-MITCHELL MORTUARY, 3085 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
			JAN 11, 1990

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 11 1990	▶ Donald E. Romer, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. BOX 85222, SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 1-22-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Traeger	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 201-4-8 GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE, SAN DIEGO, CA No Ash Vault	12B. DATE CREMATED JAN 12 1990	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. 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

No 38789
E8467

Date: 1-19 , 19 90

From: Meeks - Mitchell Address: 3655 Fifth Ave, SD

One Hundred Forty 00/100 Dollars ($ 140.00)

In Payment of Perpetual Care Interment

Lot 201 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-8467

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9173

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wood

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	140	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Desentelment Date 1-9-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leila M. Thompson

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 5 Grave 17 Row 16 Section MAS ~~Division~~/Block U

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 ~~Desentelment~~	700.00
Sales taxes	
Total Due	700.00
Paid receipt number	
Balance due	

Pauline from Greenwood bring body bag.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8468 ✓

Invoice # _____

Acct. # _____

PY-693 (REV. 8-86)

A-5063
#3 Box (1952)
Pacific Beach Mort.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-10-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Allen Howden

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 1/16 1:00

Church, Chapel, Graveside Church & Glove 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 502 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.69
Total Due	1407.69
Paid receipt number	
Balance due	

not paid as of 7/21/98 per Gladstan

ask Gladstan @ 744 3171

Acct. 105517 $1,818.55

30 day note

I hereby certify I am the sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

FULL per Crawford mm.

PAID 4-16-96

Signature Glenna Chapman

Address 8746 Alabama St #30

City San Diego Ca. Zip Code 92104

Telephone 291-7931

Work Order # E 8469

Invoice # 096394

Acct. # 034936

PY-593 (REV. 8-86)

4-96 not paid per Greg 7/21 not paid

MT. HOPE CEMETERY

W.O. # E-8469

NOTE

$ 1407.69 San Diego, California 1-10 19 9

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand four Hundred Seven 69/100 DOLLARS with interest from 3-16-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Glenora Chapman SIGNATURE Glenora Chapman

ADDRESS 3746 Alabama #-301 - San Diego, Ca. 92104

CALIFORNIA DRIVER LICENSE NUMBER N7470015 SSN # 557-25-1798

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
MAR 27 1990

NO 39021
E8469

Date: 3-20, 1990

From: Teresa Chapman Address: 3746 Alabama St, SD 92104

Four Hundred Eighty Dollars and No/100 Dollars ($ 480.00)

In Payment of Adult Double Services

Lot 5102 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-8469

BALANCE DUE $927.69

Pre-Need Lot ☐ At 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. Wallace

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		
Sales Tax	60101 78390		
TOTAL PAID	$	480	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8469

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
ALLEE		HOWDEN	6-7-34	1-9-90	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	Onetia Jones - Mother 5160 Newcastle Pl. 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 Mort.: 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Wallace	1-12-90

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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	JAN 12 1990 ▶	Donald L. Rowe, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
Vital Records: P.O. Box 85222 San Diego, CA	

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 1-16-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5102-10 T.S. Vault Metal N/A Mort-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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-10-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank Howard Wilson

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 1/12 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 WW II. Military Burial Requested Flat

✓ Lot 95 Grave 5 Row _____ Section 1 Division ~~Block~~ B

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	7.25
Total Due	907.25
Paid receipt number	
Balance due	

Pd in full 1-17-90

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.

Signature Dimonique G. Wilson

Address 10767 Jamacha Blvd Sp270

City Spring Valley State 92078 Zip Code

Telephone 466-8061

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8470

Invoice # 096393

Acct. # 034935

PY-583 (REV. 8-86)

E8470

MT. HOPE CEMETERY W.O. # E-8470

NOTE

$ 907.25 San Diego, California 1-10 19 90

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Seven dollars and 25/100 DOLLARS with interest from 3-19-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME JIMMIE G.E. WILSON SIGNATURE Jimmie G. E. Wilson

ADDRESS 10767 SAMACHA BL. SP270 SPRING VALLEY CA 92078

CALIFORNIA DRIVER LICENSE NUMBER B0492805 SSN # 561-34-1748

PY-1012 (11-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8476

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
FRANK	HOWARD	WILSON	9-7-1919	1-10-1990	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	Jimmie G.E. Wilson - Wife 10767 Jamacha Blvd./Sp. 270 Spring Valley, CA 92078

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	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
		[signature]	1-10-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 11 1990	▶ Donald L. Pamer, 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 1-12-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 95-4-1-12 LINER N/A vault 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 AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

MAY 29 1990

No 39255
E8470

Date: 5-24, 19 90

From: Frank G. E. Wilson Address: 1616 Sylvia Ave, Spc 340 Lem

One Hundred Thirty-five Dollars ($ 135.00)

In Payment of Marker for Frank H Wilson - Vet Rose

Lot 95 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7445

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L Dick

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	53033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135 00

096393 01/17/90 034935	JIMMIE G. E. WILSON				01/23/90 CK	001135732	907.25	907.25	0.00
	100	072	77181	000072			320.00		PAID IN FULL
	100	072	77182	000072			100.00		
	100	072	77183	000072			35.00		
	100	072	77184	000072			240.00		
	100	072	77185	000072			145.00		
	60101		78390				7.25		
	67007		77184				60.00		

E8470

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1955 D.I.P. Date 1-11-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES M. Gayton

in a Liner Vault/Liner Funeral, date, time Tues 1-16-90 11am

Church, Chapel, Graveside ~~Delmar Pines~~ Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 213 Grave 1 Row ____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..preneed A.8451	
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	7.25
Total Due	607.25
Paid receipt number 38774	607.25
Balance due	-0-

PAID
JAN 11 1990
MT. HOPE CEMETERY

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.

Jennie Lee Gayton
Signature

1550 S. Highland Ave. Apt. E
Address

Fullerton, CA. 92632
State Zip Code

714/773-1860
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 8471

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

№ 38774

Date: 1-11- , 19 90

From: Lee Gayton Address: 1550 S. Highland Apt E, Fullerton CA 92632

Six hundred seven dollars and 25/100 Dollars ($ 607.25)

In Full Payment of interment fees for James M. Gayton

Lot 213 Grave 1 Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E8477

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0834

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	25
TOTAL PAID	$	607	25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8471

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	M.	Gayton	02-08-1892	01-10-1990	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	Jeanie L. Gayton: Daughter 1550 S. Highland Ave., #E Fullerton, CA 92632

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-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 ▶ [signature]

8B. DATE SIGNED 1-12-90

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
4.00	JAN 12 1990	▶ 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—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92138-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 1-16-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 213-1-14-T Liner/Metal-non sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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 1-11-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (X) Dorothy Lockhart D 1/7

in a — Vault/Liner Funeral, date, time ~~Fri 1/12~~ Wed.

Church, Chapel, Graveside Glenview Cedar 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 47 Grave 3 Row Northside Section 2 Division/Block 11

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 R 38836	355.00
Balance due	-0-

30 Days

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

Frederick D. Lockhart
Signature
2054 MADRONE AVE
Address
CALIF 92114
State Zip Code
619-264-9051
Telephone

Invoice # 096877

Work Order # E 8472

Acct. # 035196

PY-503 (REV. 8-86)

E8472

MT. HOPE CEMETERY W.O. # E-8472

NOTE

$ 355.00 San Diego, California 1-11 19 90

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of three hundred fifty-five 00/100 DOLLARS with interest from 3/12/90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME FREDERICK D. LOCKHART SIGNATURE Frederick D. Lockhart

ADDRESS 7054 MADRONE AVE SAN DIEGO CA 92114

CALIFORNIA DRIVER LICENSE NUMBER R0853431 SSN # 420-20-7885

PY-1012 (11-88)

E8472

5317	02/09/90	355.00	INVS
02/09/90	5317 2	355.00-	CH
02/09/90	5317 2	.00	BA

OFFICIAL RECEIPT

2/12

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38836
E-8472

Date: 2-5, 1990

From: Frederick Lockhart Address: 7054 Madrone Ave, S.D. 92114

One Hundred Forty-Five Dollars — 1/2c Dollars ($ 345.00)

In Payment of Dorothy Lockhart Interment

Lot 47 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-8472

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	43	W
20% Sales Care	77184		
80% Sales of Lots	100 77184	172	W
Opening/ Closing	100 77181	85	W
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	3.50	W
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	345	W

CITY AUDITOR
FEB 12 1990

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jolyn L. Roberts,

in a T/S Vault (Vault/Liner) Funeral date, time Fri 1/19 2:00

Church, Chapel, Graveside Chapel & Glen Lopdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2062 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	125.00
Recording and filing fee	
Sales taxes	
Total Due	125.00
Paid receipt number 38790	125.00
Balance due	-0-

Pre-Need Direct E-8473

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.

David Tuck
Signature of recorded holder of deed

David Tuck
Signature
4916 Federal
Address
S. D. C 92102
State Zip Code
262-9707
Telephone

Work Order # E 8473

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E9473

NAME Tucker, David Jr. ACCT. NO. E-7651

ADDRESS C/O Anderson-Ragsdale 5050 Federal Blvd. San Diego Ca 92102 LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]	88	Opening/Closing, Top Seal Vault, Recording Fee	711 37		711 37	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 8473

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	LINGHAM	ROBERTS	9-19-18	1-13-90	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	Caroline Roberts - Wife 804 Elizabeth 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.: 8060 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
		▶ Debbie Wallen	1-19-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 18 1990	▶ 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
	VitalRecords: P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
INTERMENT	Mt. Hope Cemetery: San Diego, CA	1-19-90	▶ Wendy Jo Teague

	12A. NAME AND ADDRESS OF CREMATORY 2062-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
CREMATION	N/A metal sealer		▶

	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.

8473

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Just

Date 9-26-82

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel Sinclair Jr

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 2062 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1306.37
Paid receipt number 30-729	130.37
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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7651

Acct. # _____

PY-583 (REV. 8-68)

E8473

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO. 38790

Date: 1-19, 19 90

From: Anderson-Ragsdale Address: 5050 Federal Blvd., San Diego, CA 92102

One Thousand Thirty-Two Dollars ($ 1032.22)

In Full Payment of Interment of Ernest Webb and other [illegible] installation for John L. Roberts

Lot 169 Grave 4 Row Section 1 Division Block LL

Invoice No.

Acct. No.

