

PRE-NEED
LOT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 17, 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLAYTON W. BAILEY

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

Church, Chapel, Graveside _____ Mortuary.

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

Lot 143 Grave 5 Row _____ Section 1 Division/Block 11

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 40845 150.00

Balance due 445.00

Paid in full 4-5-95

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

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

Signature of recorded holder of deed

Clayton Bailey
Signature
862 Elm Ave
Address
CHULA VISTA CA 91911
State
619 427 3267
Telephone
Zip Code

*Authorization on file
for Clayton Bailey, Jr*

Work Order # E 9501

PY-883 (REV. 8-85)

Invoice # _____

Acct. # _____

NAME Clayton W. Bailey

ACCT. NO. E-9501


 ADDRESS 386 G St.
 862 Elm Avenue, Chula Vista 91911 BATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-9-91	Pre-Need Lot Opened				
	Lot 143; grave 5; sec 1; div 11	595.00			595.00
6-17-91	Receipt #40845			150.00	445.00
7-31-91	Receipt #41046 Coupon #1			18.00	427.00
8-28-91	Receipt #41152 Coupon #2			18.00	409.00
9-30-91	Receipt #41297			20.00	389.00
11-15-91	Coupons 3, 4, 5, Receipt 41517			54.00	335.00
1-24-92	Receipt #41791			20.00	315.00
2-26-92	Receipt #41935 Coupons 6, 7, 8, 9, 10			100.00	215.00
8-5-92	Receipt #42591			54.00	161.00
				20.00	141.00
11-25-92	Receipt #43030, Coupon #16			20.00	121.00
2-16-92	Receipt #43371			60.00	61.00
4-9-95	R-46086 CR #1775 \$60 cash 81			61.00	0

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46086

Date: 4-5, 1995
 From: Clayton Bailey Address: 386 G St., CV CA 91910
Sixty-one & no/100 Dollars (\$ 61.00)

 In _____ Payment of Pre-need lot

 Lot 143 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9501BALANCE DUE ANOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007	<u>61</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>61</u>	<u>00</u>

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

\$61.00

\$1775

\$60.00

ISSUED BY: Raush

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42591

Date: 8-5-1992

 From: Cay Bailey Address: 862 Elm Ave, Chula Vista
 Twenty dollars and 00/100 Dollars (\$ 20.00)

In part Payment of preneed lot

Lot 143 Grave 5 Row Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 9501

BALANCE DUE 141

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

AC-212 (Rev. 1-91)

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

ISSUED BY

W. J. Tragan

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41791

Date: 1-24, 19 92
 From: Clay Bailey Address: 702 Elm Ave., Chgo. 91911
Twenty 10/100 Dollars (\$ 20.00)
In _____ Payment of Credit Note
 Lot 143 Grave 5 Row - Section 1 Division 11
 Block 11

Invoice No. _____

Acct. No. _____

W.O. F-9501BALANCE DUE \$8315.44Pre-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 SPACEISSUED BY J. White

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41297

Date: 9-30, 19 71From: Clay Bailey Address: 762 E. 11th Ave, Chula Vista 92011Dollars (\$ 2)In Payment of Grave LotLot 143 Grave 5 Row Section 1 Division Block 11Invoice No. Acct. No. W.O. E-9501BALANCE DUE 5379.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY J. A. T.

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

TOTAL PAID \$ 20 W

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41046

 Date: 7/31/11 1911

 From: Clayton W. Bailey Address: 562 Elm Ave North Santa Ana, CA 92701

 Dollars (\$ 18.00)

 In Trust Payment of Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

 W.O. E-9501

BALANCE DUE _____

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

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

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>18.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>18.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151
N^o 40845Date: June 17, 1991
 From: Walter P. Kelly Address: 862 Elm Ave. Chula Vista CA 91911
One hundred fifty five and 00/100 Dollars (\$ 150.00)

 In Part Payment of Premium

 Lot 1413 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9501BALANCE DUE 5445.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 10-87)

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>150.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 150.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 41935

 Date: Feb 26, 19 92

 From: Charles Bailey Address: 862 Elm Ave. Chula Vista 92011
One hundred - 00/100 Dollars (\$ 100.00)

 In Part Payment of Pre-need lot

 Lot 143 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

 W.O. E-9501

 BALANCE DUE 215.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

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

ISSUED BY

K. S. Sudall

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>100.00</u>
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
Handling Fee	77182	
Recording &	100	
Misc. Fees	77185	
Pre-Need	100	
Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41152

Date: 7/28/1911

From: C. Carter M. Bailey Address: 412 Elm Ave. San Diego, Cal. 92101

Dollars (\$ 18.00)

In Payment of

Lot 299 Grave 5 Row Section Division Block

Invoice No.