W.O. E8480 + E8473

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5026

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	60	—
80% Sales of Lots	100 77184	240	—
Opening/ Closing	100 77181	100	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	14	—
Recording & Misc. Fees	100 77183	11	
Pre-Need Trust	53033 9022		
Sales Tax	60101 78390	7	22
TOTAL PAID	$	1032	22

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

8473
№ 11553

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO David Tucker Jr. for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2062, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7651

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:

Preneed Trust on File Regulation Marker Size 12" x 24" x 3"

Cemetery Manager

Property Director

PY-884

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vernon F Marianne Eckert

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4&5 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup Grandpa Frank ..... _____

Burial Container ..... _____

Handling Fees Alexander Eckert ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee 35.00

Sales taxes ..... _____

Total Due 35.00

Paid receipt number 38776 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

Herman Eckert
Signature
4606 Pendleton St.
Address
SAN-DIEGO 92109
State Zip Code
273-~~4422~~ 7040
Telephone

Work Order # E 8474

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E8474

To be used by Herman — and Martha Sis Chittden 11/13/1978

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

George W Stalter 8/29/88
Cem. Mgr.

DEED

No. 9687

OWNERSHIP AND INTERMENT PRIVILEGES

TO Alexander Eckert for the sum of $ 460.00 (DOLLARS)

LEGAL DESCRIPTION Lots 4 & 5 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-9782

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only Allowed

R W Wallace
Cemetery Manager

E Monty Morris
Property Director

PY-004

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

Used Lot 35
9/2/88

2/4/1968

DEED

3502

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

JAN 22 1990

No 38776
E8474

Date: 1-16, 1990

From: Herman Eckert Address: 4686 Pentuckett Ave 92107

Dollars ($ 25.00)

In Payment of Perpetual Care Fund

Lot 485 Grave Row Section Division Block 10

CITY AUBITOR

Invoice No.

Acct. No.

W.O. 2-9770

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

007445

JAN 22 1990

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	25 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Matthew John Haynes

in a _____ (Vault/Liner) Funeral, date, time Thurs 1/18 10:00

Church, Chapel, Graveside _____; El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____. 34

Lot 109 Grave 6 Row _____ Section IOOF ~~Division~~/Block 43

Grave space & Care Fund	38.50
Additional spaces and care fund	
Opening/Closing & Setup	67.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	105.00
Paid receipt number	
Balance due	

P.A. Wayback 108588

270.00
165.00
+ 80.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 096878

Work Order # E 8475

Acct. # 000952

PY-583 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Matthew John Haynes

in a ——— (Vault/Liner) Funeral, date, time Thurs 1/18 10:00

Church, Chapel, Graveside ———; El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ——— . 3-44

Lot 109 Grave 6 Row ——— Section Tobe Division/Block 43

Grave space & Care Fund	38.50
Additional spaces and care fund	———
Opening/Closing & Setup	67.00
Burial Container	———
Handling Fees	———
Flower vases - Marker setting fee	———
Recording and filing fee	———
Sales taxes	———
Total Due	105.00
Paid receipt number ———	———
Balance due	———

P.A. Wayne 10865-88

270.00
165.60
+ 80.00

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 8475

Invoice # 096878

Acct. # 000952

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8475

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MATTHEW	JOE	HAYNES	5/31/1988	1/16/1990	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	KATHERN HAYNES - MOTHER 372 EMERALD AVE APT#2 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
EL CAJON MORTUARY 834 SO MOLLISON AVE. - EL CAJON, CA 92020	F-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such*	8B. DATE SIGNED
			1/16/90

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	JAN 17 1990	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92138-5222	- - - -

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 1-18-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 109-6-19DF-43 Cloth Covered-170 liner N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
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.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8475

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MATTHEW	JON	HAYNES	5/31/1988	1/6/1990	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	KATHERN HAYNES - MOTHER 372 EMERALD AVE APT#2 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
EL CAJON MORTUARY 684 SO MOLLISON AVE. - EL CAJON, CA 92020	F-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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
		Sandra Degier	1/7/90

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	JAN 17 1990	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92138-5222	- - - -

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 1-18-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 109-6-100F-43 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
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 1-16-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lottie L. Creighton

in a Cast Vault Vault/Liner funeral, date, time Wed 11/17 AM

Church, Chapel, Graveside In Office ; In Office Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 65 Grave 6 Row ____ Section 17 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	2.90
Total Due	242.90
Paid receipt number 38777	242.90
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 Lee Woodard

Address

State Zip Code

Telephone

Work Order # E 8476

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

INTERMENT ORDER

E8476 No.

To Mount Hope Cemetery, San Diego, CA

Dated January 5, 1990

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of

LOTTIE LIZETTA CREIGHTON

in Grave 5 & 6 Lot 62 Plot Section 17, Division 7

Niche

Crypt

Relation to Owner Notation

I/we hereby certify that I am/we are the Niece of the above-named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I/we hereby certify and represent that I/we have the right to make this authorization, and I/we agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization and interment.

I/we hereby certify that I am/we are the owner of the said grave, and hereby authorize the above interment.

(Property Owner must sign here if not a relative)

Relative's Name Joann N. Rose

Address 14881 Alder Lane

Tustin, CA 92680

Zip Code

Witness:

#024398

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E84760

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lettie	Luzetta	Creighton	Sept. 9, 1910	Jan. 3, 1990	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hemet	Riverside	Joann Ross – Niece 14881 Alder Lane Tustin, CA 92680

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Milne Family Funeral Home, 2430 San Jacinto, Hemet, CA	998

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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]	Jan. 5, 1990

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	1-8-90	▶Richard J. Gallagher, M.D. By: [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Riverside Health Dept. PO BOX 7600, Riverside, CA 92513	San Diego Health Dept., 1700 Pacific Hwy, San Diego, CA 92101

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ■ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE INTERRED 1-17-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶Wendy Jo Jacque
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 65-6-17-7 Woerner Mortuary Inc., Crematory Ash Vault/ 690 Euclid, Beaumont, CA 92223 Cardboard box	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
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 DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

CITY AUDITOR

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 38777
E8476

Date: 1-16, 19 90

From: Mt. Hope Cemetery Address: [illegible]

Two hundred forty-two 00/100 Dollars ($ 242.00)

In Payment of Interment

Lot 65 Grave 6 Row Section 17 Division Block 7

CITY AUDITOR
JAN 22 1990

Invoice No.

Acct. No.

W.O. 2-2077c

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	150 00
Burial Containers	100 77182	40 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	2 00
TOTAL PAID	$	242 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY [signature]

AC-212 (Rev. 10-87) 9143

PRENEED
TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KATIE MAE HOLLINS

in a T.S Vault (Vault/Liner) Funeral, date, time Friday, 2/2/90 2:10 PM

Church, Chapel, Graveside Church + Graveside ; Kapdale Mortuary.

All Funeral cars must arrive 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 19 Row 39 Section 5 Division/~~Block~~ 7

Grave space & Care Fund ... preneed D.I.P. B2614 ____

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 12.69

Total Due 712.69

Paid receipt number 38779 200.00

1/25 38807 - 50.00

Balance due 512.69

I hereby certify I am the Son 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 dead

Charles Morris
Signature
7106 Peter Pan Ave.
Address
S.D. Ca 92114
State Zip Code
2623314
Telephone

Work Order # E 8477

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8477

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
KATIE	MAE	HOLLINS	4-12-10	1-25-90	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	Richmond Pendleton - Son 2275 Harrison Avenue 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.: 5050 Fed. Bl.; San Diego, CA	1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Anderson	1-27-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	JAN 29 1990	▶ 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	

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 2-2-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal, Non-Aeler N/A 19-39-5-7 Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38807

Date: 1-29, 1990

From: Charles Morris Address: 7106 Potter San Avenue

Five Hundred Twelve Dollars & 69/100 Dollars ($ 512.69)

In Payment of Katie Mae Hellum's Interment

Lot Grave 19 Row 39 Section 5 Division Block 7

Invoice No.

Acct. No.

W.O. E-24474

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 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	[illegible]	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	512	69
Sales Tax	60101 78390		
TOTAL PAID	$	512	69

CITY AUDITOR

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. 38779

Date: 1-16, 1990

From: KATIE MAE HOLLINS Address: 2275 Hilltop, D113

Two Hundred Dollars No Dollars ($ 200.00)

In Payment of Pre-Need Trust

Lot Grave 19 Row 39 Section 5 Division 7

Invoice No.

Acct. No.

W.O. E-7477

BALANCE DUE $52.69

Pre-Need Lot ☐ At 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	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	200	00
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-17-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lulu Handley

in a Liner (Vault/Liner) Funeral, date, time Thu 1/19 2:00pm

Church, Chapel, Graveside Chapel + Graveside, El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 848 Grave ____ Row ____ Section ____ Division [redacted] 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 38792	35.00
Balance due	0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

William O. Handley
Signature

1045 S. Lemon ave
Address

El Cajon Ca 92020
State Zip Code

444-6986
Telephone

Work Order # E 8478

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8478

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LULA	FAY	HANDLEY	2/2/1897	1/16/1990	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	WILLIAM HANDLEY - SON 1045 S LEMON AVE EL CAJON CA 92020

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
EL CAJON MORTUARY - 684 SO MOLLISON AVE. EL CAJON, CA 92020	F-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such* ▶	8B. DATE SIGNED
			1-19-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 19 1990	▶ 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—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92138-5222	- - - -

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 1-19-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 848-10 LINER/METAL SEALER N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
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 38792

Date: 1-22, 1990

From: Wm. O. Handley Address: 1045 S. Lemon El Cajon 92020

Thirty-Five Dollars 7HND Dollars ($ 35.00)

In Payment of Services for Berta Handley

Lot 747 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-1476

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 5648

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Glen 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

MT. HOPE CEMETERY

INTERMENT-ORDER

City of San Diego

Date 1-17-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James G. Pollock

in a Double Crypt Vault/Urn Funeral, date, time 1/19 Fri 1:00 pm

Church, Chapel, Graveside Chapel Only Erickson-Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____. Arrives at approx. 2:15pm

✓Lot 679 Grave _____ Row _____ Section 1 Division/[redacted] 8

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	23.93
Total Due	1028.93
Paid receipt number 38782	1028.93
Balance due	-0-

I hereby certify I am the brother-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.

Samuel W Palmer
Signature
987 So Johnson
Address
El Cajon 92020
State Zip Code
588-4271
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 8479

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8479

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	Guy	Pollock	May 11, 1909	Jan 16, 1990	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Mary Pollock (wife) 6325 Primrose Dr. La Mesa, CA 92042

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 B Lemmon	Jan. 18, 1990

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 4.00	JAN 18 1990	▶ 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 1-19-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 679-1-8 Clatsop Crematorium / OBL CRYPT	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

CITY AUDITOR JAN 22 1990

No 38786

Date: 1-17, 1990

From: Mary Pollock Address: 6325 Primrose Dr., SD 92041

One Hundred Twenty-Eight + Dollars 93/100 Dollars ($ 1028.93)

In Payment of Use Crypt

Lot 678 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-8479

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1100

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	23	93
TOTAL PAID	$	1028	93

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-17-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest Webb

in a Liner (Vault/Liner) Funeral, date, time Friday 1/19, 11:00am

Church, Chapel, Graveside Chapel + Graveside Lagodelo Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

169

Lot [redacted] Grave 4 Row ____ Section 1 Division/[redacted] 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	7.25
Total Due	907.25
Paid receipt number 38790	907.25
Balance due	-0-

Paid 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 8480

Invoice # ____

Acct. # ____

PY-693 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E8480

1A. NAME OF 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	—	WEBB	8-4-19	1-12-90	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	Lovenia Anderson - Sister 2865 Boston Avenue 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-Reginia Mort.; 3050 Fed. 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
		▶ Debbie Williams	1-18-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	JAN 18 1990	▶ 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	

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 1-19-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Lacayo
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 169-4-1-12 N/A LINER /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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38790

Date: 1-19, 19 90

From: Anderson-Ragsdale Address: 5050 Federal Blvd. San Diego, CA 92102

One thousand thirty-two Dollars ($ 1032.22)

In Full Payment of Interment of Ernest Webb and setting fee for marker installation for John L. Roberts

Lot 169 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E8480 + E8473

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5026

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	60	—
80% Sales of Lots	100 77184	240	—
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	160	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	22
TOTAL PAID	$	1032	22

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Del. Only

Date 1-17-80

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Alexander

in a _____ Vault/Urn Funeral, date, time Fri 1/25, 1:00pm

Church, Chapel, Graveside Delivery Only ; 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 _____. coulet 18½"x10½"x7"

Lot 3146 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 # 38798	100.00
Balance due	99.00

30 days

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Deanna Davis
Address 9570 Church St. #17
City Lemon Grove Ca. 92045
Telephone 697-3839

Work Order # E 8481

Invoice # 097074
Acct. # 035281

PY-593 (REV. 8-85)

MT. HOPE CEMETERY W.O. # 2-8481

NOTE

$ 199.00 San Diego, California 19

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One hundred ninety-nine DOLLARS with interest from 3-29-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Jeannie Davis SIGNATURE Jeannie Davis

ADDRESS 7570 Church St. #17, Lemon Grove, Ca. 92045

CALIFORNIA DRIVER LICENSE NUMBER N3712370 SSN # 560-76-0596

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38798

Date: JAN. 23, 1990

From: JEANNIE DAVIS Address: 7570 CHURCH ST #17 LEMON GROVE 92045

ONE HUNDRED AND NO/CENTS Dollars ($ 100.00)

In PART Payment of INTERMENT FEES FOR RAYMOND HENDRICKS

Lot 3146 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E8481

BALANCE DUE $99.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karl L. Kidwell

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 78380		
TOTAL PAID	$	100	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8481

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	-	ALEXANDER	10-26-1989	10-26-1989	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	Jeannie Davis - Grandmother 7570 Church Street/Apt. #17 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	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
		[signature]	1-8-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 19 1990	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—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 1-26-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3146-10 N/A White Cloth Casket NO URNER	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
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 1-18-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald L. Olson (X)

in a Ash Vault Vault/Liner Funeral, date, time 1/26, Friday AM

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 _____ . Delivery Only

Lot 9 Grave _____ Row _____ Section LOOF ~~Division~~/Block 34

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	2.90
Total Due	242.90
Paid receipt number _____	
Balance due	

Susan Gridley 694-3500 Creditor's claims Probate Estate

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8482

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8482

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GERALD	LEROY	OLSON	10-21-1908	01-16-1990	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 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. Kerns	1-19-90

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	JAN 19 1990	Donald L. Rowe, M.D. hm

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 1-26-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda, Inc. 14065 Olde Hwy. 80 El Cajon, CA	12B. DATE CREMATED 1/19/90	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8482 No 40486

Date: 3-29, 19 91

From: County of San Diego Address: 221-A Lafayette St 92103

Two Hundred Sixty One Dollars ($ 261.08)

In Payment of Burial Vault Service

Lot 9 Grave Row Section 10E Division Block 35

Invoice No.

Acct. No.

W.O. E-1482

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	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161	105	00
Burial Containers	100 77162	45	00
Handling Fee	100 77165	60	00
Recording & Misc. Fees	100 77183	53	18
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	2	90
TOTAL PAID	$	261	08

Cl# 3835 #10867822 PROB "A" SG

ATTORNEY OR CREDITOR WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	FOR COURT USE ONLY
San Diego County Public Administrator's Office Susan Gidley 5201-A Ruffin Road San Diego, Calif. 92123 ATTORNEY FOR (Name):	E8482
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF (NAME): Gerald Leroy Olson 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: $ 242.90 + interest
2. Claimant *(name)*:
   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. [x] other *(specify)*: City of San Diego/Mt. Hope Cemetery
3. Address of claimant *(specify)*: 3751 Market Street
   San Diego, Calif. 92102

PUBLIC ADMINISTRATOR
RECEIVED
MAY 22 1990
SAN DIEGO COUNTY

4. Claimant is [x] the creditor [ ] a person acting on behalf of creditor *(state reason)*:
5. [x] 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 [x] 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:

JoAnn Waits, Adminstrative Aide .....
(TYPE OR PRINT NAME AND TITLE)

▶ [signature]
(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)

5-22-90

* See instructions before completing. Use Creditor's Claim form No. DE-170 for estates filed before July 1, 1988.

ESTATE OF (NAME): Gerald Leroy Olson DECEDENT	CASE NUMBER: E-8482

FACTS SUPPORTING THE CREDITOR'S CLAIM

☐ **See attachment** *(If space is insufficient)*

Date of Item	Item and Supporting Facts	Amount Claimed
1-26-90	Gerald Leroy Olson interment	
	Opening/closing	$105.00
	Ash Vault	40.00
	Handling Fee	60.00
	Recording Fee	35.00
	Tax on Vault	2.90
	TOTAL	$ 242.90

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)*:

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: Susan Gidley
      (2) Address on envelope: 5201-A Ruffin Road, San Diego, Calif. 92123
      (3) Date of mailing: 5-21-90
      (4) Place of mailing *(city and state)*: San Diego, Calif.
   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: 5-18-90

JoAnn Waits, Administrative Aide
(TYPE OR PRINT NAME OF CLAIMANT)

(SIGNATURE OF CLAIMANT)

E8482

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): | TELEPHONE NO.: | FOR COURT USE ONLY

Personal representative's allowance or rejection filed:
(date) (Deputy)

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS: 1501-55 SIXTH AVE.
MAILING ADDRESS: P.O. BOX 128
CITY AND ZIP CODE: SAN DIEGO CA 92112-4104
BRANCH NAME: FAMILY COURT BUILDING

☐ No court approval required.

Presented to court for approval or rejection:
(date) (Deputy)

ESTATE OF (NAME):
Gerald OLSON
DECEDENT

ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM
(for estate administration proceedings filed after June 30, 1988)

CASE NUMBER: 151738

NOTE: Attach a copy of the creditor's claim.

PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

1. Name of creditor *(specify)*: MT HOPE CEMETERY
2. The claim was filed on *(date)*: 05 22 90
3. Date of first issuance of letters: 05 29 90
4. Date of Notice of Administration:
5. Date of decedent's death: 01 16 90
6. Estimated value of estate: 80,000.00
7. Total amount of the claim: $ 242.90 + interest
8. [X] Claim is allowed for: $ 242.90 + int. *(The court must approve certain claims before they are paid.)*
9. [ ] Claim is rejected for: $ *(A creditor has three months to act on a rejected claim. See box below.)*
10. Notice of allowance or rejection given on *(date)*: JAN 30 1991
11. [XX] The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.

Date: JAN 30 1991

Public Administrator, San Diego County ▶ Barbara A. Bakers
(TYPE OR PRINT NAME) (SIGNATURE OF PERSONAL REPRESENTATIVE)

REJECTED CLAIMS: From the date notice of rejection is given, the creditor must act on the rejected claim (e.g., file a lawsuit) as follows:
a. **Claim due:** within three months after the notice of rejection.
b. **Claim not due:** within three months after the claim becomes due.

COURT'S APPROVAL OR REJECTION

12. [ ] Approved for: $
13. [ ] Rejected for: $

Date: ▶
SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

14. [ ] Number of pages attached: [ ] Signature follows last attachment.

(Proof of Service on reverse)

ESTATE OF (NAME):	CASE NUMBER:
Gerald Leroy Olson DECEDENT	E-8482

FACTS SUPPORTING THE CREDITOR'S CLAIM

☐ **See attachment** ***(if space is insufficient)***

Date of Item	Item and Supporting Facts	Amount Claimed
1-26-90	Gerald Leroy Olson interment	
	Opening/closing	$105.00
	Ash Vault	40.00
	Handling Fee	60.00
	Recording Fee	35.00
	Tax on Vault	2.90
	TOTAL	$ 242.90

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)*:

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: Susan Gidley
      (2) Address on envelope: 5201-A Ruffin Road
      San Diego, Calif. 92123
      (3) Date of mailing: 5-21-90
      (4) Place of mailing *(city and state)*: San Diego, Calif.
   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: 5-18-90

JoAnn Waits, Administrative Aide .....
(TYPE OR PRINT NAME OF CLAIMANT)

▶ JoAnn Waits
(SIGNATURE OF CLAIMANT)

ATTORNEY OR CREDITOR WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO:	FOR COURT USE ONLY
San Diego County Public Administrator's Office Susan Gidley 5201-A Ruffin Road San Diego, Calif. 92123		E84182
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (NAME): Gerald Leroy Olson 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: $ 242.90 + interest
2. Claimant *(name)*:
   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)*: City of San Diego/Mt. Hope Cemetery
3. Address of claimant *(specify)*: 3751 Market Street
   San Diego, Calif. 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:

JoAnn Waits, Adminstrative Aide
(TYPE OR PRINT NAME AND TITLE)

▶ [signature]
(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)

ESTATE OF (NAME): Gerald Leroy Olson DECEDENT	CASE NUMBER: E-8482

FACTS SUPPORTING THE CREDITOR'S CLAIM E8482

☐ See attachment *(if space is insufficient)*

Date of Item	Item and Supporting Facts	Amount Claimed
1-26-90	Gerald Leroy Olson interment	
	Opening/closing	$105.00
	Ash Vault	40.00
	Handling Fee	60.00
	Recording Fee	35.00
	Tax on Vault	2.90
	TOTAL	$ 242.90

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)*:

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: Susan Gidley
      (2) Address on envelope: 5201-A Ruffin Road
      San Diego, Calif. 92123
      (3) Date of mailing: 5-21-90
      (4) Place of mailing *(city and state)*: San Diego, Calif.
   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: 5-18-90

JoAnn Waits, Administrative Aide
(TYPE OR PRINT NAME OF CLAIMANT)

(SIGNATURE OF CLAIMANT)

E 8482

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-18-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald L. Olson (X)

in a Ash Vault Vault/Liner Funeral, date, time 1/26, Friday AM

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 ____. Delivery Only.

Lot 9 Grave ____ Row ____ Section 100F ~~Division~~/Block 34

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	2.90
Total Due	242.90
Paid receipt number ____	____
Balance due	____

Susan 619-694-3500 Friday Creditor's claims Probate Estate

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8482

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-18-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rachel Bickford

in a Liner (Vault/Liner) Funeral, date, time Friday 3PM 1/19/90

Church, Chapel, Graveside Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

✓ Lot 3614 Grave ____ Row ____ Section ____ Division/[redacted] 10

Grave space & Care Fund prepaid C-8853 ____

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 ... 7.25

PAID
JAN 19 1990
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due ... 607.25

Paid receipt number 38788 607.25

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of dead

Rebecca L. Cox
Signature
28632 Sandpiper
Address
Tollhouse, CA 93667
State Zip Code
(209) 855-8372
Telephone

Work Order # E 8483

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E8483

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Rachel M	Marie	Bickford	03-28-1897	01-15-1990	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	Rachel Leinart: Daughter 2335 39th 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 MORT. I-805 & IMPERIAL AVENUE SAN DIEGO, CA.	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Shirley L Lawless	1-19-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	JAN 19 1990	▶ 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—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY GREENWOOD MEMORIAL PARK 3751 MARKET STREET SAN DIEGO	11B. DATE INTERRED 1-19-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3614-10 Liner/Pine Wood Casket	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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 38788

Date: 1-19- , 19 90

From: Rebecca L. Cox Address: 28632 Sandpiper, Trl Whouse, CA 92677

Six hundred seven dollars and 25/100 Dollars ($ 607.25)

In Full Payment of Rachel Bickford interment

Lot 3614 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 8483

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.

007832

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	25
TOTAL PAID	$	607	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gene E. Whatley Agency

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

Drafted for property of Florence from Roberts

PAID
JAN 19 1990
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify that I am _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 8484

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 38791

Date: 1-19, 1990

From: Gene E Whatley Address: 294 Shasta St, Ste A, Chula Vista, CA 92010

Thirty-five Dollars 00/100 Dollars ($ 35.00)

In Payment of Transfer fee for lots

Lot 213 & 214 Grave Row Section 100F Block 42

Invoice No.

Acct. No.

W.O. E-8464

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-67) 18551

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Gloria Waite

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

GENE E. WHATLEY AGENCY ∈ 8484

P.O. BOX 178
BONITA, CALIFORNIA 92002

Cemetery Broker

Telephone:425-4860

TRANSFER INFO FORM

Please transfer the following property described as:

Lots 213 and 214, Block 42, IOOF

in Deed/Certificate number _____ from Mount Hope Memorial Park

dated 7/24/51 to:

NEW OWNER

NAME: Gene E. Whatley Agency

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

FROM ASSIGNOR

NAME: _____

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

ACCOUNT NUMBER 759MH

E8484

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That . . . . . .

Florence H. Roberts

. . . . . .

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY a licensed and bonded cemetery broker in the State of California, whose address is 32nd & Orange Streets, National City, California his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

Lots 213 and 214, Block 42, IOOF in Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Florence H Roberts
Signature

Signature

State of California)
County of SAN DIEGO) ss.

On JANUARY 11, 19 88 before me, the undersigned, a Notary Public in and for said State personally appeared FLORENCE H ROBERTS

known to me, to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

OFFICIAL SEAL
DORIS PAYNE
Notary Public-California
SAN DIEGO COUNTY
My Comm. Exp. Jan. 26, 1990

Doris Payne
Notary Public in and for said State

E8484

LOT OWNER Name changed in office Roberts

Mrs. Florence Hawkins 1027 Tarento Dr. 7
NAME ADDRESS

LOT 213 & 214 IOOF Blk 42 July 24, 1951

PAID
MT. HOPE CEMETERY

MOUNT HOPE CEMETERY
San Diego, California

961-REV. TAYLOR SYSTEM OF CEMETERY RECORDING

CITY OF SAN DIEGO, CALIFORNIA
PARK DEPARTMENT - CEMETERY DIVISION
MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

No C5235

DATE 7-24- 1951

When stamped "PAID" in space below, this acknowledges payment

BY Florence H. Hawkins ADDRESS 1027 Tarento Dr.

OF Fifty and 1/100 DOLLARS ($ 50.00)

IN full PAYMENT OF Premium

LOT 213-214 GRAVE ROW SECTION 100 DIVISION BLOCK 42

VOICE NO. 28793 W.O. 43234

CREDIT: SALES CARE (306/951) $25.00 BOXES (100/778 2)

OPENINGS (100/7781) REMOVALS FOUNDATIONS (100/778 3)

HALF SALES OF LOTS (100/778 4) $25.00

UNPAID BALANCE AFTER THIS PAYMENT 0 ISSUED BY P. L. Taylor

FORM 212

Not valid for purpose stated unless stamped "PAID" in this space.

PAID
MT. HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARION L. BAKER

in a T.S. VAULT (Vault/Liner) Funeral, date, time Tue, 1/23 11:30 AM

Church, Chapel, Graveside Chapel + Grave Side ; 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 38 Grave 15 Row _____ Section MAS Division/[redacted] 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	12.69
Total Due	712.69
Paid receipt number 38793	712.69
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

Thomas L Baker
Signature
4648-32ND
Address
SAN DIEGO CA 92116
State Zip Code
281-2451
Telephone

Work Order # E 8485

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8485

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	Louis	Baker	4-13-14	1-19-90	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Wildomar	Riverside	Thomas Baker - Son 4648 32nd Street 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/Bonham Brothers 3953 Imperial Ave. San Diego, CA.	670

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such*	8B. DATE SIGNED
		▶ C Hughes	1-22-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 2 2 1990	▶ Ronald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 7600 Riverside County, Riverside, CA. 92513	P.O. Box 85222 San Diego County Health Dept., SanDiego, CA. 92138

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 38-15-MAS-T Mount Hope Cemetery 3751 Market Street, San Diego, CA. 92102	11B. DATE INTERRED 1-23-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Cloth fiberboard Casket/Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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

№ 38793

Date: 1-22 , 19 90

From: Theresa Baker Address: 4645 32nd St. SD 92116

Seven Hundred Twelve Dollars 69/100 Dollars ($ 712.69)

In _____ Payment of Marian Baker Services

Lot 37 Grave 15 Row _____ Section III Hills Division ~~Block~~ T

Invoice No. _____

Acct. No. _____

W.O. E-7465

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 176

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ann Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	90101 78380	12	69
TOTAL PAID	$	712	69

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah L. Peterson in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 1/25 11am Church, Chapel, Graveside No Services 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 8 Grave 9 Row ____ Section IOOF ~~Division~~/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Old Interred
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 38803	35.00
Balance due	0

Neptune Society will bring Check for $35.00

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 8486

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E8486

TO VALLE BONITO: AUTHORITY TO INTER

The undersigned hereby requests and authorizes Valle Bonito or its assigns in accordance with and subject to its rules and regulations, to inter the remains of Sarah Louise Peterson and certifies and represents that he or she has the right to make such authorization and agrees to hold Valle Bonito and its assigns harmless from any liability on account of said authorization.

DISPOSITION AS FOLLOWS:

Memorial Service - North Park Baptist Church. Rev Fisher.

☐ No arrangements as yet. Kindly forward details of Valle Bonito low cost cemetery plans.

☑ Deliver body to cemetery located at Mt Hope Cemetery, San Diego (Our costs do not include any cemetery charges)

☐ Other _____

CHARGES:

I understand that the charge for all the above services shall be paid in full when the services are rendered.
NOTE: There is a charge for transportation and outside services.

DATED 10/11/80 SIGNATURE X Sarah L. Peterson

FULL LEGAL NAME

Self

Relationship (if authorizing yourself, write "self")

NOTE: YOU ARE NOT REGISTERED WITH VALLE BONITO UNTIL THIS FORM AND REGISTRATION FEE OF $15 FOR AN INDIVIDUAL AND $25 FOR A FAMILY ARE RECEIVED AT OUR OFFICE. YOU WILL THEN RECEIVE YOUR MEMBERSHIP CARD.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8486

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sarah	Louise	Peterson	3-16-01	1-19-90	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carol Olson-daughter 112 N 77th Ave Yakima, WA 98908

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: ▶ Jane Brennan

8B. DATE SIGNED: 1-22-90

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	JAN 22 1990	▶ Donald L. Remus, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 San Diego, Ca 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt Hope Cemetery 3751 Market St San Diego, Ca	11B. DATE INTERRED 1-25-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 8-9-100F-8 n/a LINER/PRESSED WOOD	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
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

E8486 No. 38803

Date: 1-25 , 19 90

From: Mt Hope Assn Address: 14065 Old Hwy 80 So

Dollars ($ 35.00)

In _____ Payment of Mark A Peterson Marking

for

Lot 2 Grave 7 Row _____ Section FOUR Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6486

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

12862

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67037	
20% Sales Care	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	~~2 00~~
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georgia Jones

in a Bell Liner (Vault/Liner) Funeral, date, time 1/22 Mon 2:00 PM

Church, Chapel, Graveside Church, Grave Site; 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 148 Grave 5 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	300
Additional spaces and care fund	
Opening/Closing & Setup	320
Burial Container	100
Handling Fees	145
Flower vases - Marker setting fee	
Recording and filing fee	35
Sales taxes	7.25
Total Due	907.25
Paid receipt number 38775	907.00
Balance due	.25

Ragsdale Will bring a 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 8487

Invoice # ____

Acct. # ____

PY-693 (REV. 9-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E 84487

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
GEORGIA	LEE	JAMES	8-19-45	1-12-90	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	Regina James - Daughter 5414 Santamargarita St. San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$4.00	JAN 22 1990	▶ Ronald 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, CA	11B. DATE INTERRED 1-22-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 148-5-1-12 N/A LINER / cooler - 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

№ 38795

Date: 1-23 19 20

From: Nelson-Rawlins Address: 5050 Federal Blvd. SD

nine hundred seven 00/100 Dollars ($ 907.00)

In Payment of Deposit for pre-Interment

Lot 148 Grave 5 Row Section 1 Division-Block 12

Invoice No.

Acct. No.

W.O. 1-8487

BALANCE DUE 125

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT		
20% Sales Care	67007 77184	60 00
80% Sales of Lots	100 77184	240 00
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	100 00
Handling Fee	100 77185	145 00
Recording & Misc. Fees	100 77183	25 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	7 00
TOTAL PAID	$	907 00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5039

ISSUED BY

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linzie Lee Grayson

in a Liner (Vault/Liner) Funeral, date, time Friday 1/26, 1:00 pm

Church, Chapel, Graveside Chapel + Graveside ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 150 Grave 8 Row ____ Section 1 Division [redacted] 12

Grave space & Care Fund	300
Additional spaces and care fund	
Opening/Closing & Setup	320
Burial Container	100
Handling Fees	145
Flower vases - Marker setting fee	
Recording and filing fee	35
Sales taxes	7.25
Total Due	907.25
Paid receipt number	
Balance due	

WRITTEN ACCOUNT OFF 8/22/90 #417.25 at Per Mr. Allen at Treasurers & Collectors acct was paid off on Aug. 7, 1992

daughter Teresa Holmes 30 Deed No

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.

Jeri L. Holmes
Signature

3912 60th #9
Address

S.D. CA. 92115
State Zip Code

583-5101
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 097067

Work Order # E 8488

Acct. # 035280

PY-583 (REV. 8-85)

MT. HOPE CEMETERY W.O. # E-8488

NOTE

$ 907.25 San Diego, California 1-22 19 90

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Seven Dollars 25/100 DOLLARS with interest from March 26, 1990 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME TERRI L. HOLMES SIGNATURE Terri L. Holmes

ADDRESS 3912 60TH ST #9 S.D. CA. 92115

CALIFORNIA DRIVER LICENSE NUMBER N9209629 SSN # 550-08-6906

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E8488

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Linnie	Lee	Grayson	09-12-1940	01-19-1990	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	Terri Holmes: Daughter 3912 60th Street, #9 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Greenwood Mort. I-805 & Imperial, San Diego, CA	FD843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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	JAN 23 1990	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92138-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. 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 1-26-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY ISO-8-1-12 Metal Casket, Outer Liner Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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-2469

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah P Ward

in a Bell Liner Vault/Liner Funeral, date, time Wed 1/24 1:00

Church, Chapel, Graveside Selvin ; General Scottsdale Mortuary

All Funeral cars must arrive 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 1 Row ____ Section 1 Division/~~Block~~ 1

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	____
Recording and filing fee	85.00
Sales taxes	7.25
Total Due	607.25
Paid receipt number ____	____
Balance due	____

Cash in Full 2-23-90

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.

Richard Ward
Signature

1785 Rosswood Dr.
Address

San Jose Ca. 95124
State Zip Code

408-269-5889
Telephone

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Invoice # 096946

Work Order # E 8489

Acct. # 035195

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8489

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
SARAH	M.	PROUD	8-13-1908	1-21-1990	Fe

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Jose	Santa Clara	Richard Proud (Son) 1785 Rosswood Dr San Jose, CA 95124

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Darling-Fischer Garden Chapel 471 E. Santa Clara St. San Jose, CA 95112	F557

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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
		Diane Connor	1-23-1990

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4 —	JAN 23 1990	Stephen A. Cozby 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
	Santa Clara County Health Dept. 2220 Moorpark Ave. S.J., 95128	San Diego County Health Dept. 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 177-1-1-1 3751 Market St. San Diego, CA	11B. DATE INTERRED 1-24-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cloth Covered/LINER	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

W.O. # E - 8489

NOTE

$ 607.25 San Diego, California January 24 1990

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Six hundred seven 25/100 DOLLARS with interest from 3/24/90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Richard Proud SIGNATURE Richard Proud

ADDRESS 1785 Rosswood Dr. San Jose, Ca. 95124

CALIFORNIA DRIVER LICENSE NUMBER D0304033 SSN # 559-48-4408

PY-1012 (11-89)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/01/90

DATE: 03/01/90
TIME: 224611
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
096876	01/26/90	035195	RICHARD PROUD					02/23/90	CK	421	607.25	607.25	0.00
E-9499			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					7.25		

Paid in Full - 2-23-90

NUMBER OF INVOICES PAID
TOTAL AMOUNT PAID 607.25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Trust

Date 1-22-80

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond & Margaret Wyatt

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 1532 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Charge T.S. Vault _____

Burial Container ..... _____

Handling Fees ..... Cr. 153/9/1532 _____

Flower vases - Marker setting fee ..... to Dble Crypt _____

Recording and filing fee ..... for 1532 ft 35.00

Sales taxes ..... 2 Recordere Fees 6.45

Total Due 28.55

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 8490

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Trust

Date 1-22-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond & Margaret Wyatt

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 1532 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Charge T.S. Vault _____

Burial Container ..... _____

Handling Fees ..... CR 1531 & 1532 _____

Flower vases - Marker setting fee ..... No Mkr Charge _____

Recording and filing fee ..... for 1532 ONLY 35.00

Sales taxes ..... 2 Recording Fees - 6.45

Total Due 23.55

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

Margaret L Wyatt
Signature
6902 Regner Rd
Address
San Diego CA 92119
State Zip Code
619-465-7086
Telephone

Work Order # E 8490

Invoice # _____

Acct. # _____

PY-583 (REV. 8-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38812

Date: 1-29, 1990

From: Margaret Wyatt Address: 6902 Legrel Road

Twenty-Eight Dollars 55/100 Dollars ($ 28.55)

In Payment of Double Crypt + Recording fee.
(transfer of Pierce + Abt Crypt)

Lot 1532 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-8490

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 755

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wah

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	27	55
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	55

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Wilbur Vault

Date 1-22-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie E. Sim (Sim)

in Mortuary Hill Lawn Memorial Park Funeral, date, time Wed 1/24 1:00

Church, Chapel, Graveside Graveside ; Mortuary Store Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 274 Grave ____ Row ____ Section 1 Division/~~Block~~ S

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	525.00
Paid receipt number	3880 525.00
Balance due	-0-

Mortuary Hill Lawn 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 8491

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8491

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Hattie	Eugenia	Sim	Oct. 16, 1898	Jan. 21, 1990	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Upland	San bernardino	Margaret E. Muelchi, Daughter 888 Via Maria Upland, Ca 91786

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Stone Funeral Home 355 E. 9th St.,Upland, Ca	F 272

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, 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
		▶ Debra Stone	1-23-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	01-23-90	265043 DS ▶ George R. Pettersen, 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
351 Mt. View Ave. San Bernardino, Ca 92415	1700Pacific Highway,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 Mount Hope Cemetery 3850 Imperial Ave.,San Diego, Ca	11B. DATE INTERRED 1-24-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2741-8 Wilbert Vault / non-sealer / 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38800

Date: 1-24, 19 90

From: PBMC Organization Address: P.O Box 3477 Hollywood

Five hundred twenty-five 12/100 Dollars ($ 525.00)

In Payment of Katie Sipos Interment

Lot 274 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. 21 8491

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 047914

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Vaughn

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	170 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	525 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elmer Lester Ø

in a Ash Vault Funeral, date, time Tues 1/30 AM

Vault/Liner

Church, Chapel, Graveside _____ La Offrie Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 7 Grave 2 Row _____ Section 5 Division/Block 5

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	85.00
Sales taxes	2.90
Total Due	242.90
Paid receipt number 38805	242.90
Balance due	0

PAID
JAN 29 1990
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

Rhoda Kruse
Signature
908 1/2 Reed Ave
Address
S.D. CA. 92109
State Zip Code

Telephone

Work Order # E 8492

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8492

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Zelma	Bays	Locker	05/16/05	11/22/87	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	Rhoda E. Kruse - Friend 908 1/2 Reed Avenue San Diego, CA 92109

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Lois J. Hernandez, UCSD School of Medicine	

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	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 Cemetary, 3751 Market, San Diego, CA 92102	11B. DATE INTERRED 1-30-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 7-2-5-5 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 38805

Date: 1-29, 19 90

From: Mrs. C. Kruse Address: 938 1/2 Reed Ave, SD 92109

Two Hundred forty-two 90/100 Dollars ($ 242.90)

In Payment of Zella Lockes Interment

Lot 7 Grave 2 Row Section 5 Division Block 5

Invoice No.

Acct. No. E-8992

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

395

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 77161	100	00
Burial Containers	100 77182	40	00
Handling Fee	100 77165	60	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	17	90
TOTAL PAID	$	242	90

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juan Perez-Martinez

in a J — Vault/Liner Funeral, date, time Wed 1/24 10:00

Church, Chapel, Graveside Deliverin Only Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 48 B Grave ____ Row B Section 6 Division/Block 5

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' 10869 5

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 096879

Acct. # 000952

Work Order # E 8493

PY-683 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8493

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Juan	---	Perez-Martinez	AUG. 29, 1964	JAN 24, 1990	Male

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
Heath Funeral Home, National City, CA	807

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Howard Heath	Jan 23, 1990

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
[redacted]NGE IN DISPOSI[redacted]QUIRES A NEW [redacted]T TO SHOW FINAL DISPOSITION.		$4.00	JAN 23 1990	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Box 85222, San Diego, CA 92138	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE INTERRED Jan 24, 1990	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY NO LINER / PRESSED WOOD HB-8-6-5 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
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 1-23-80

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Monica Nunes

in a Top Dble Vault/Liner Crypt Funeral, date, time Thurs 1/25 1:00

Church, Chapel, Graveside Church & Grave Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 8 Grave 7 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

due E-8495
30 Days note

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

Signature SHARON E. SCRUGGS

Address 938 NOLBEY

State CARLSBAD, CA. Zip Code 92007

Telephone 619 753 9717

Work Order # E 8494

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 8494

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Monife	N.	Myers	3-25-1987	1-19-1990	Fe

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	Karen S. Myers (Mother) 938 Nolbey Street Leucadia, CA 92007

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
		▶ G. D. Mynard	1-24-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 25 1990	▶ Donald L. Ramos, M.D. for

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetary 3751 Market Street San Diego, CA	11B. DATE INTERRED 1-25-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 8-7-2-12 TOP CLOTH COVERED / DBL CRYPT N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
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 1-23-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cleikevei Scruggs in a Dale Craft Vault/Liner Funeral, date, time Thurs 1/25 1:00 Church, Chapel, Graveside Church & Grave Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 8 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	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.93
Total Due	1523.93
Paid receipt number ____	
Balance due ____	

30 Days Note (see E-8494)

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

Sharon E. Scruggs
Signature

938 Nolan
Address

Cardiff CA 92007
State Zip Code

619 753 9717
Telephone

Work Order # E 8495

Invoice # 097077

Acct. # 035282

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # 2-8494 & 2-8495

NOTE

$ 1558.93 San Diego, California January 24 19 90

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of fifteen hundred fifty-eight 93/100 DOLLARS with interest from March 24, 1990 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME SHARON E. SCRUGGS SIGNATURE SHARON E. Scruggs

ADDRESS 938 NOLBEY CARDIFF, CA. 92007

CALIFORNIA DRIVER LICENSE NUMBER CA ID# N9191194 SSN # 331-44-7368

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8495

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ayikwei		Scruggs	5-24-1974	1-19-1990	Male

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	Sharon Scruggs (MOther) 938 Nolbey Street Leucadia, CA 92024

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]	1-24-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
		$4.00		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—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. 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 1-25-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY DBL CRYPT/CLOTH COVERED 9-7-2-12 BOTTOM N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
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 1-24-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice I. Cohn

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 95 Grave 8 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	7.25
Total Due	907.25

PAID
OCT 4 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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. w/contract

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X 2041 W Vista Way Address
X VISTA CA 92083 State Zip Code
X 941-3233 Telephone

✓E 8496
Work Order # _____

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 39689

Date: 9 — 11 — , 19 96

From: Alice Tocha Address: 2041 W. Vista Way Vista CA 92083

Hinton and Leo Dollars ($ 1950)

In Payment of Pre Need Trust

Lot 95 Grave 8 Row — Section 1 Division Block 12

Inveice No.

Acct. No.

W.O. E-9496

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 Kristi Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	19 50
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	19 50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39567

Date: 8-6, 1970

From: Alice [illegible] Address: 3041 W Vista Way Vista California 92083

Thirteen dollars For Dollars ($ 13.00)

In Payment of Preneed Lot & Trust

Lot 95 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-9496

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 1164

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kathy Jones

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	13	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39470

Date: 7-12, 19 90

From: Alice Cohn Address: 2410 Linda Way, Lem, Ca 92083

Directors Rollback Mtge Dollars ($ 17.00)

In _____ Payment of Pre Need Lot + Dirt

Lot 95 Grave E Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-8476

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 1154

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	17 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	19 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39797

Date: 10-4-, 1990

From: ALICE I COHN Address 2041 Vista Way Vista CA 92083

NINETEEN AND 00/100 Dollars ($ 19.00)

In ____ Payment of PRE NEED TRUST LOT

Lot 95 Grave 8 Row — Section 1 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-8496

BALANCE DUE ____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 1176

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	19 00
Opening/ Closing	100 77187	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	19 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40023

Date: 12-5, 1990

From: alice cohn Address: 2041 W. Vista Way Vista CA 92083

Nineteen dollars 00/100 Dollars ($ 19.00)

In Payment of Pre-Need Trust

Lot 95 Grave 8 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE $698.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1188

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	19	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

E 8496

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39895

Date: 11-5-, 19 70

From: ALICE LOCHN Address: 2741 W VISTA WAY ESCA 92025

NINETEEN AND 00 Dollars ($ 19.00)

In ____ Payment of PERPETUAL NEED TRUST

Lot 91 Grave 4 Row — Section 1 Division Block 12

Invpice No. ____

Acct. No. ____

W.O. E-8496

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. L. Jones

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	19 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	19 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42104

Date: 4/8/, 1970

From Alice I Cohen Address 2500 Riverdale Rd Encinitas Ca 92024

Nineteen and 00/100 Dollars ($ 19.00)

In Part Payment of Pre-need Trust

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8496

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

#1508

AC-2121(Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robert Jones

CREDIT	67007	19 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	$	19 00

OFFICIAL RECEIPT

44181

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Oct. 4, 19 93

From: Alice Cohn Address: 127 South Ave Encinitas, CA 92024

Director 7%/10 Dollars ($ 19.00)

In Payment of Pre-Need Trust

Lot 95 Grave 8 Row Section 1 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-8496

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		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	19	00
Sales Tax	60101 78390		
TOTAL PAID	$	19	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

#4167033093

ISSUED BY

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

44140

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Sept 21, 1993

From: Gina Cole Address: 727 Sth Ave. Pk. #41, SD

Dixtrict Atty Dollars ($ 19.00)

In Payment of Pre-Need Lot + Trust

Lot 95 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7476

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
1110 4707520457251

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77151		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	19	00
Sales Tax	60101 76390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

43976

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-4, 1993

From: Alice Cohn Address: 727 Sixth Ave, #41, SD

Nineteen Dollars ($ 19.00)

In Payment of The Dead Line Trust

Lot 95 Grave 8 Row Section 1 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-7496

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	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	19 00
Sales Tax	80101 78390	
TOTAL PAID	$	19 00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43904

Date: 7-7, 19 93

From: Celia Cobo Address: 231 Sixth Ave, Km #41 LA

Thirteen Hundred Dollars ($ 1300.00)

In Payment of Pre Need Lot - Trust

Lot 95 Grave 7 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT 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	1900
Sales Tax	60101 78390	
TOTAL PAID	$	1900

4776573296

OFFICIAL RECEIPT

43806

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-10, 19 73

From: Celia Cota Address: 37 Sea Ave, #41, SD

County Sec 110/00 Dollars ($ No Ch)

In Payment of Pre-Need Trust

Lot 95 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8478

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waite

CREDIT 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	53033 9022	No
Sales Tax	60101 78360	
TOTAL PAID	$	No

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43326

Date: 2-5, 1973

From: Alice I Cohn Address: 927 sixth Ave, S.D. Ca. 92101

Thirty-eight Dollars ($ 38.00)

In part Payment of Pre Need Lot + Trust

Lot 95 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE $ 156.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

472252 3609 930203
921011

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	38	00
Sales Tax	60101 78380		
TOTAL PAID	$	38	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43201

Date: 1-5, 1993

From: Celia Cotta Address: 927 Sixth Ave, #6

Thirty Eight 770/100 Dollars ($ 38.00)

In Payment of Pre-Need Lot + Trust

Lot 95 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
DLH 4722521 7791

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

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	38 00
Sales Tax	60101 78390	
TOTAL PAID		$ 38 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42993

Date: 11-13, 19 92

From: Alicia Cota Address: 250 S Escondido Blvd Escondido

Director 7/14/10 Dollars ($ 19.-)

In Payment of Pre Need Lot + Trust

Lot 95 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

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	19	00
Sales Tax	60101 78390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42725

Date: 9-16, 1992

From: Alice Cohn Address: 250 Escondido Blvd, Escondido

Thirteen & 70/100 Dollars ($ 19.-)

In Payment of Pre-Need Lot - Trust

Lot 95 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 1-91) 1254

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	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	19 00
Sales Tax	60101 78380	
TOTAL PAID	$	19 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42619

Date: 7-12, 19 72

From: Celia Cota Address: 250 So Escondido Blvd, Escondido
Director 70/10 Dollars ($ 19.-)

In Payment of Pre Need Lot - Trust

Lot 95 Grave 8 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-61) 12

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watt

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	19 00
Sales Tax	80101 78390	
TOTAL PAID	$	19 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42586

Date: 8-4, 1992

From Alice Cota Address: 250 So. Escondido Blvd, Escondido

Murray-Ewell (No/Ng) Dollars ($ 38.-)

In Payment of Pre-Need Trust + Lot

Lot 95 Grave 8 Row Section 1 Division / Block 12

Invoice No.

Acct. No.

W.O. E- 8496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1277

AC-212 (Rev. 1-91)

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	
Pre-Need Trust	63033 9022	38 00
Sales Tax	60101 78390	
TOTAL PAID	$	38 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42219

Date: 5-6, 1992

From: Alice Cohn Address: 2500 S. Escondido Blvd, Escondido

(Sixteen) 00/100 Dollars ($ 19.-)

In Payment of Pre-Need Lot + Trust

Lot 95 Grave 8 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
1511

AC-212 (Rev. 1-91)

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	
Pre-Need Trust	63033 9022	19 00
Sales Tax	60101 78390	
TOTAL PAID	$	19 00

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42006

Date: 3-10 , 19 92

From: Alice Cohn Address: 2500 S. Escondido Blvd, Escondido

Thirteen 00/100 Dollars ($ 19.00)

In Payment of Pre-Need Lot + Trust

Lot 95 Grave 8 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1499

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judi G

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	19 00
Sales Tax	60101 78390	
TOTAL PAID	$	19 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41869

Date: 7-11, 19 92

From: Alice Cohn Address: 3500 S. Escondido Blvd, Escondido

Directions 40/100 Dollars ($ 19 00)

In Payment of Pre-Need Lot + Trust

Lot 95 Grave 8 Row — Section 1 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-[redacted]8496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	19	00
Sales Tax	60101 78360		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41602

2520 So. Escondido Date: 12-10 19 91

From: Alice Cohn Address: ~~[illegible]~~ Escondido, Ca

One Hundred fourteen 70/100 Dollars ($ 114 00)

In Payment of Pre-Need Lot + Trust

Lot 95 Grave 8 Row Section 1 ~~Block~~ Division 12

Invoice No.

Acct. No.

W.O. E-7496

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1270

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J White

CREDIT	67007	15 00
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	99 00
Sales Tax	60101 75390	
TOTAL PAID	$	114 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41277

Date: 7-20, 19 71

From: Lilia Cohn Address: 234 W Vista Way, Oceanside 92054

Dollars ($ 12.00)

In _____ Payment of Plot Deed Lot 95 Grave 7

Lot 95 Grave 7 Row _____ Section 1 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. F-7496

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1251

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waitl

CREDIT	67007	19 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	$	19 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40808

Date: 6-7, 19 74

From: Ola Cole Address: 241 W Vista Way Vista Ca 92083

Dollars ($ 19.00)

In Payment of

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-2494

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 1239

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	19	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 40672

Date: 5-6, 19 91

From: Alice Cole Address: 2411 W Lotus Way, Ca 92113

Dixteen Dollars 00/100 Dollars ($ 19.00)

In Payment of Cradle Set + Vault

Lot 95 Grave I Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. F-9496

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 Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	19	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40963

Date: 7- -, 19 91

From: Alice J. Mounts Address: 2041 W. Vista Way Vst CA. 92083

Dive Hundred and 00/100 Dollars ($ 1900)

In Vist Payment of Pre Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8496

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) #1244

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	19 00
Sales Tax	60101 78390	
TOTAL PAID	$	19 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40613

Date: 4-25, 19 71

From: Alice Cohn Address: 244 W. Vista Way, Vista 9203

Dirteen Dollars ($ 13.00)

In Payment of Credit Lot & Perpetual Trust

Lot 95 Grave 2 Row 4 Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8496

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 Wats

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Contsiners	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40517

Date: APRIL 5, 19 91

From: ALICE COHN Address: 204 W VISTA WAY VISTA CA 92083

NINETEEN and 00/100 Dollars ($ 19.00)

In PART Payment of PRE-NEED LOT / TRUST

Lot 95 Grave 8 Row Section 1 Division Block 17

Invoice No.

Acct. No.

W.O. E-8404

BALANCE DUE 622.55

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1211

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY E. L. Kendall

CREDIT 20% Sales Care	57007 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	19	00
Sales Tax	60101 76390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40371

Date: 3-4 , 1991

From: Alice Cohn Address: 2041 W Vista Way

Hunter 20/600 Dollars ($ 19.00)

In Payment of Pre Need Lot + Trust

Lot 95 Grave 8 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE 641.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1205

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	19	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38887

Date: 2-13, 1990

From: Alice Cohn Address: 2041 W. Vista Way, Vista, Ca 92083

Nineteen Dollars Dollars ($ 19.00)

In Payment of Pre Need Trust

Lot 95 Grave E Row Section 1 Division 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE $888.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1132

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 20 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	19	00
Sales Tax	60101 78380		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 39206

Date: 5-7 , 19 90

From: Alice Cohen Address: 241 W Vista Way, Vista Ca 92083

Twenty Dollars Dollars ($ 20.00)

In Payment of Pre Need Trust - Cred. Lot

Lot 95 Grave 2 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-1492

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 1150

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Cain

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	19	00
Opening/ Closing	100 77181		
Burial Containers	100 77182	CITY AUDITOR	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	MAY 14 1990	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	19	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 16 1990

No 39116

Date: 4-11, 1990

From: Alice Cota Address: 204 W Vista Way, Vista Ca. 92083

Dollars ($ 19.00)

In Payment of Plot Interment

Lot 95 Grave 6 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE

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	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	19	00
Sales Tax	60101 76390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 40275

Date: 2-5, 19 71

From: Alice Cohn Address: 2041 W Vista Way Vista Ca

Ninteen 50 Dollars ($ 19.00)

In Payment of Pre Need Lot Trust

Lot 95 Grave 8 Row Section 1 Division Block C2

Invoice No.

Acct. No.

W.O. E-8496

BALANCE DUE 660.25

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1199

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	19	00
Sales Tax	80101 78390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40152

Date: 1-7, 1991

From: Alice Cohn Address: 2041 W. Vista Way

Nineteen 00/100 Dollars ($ 19.00)

In Payment of Pre Need Trust + Lot

Lot 95 Grave 8 Row Section 1 Division Block 12

Invoice No

Acct. No

W.O. E-8496

BALANCE DUE $ 677.25

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 M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	19	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	19	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 39304

Date: 6-4, 19 90

From: Alice J Cole Address: 2441 W Vista Way

Vista Dollars ($ 19.00)

In ____ Payment of Pre Need Trust

Lot 25 Grave 8 Row ____ Section 1 Division/Block 12

Invoice No. ____

Acct. No. ____

W.O. E-7026

BALANCE DUE ____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	19
20% Sales Care	77184	
80% Sales of Lots	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	$	19 00

CITY AUDITOR JUN 08 1990

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Wait

AC-212 (Rev. 10-87) 1115

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

MAR 12 1990

No 38932

Date: 3-5 , 19 90

From: Alice Cole Address: 241 W [illegible] 223

[illegible] Dollars ($ 170.00)

In _____ Payment of Perpetual Care

Lot 95 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No _____

W.O. E-1492

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 135

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	17	00
Sales Tax	60101 78390		
TOTAL PAID	$	17	00

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11932

E8496

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO ALICE I. COHN for the sum of $ 300.00 (DOLLARS)

LEGAL DESCRIPTION Lot 95; Grave 8; Section 1; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8496

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation marker = 12" x 24" flat marker only

Wendy Jo Teague
Cemetery Manager

J. T.
Property Director

PY-584 (Rev. 12-92)

Duplicate Duplicate Duplicate

12242

E8496

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Alice L. Cohn for the sum of $ 300.00 (DOLLARS)

LEGAL DESCRIPTION Lot 95, Grave 8, Section 1, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8496

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:

12x24 flat marker only

Pre Need Lot and Trust paid in full.

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Book 2

Pre-Need Trust

Alice I. Cohn

~~2941 E. Vista Way~~

~~Vista, Cal. 92083~~

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice S. Cohn

ADDRESS 2500 S. Escondido Blvd

CITY Escondido STATE CA ZIP 92025

☐ check (✓) if this is new address

Send or bring 1st copy and coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496

Pre-Need Trust

Alice I. Cohn



Book 2

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2500 Escondido Blvd

CITY Escondido STATE CA ZIP 92025

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Book 2

Pre-Need Trust

Alice I. Cohn

[redacted]

2500 S. Escondido Blvd.
Escondido, CA 92025

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2500 S Escondido Blvd

CITY Escondido STATE CA ZIP 92025

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496

Pre-Need Trust

Alice I. Cohn

[redacted]

Book 2

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		10									

Amount due when paid on, or before, due date above. ▶ $ 10.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I COHN

ADDRESS 1500 S. Escondido Blvd

CITY Escondido STATE CA ZIP 92025

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Book 2

Pre-Need Trust

Alice I. Cohn

~~2[illegible] Mira Vista Way~~

~~Vista, Ca. 92083~~

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		1 to 10									

Amount due when paid on, or before, due date above ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2500 S. Escondido Bl.

CITY Escondido STATE CA ZIP 92025

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496

Pre-Need Trust

Alice I. Cohn

~~2041 W. Vista Way~~

~~Vista, Ca., 92083~~

Book 2

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10		*							

Amount due when paid on, or before, due date above. ▶ $ 10.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2500 S. Escondido Bl.

CITY Escondido STATE CA ZIP 92025

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Book 2

Pre-Need Trust

Alice I. Cohn

[redacted]

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 ▶ $ 19.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2500 S. El Camino Real

CITY El Camino STATE CA ZIP 92025

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. DO NOT MAIL ENTIRE BOOK

COUPON 8

ACCOUNT No. E-8496

Pre-Need Trust

Book 2

Alice I. Cohn
2041 W. Vista Way
Vista, Ca., 92083

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before, due date above. ▶ $ 10.00

Amount due if paid more than ____ days after due date above. ▶ $

$

NAME Alice I Cohn Amount Received $

ADDRESS 2500 S. Escondido Bl.

CITY Escondido STATE CA ZIP 92025

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Book 2

Pre-Need Trust

Alice I. Cohn

~~2041 W. Vista Way~~

~~Vista, Ca. 92083~~

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 ▶ $ 19.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

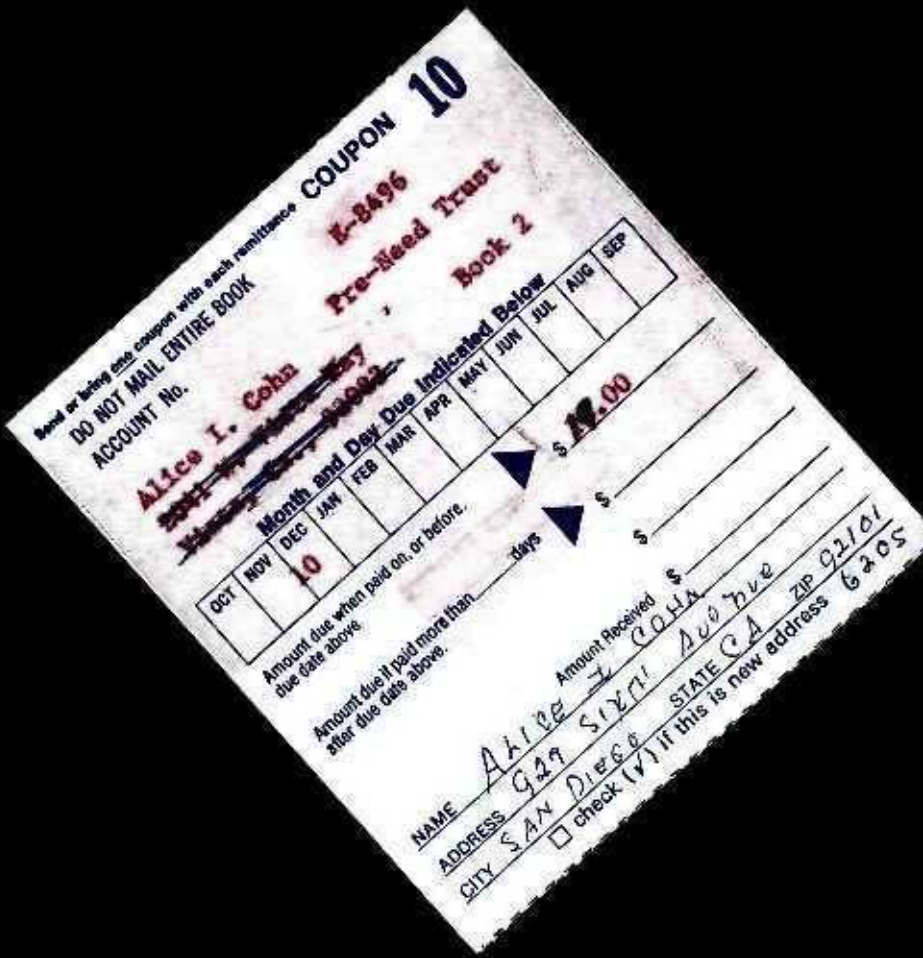
Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 927 Sixth Avenue

CITY San Diego STATE CA ZIP 92101

☑ check (✓) if this is new address


Send or bring this coupon with each remittance
DO NOT MAIL ENTIRE BOOK
ACCOUNT No.
COUPON 10
E-8496
Pre-Need Trust
Book 2
Alice I. Cohn
Month and Day Due Indicated Below
OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP
10
Amount due when paid on, or before, due date above
$ 10.00
days
Amount due if paid more than ___ days after due date above.
$
$
Amount Received $
NAME Alice I. COHN
ADDRESS 629 Silvri Ave
CITY SAN Diego STATE CA ZIP 92101
☐ check (✓) if this is new address 6205

Send or bring this coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Book 2

COUPON 11

Pre-Need Trust

Alice I. Cohn

[redacted]

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 ▶ $ 19.00

Amount due if paid more than ____ days after due date above ▶ $

$

Amount Received $

NAME Alice I. COHN

ADDRESS 037 Sixth Avenue

CITY San Diego STATE CA ZIP 92101

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496

Pre-Need Trust

Alice I. Cohn

[redacted]

Book 2

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 ▶ $ N.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 927 Sixth Avenue

CITY San Diego STATE CA ZIP 92101

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Book 2

Pre-Need Trust

Alice I. Cohn

[redacted]

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		19									

Amount due when paid on or before due date above. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 927 Sixth Avenue # #1

CITY San Diego STATE CA ZIP 92101

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8496

Alice I. Cohn

[redacted]

Pre-Need Trust

Book 2

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. ▶ $ 27.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME ALICE I COHN

ADDRESS 927 SIXTH AVENUE # 41

CITY SAN DIEGO STATE CA ZIP 92101

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. V-8496 Book 2

Pre-Need Trust

Alice I. Cohn

[redacted]

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. $ 19.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME ALICE I COHN

ADDRESS 927 SIXTH AVENUE

CITY SAN DIEGO STATE CA ZIP 92114

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-8436

Alice I. Cohn

Pre-Need Trust

[redacted]

Book 2

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		10									

Amount due when paid on, or before, due date above. ▶ $ 10.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME ALICE I COHN

ADDRESS 927 SIXTH AVENUE

CITY SAN DIEGO STATE CA ZIP 92101

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Book 2

Pre-Need Trust

Alice L. Cohn

[redacted]

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. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice L Cohn

ADDRESS 927 Sixth Avenue

CITY San Diego STATE CA ZIP 92101

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8496

Pre-Need Trust

Alice I. Cohn

[redacted]

Book 2

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. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME ALICE I COHN

ADDRESS 927 SIXTH AVE # 41

CITY SAN DIEGO STATE CA ZIP 92101

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-8496 Book 2

Pre-Need Trust

Alice I. Cohn

[redacted]

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 927 Sixth Ave. #44

CITY San Diego STATE CA ZIP 92101

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6496

Pre-Need Trust

Alice I. Cohn

[redacted]

Book 2

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 927 Sixth Avenue #41

CITY San Diego STATE CA ZIP 92101

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. ▶ $19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. $ ~~19.00~~

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I. COHN

ADDRESS 2041 W. VISTA WAY

CITY VISTA STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Book 1

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

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. $ 19.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on, or before, due date above. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☒ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2041 W Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. ▶ $19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2041 W. VISTA WAY

CITY VISTA STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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 ▶ $ 19.00

Amount due if paid more than _____ days after due date above, ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Book 1

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

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. $19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I. COHN

ADDRESS 2041 W. VISTA WAY

CITY VISTA STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. ▶ $ 19.00

Amount due if paid more then _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8496 · Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 19.00

NAME ALICE I COHN

ADDRESS 2043 W. VISTA WAY

CITY VISTA STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I. COHN

ADDRESS 2041 W. Vista Way

CITY VISTA STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-9496 Pre-Need - Trust - Book 1

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8496 Pre-Need Trust

Alice I. Cole
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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 ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cole

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on, or before, due date above. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		20									

Amount due when paid on, or before, due date above. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2041 W. Vista Way

CITY Vista STATE CA ZIP 92083

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-8496 Pre-Need Trust

Alice I. Cohn

~~2041 W. Vista Way~~

~~Vista, Ca. 92083~~ New Annees

Book 1

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. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2500 South Escondido Blvd

CITY Escondido STATE CA ZIP 92025

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-8496 Pre-Paid Trust

Book 1

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

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. $ 19.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2500 So. Escondido Blvd

CITY Escondido STATE CA ZIP 92025

☑ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust Book 1

Alice I. Cohn
~~2541 W. Vista Way~~
~~Vista, Ca. 92083~~ New Address

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. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I Cohn

ADDRESS 2500 Lo Encanto Blvd.

CITY Escondido STATE CA ZIP 92025

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-8496 Pre-Need Trust

Alice I. Cohn
2041 W. Vista Way
Vista, Ca. 92083

Book 1

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. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 2500 Escondido Blvd

CITY Escondido STATE CA ZIP 92025

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-8496 Pre-Need Trust

Alice I. Cohn
~~2041 W. Vista Way~~
~~Vista, Ca. 92083~~

Book 1

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 ▶ $ 19.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME Alice I. Cohn

ADDRESS 3500 Lo. Escondido Blvd

CITY Escondido STATE CA ZIP 92025

☑ check (√) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of [redacted] Mabel Perkins

in a T-5 Vault (Vault/Liner) Funeral, date, time Tue, 1/30, 1:00 p.m.

Church, Chapel, Graveside Chapel + Graveside ; Kaggdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 78 Grave 6 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	____
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	12.69
Total Due	1207.69
Paid receipt number 38806	1207.69
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

Frances P Espey
Signature

1120 Valencia Pl
Address

SD CA 92114
State Zip Code

619-262-7610
Telephone

Work Order # E 8497

Invoice # ____

Acct. # ____

PY-593 (REV. 6-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E8497

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
MARIE	MARIE	PERKINS	4-12-07	1-26-90	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	Frances Espy - Daughter 1120 Valencia Parkway 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.: 5050 Fed. Bl.; San Diego, CA	1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	1-29-90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		4.00	JAN 29 1990	▶ 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	

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 1-30-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Yeager	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 78-6-2-12 VAULT/METAL SEALER N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38806

Date: 1324, 19 90

From: Travis L. Espy Address: 1125 Valencia Way San Diego

Twelve hundred Seven 69/100 Dollars ($ 1207.69)

In Payment of Mount Perkins Interment

Lot 76 Grave 6 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. 21-84977

BALANCE DUE -0-

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 Linda Reed

CREDIT	87007		
20% Sales Care	77184	19	00
80% Sales of Lots	100 77184	376	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	69
TOTAL PAID	$	1207	69

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charlie Ray Taylor III

in a — (Vault/Liner) Funeral, date, time Fri 2/2/90, 1:00 pm

Church, Chapel, Graveside Graveside ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ Set up of 8 chairs

Lot 3247 Grave ____ Row ____ Section ____ Division/Block 9

CASKET = 18½" LONG x 10½" WIDE x 7" HIGH.

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 38808	100.00
Balance due	99.00

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Laverne J. Fletcher
Signature

5879 Tooley Street
Address

CA 92114
State Zip Code

262-5978
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 8498

Invoice # 097616

Acct. # 035430

PY-583 (REV. 8-86)

MT. HOPE CEMETERY

W.O. # E-8498

NOTE

$ 99.00 San Diego, California 1-29 19 9[illegible]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of $99.00 Ninety-Nine Dollars DOLLARS with interest from 3-1-90 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME LAVONNE FLETCHER SIGNATURE Lavonne Fletcher

ADDRESS 5879 TOOLEY STREET S.D. 9211[illegible]

CALIFORNIA DRIVER LICENSE NUMBER A0436484 SSN # 562-78-5174

PY-1012 (11-89)

E 8498

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHARLSE	RAY	TAYLOR III	1-20-1990	1-20-1990	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	LaVonne Fletcher - Mother 5879 Tooley 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
CONRAD 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—*General Director or Person Acting as Such*	8B. DATE SIGNED
		▶ [signature]	1-29-90

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	JAN 30 1990	▶ Donald L. Powers, M.D. LC

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92138-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. 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 2-2-90	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3247-1-9 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS White Cloth Over Wood LINER N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38808

Date: 1-29, 1990

From: LaVerne Fletcher Address: 5179 Tooley St, 92114

One Hundred Dollars Even Dollars ($ 100.00)

In Payment of Charles Ray Taylor III Services

Lot 3247 Grave Row Section 1 Division 9 Block 9

Invoice No.

Acct. No.

W.O. E-1498

BALANCE DUE 899.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	20 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	80 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-30-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie Johnson

in a Bell Grave Vault/Liner Funeral, date, time Tue 1/30, 2:30 pm

Church, Chapel, Graveside Witness only ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no. Witness only

Lot 128 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	7.25
Total Due	907.25
Paid receipt number 38817	907.25
Balance due	0

Mortuary will pay

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.

Calvin Johnson
Signature

6524 FULHAM
Address

CA 92139
State Zip Code

267-6327
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 8499

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 8499

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
JESSIE	LEE	JOHNSON	Sept. 12, 1921	Jan. 20, 1990	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	Calvin Johnson - Son 6423 Fulham Way San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mort. San Diego, CA	F 1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Emily L Thompson	1/26/90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 26 1990	▶ 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

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- ☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cem.: San Diego, CA	11B. DATE INTERRED 1-30-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Liner/wood box 128-6-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E8499. No 38817

Date: 1-30, 1990

From: Id Mr-Dandyke Address: 2050 Island Blvd, SD

Dollars ($ 907.25)

In Payment of Jessie J. Evans Interment

CITY AUDITOR
FEB 02 1990

Lot 126 Grave 6 Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. E-8499

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	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	7	25
TOTAL PAID	$	907	25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Curtis Bryson

in a Liner Vault (Liner) Funeral, date, time Friday 2/2 1:00

Church, Chapel, Graveside Chapel + Graveside Rogadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

✓ Lot 122 Grave 12 Row _____ Section 1 Division/[redacted] 12

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	155.60
Flower vases - Marker setting fee Flower Cups	5.00
Recording and filing fee	35.00
Sales taxes	7.25
Total Due	922.85
Paid receipt number 38811	200.00
Balance due	722.85

Paid in Full 3-5-90

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Priscilla Porter
Signature
1811 N. 49th St
Address
San Diego, Ca 92102
State Zip Code
619 262-5832
Telephone

✓ Work Order # E 8500

Invoice # 097149

Acct. # 035303

PY-583 (REV. 8-86)

MT. HOPE CEMETERY

W.O. # E-8500

NOTE

$ 722 85 San Diego, California 1-29 19 90

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Twenty-two Dollars 85/100 DOLLARS with interest from March 1, 1990 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 held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME PRISCILLA S. PORTER SIGNATURE Priscilla S. Porter

ADDRESS 1811 W. 49th St San Diego, Ca 92102

CALIFORNIA DRIVER LICENSE NUMBER IN04600024 SSN # 558-98-7907

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E 8500

1A. NAME OF 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	CURTIS	BRYSON	2/23/31	1/27/90	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	Pricilla Porter - Daughter 1811 N. 49th 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 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 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
		▶ Debbie Williams	1/31/90

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 31 1990	▶ Donald L. Ramos, 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 8555 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 2-2-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 122-12-1-12 CLOTH COVERED / N/A 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
284-3151

No 38811
E 8500

Date: 1-29, 1990

From: Priscilla Porter Address: 1811 No 49th St. S.D. 92102

Two Hundred Dollars No/100 Dollars ($ 200.00)

In Payment of Charles Bryan's Services

Lot 122 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-8500

BALANCE DUE $122.65

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 14P

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	200 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	200 00

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
097149	02/02/90	035303	PRISCILLA PORTER					03/05/90	CK	635	722.85	722.85	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				105.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				60.00		
			100	072		77185	000072				155.60		
			60101			78390					7.25		
			67007			77184					40.00		

E-8520

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 722.85

w/7