Acct. No.

W.O. 5-7601

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.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	18.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 18.00

OFFICIAL RECEIPT


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

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

No 43030

From:

Clay Bailey
Trusty

Address:

862 Elm Ave. Riv.
72110

Date:

11-25, 19*92*

Dollars (\$

20

In

Payment of

Pre Need Lot

Lot

143

Grave

5

Row

Section

1
Division
Block
11

Invoice No.

Acct. No.

W.O.

F-9501

BALANCE DUE

8/21

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

CITY AUDITOR

DEC 03 1992

005768

CREDIT

20% Sales Care

67007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77185

Recording &

100

Map Fee

77183

Pre-Need

63033

Trust

9022

Sales Tax

60101

76390

TOTAL PAID

\$

20
Pre-Need Lot ☒At Need ☐On Acct ☐Pre-need Trust ☐Cash ☐Check ☒
1071

ISSUED BY

Walt

OFFICIAL RECEIPT


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

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

NO 42547

Date: 7-23- 19 92
 From: Clayton W. Bailey Address: 862 Elm Ave. Chula Vista CA 91911
Fifty-Four and 1/100 Dollars (\$ 54.00)

 In part Payment of Preneed Lot Coupons 11, 12, 13

 Lot 143 Grave 5 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 9501BALANCE DUE 161.-Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

1029

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

ISSUED BY

W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	54 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	54 -

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41517

 From: Clayton Bailey Address: 862 Elm Ave. Ch. 91911
Fifty dollar no/100 Dollars (\$ 54.00)
 In _____ Payment of Credit Lot

 Lot 143 Grave 5 Row - Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-9501BALANCE DUE \$335.00Pre-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. G. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>54.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>54.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 43372

 From Clayton Bailey Address: 862 Elm St. Col.
Sixty Dollars (\$ 60.00)
 In _____ Payment of Pre-Need Not

 Lot 143 Grave 5 Row _____ Section 1 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9501BALANCE DUE 861-Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>58</u> <u>00</u>
80% Sales	100	<u>2</u> <u>00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>60</u> <u>00</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot*

Clayton W. Bailey

862 Elm Avenue

E-9501

Chula Vista, Ca. 91911

Month and Day Due Indicated Below

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

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

\$ *18.00*

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. *Credit Lot*

Clayton W. Bailey

E-9501

862 Elm Ave.

Chula Vista, Ca. 91911


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

 \$ 18.00

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. *Credit Lot*

Clayton W. Bailey

862 Elm Avenue

E-9501

Chula Vista, Ca. 91911

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



\$

18.00

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. *Credit Lot*

Clayton W. Bailey *E-9501*

862 Elm Ave.

Chula Vista, Ca. 91911

Month and Day Due Indicated Below

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

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

\$ 18.00

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. *Credit Lot*

Clayton W. Bailey

862 Elm Avenue

E-9501

Chula Vista, Ca. 91911

Month and Day Due Indicated Below

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

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



\$

18.00

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. *Credit Lot*

Clayton W. Bailey

E-9501

862 Elm Ave.

Chula Vista, Ca. 91911

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.



\$ *18.00*

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. *Credit Lot**Clayton W. Bailey**862 Elm Avenue**E-9501**Chula Vista, Ca. 91911*

Month and Day Due Indicated Below

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

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

\$

18.00
~~*18.00*~~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. *Credit Loc*

Clayton W. Bailey *E-9501*

862 Elm Ave.

Chula Vista, Ca. 91911

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.



\$ 18.00

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. *Credit Lot*

Clayton W. Bailey

862 Elm Avenue

E-9501

Chula Vista, Ca. 91911

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.

\$ *18.00*

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. *Credit Lot*

Clayton W. Bailey

E-9501


862 Elm Ave.

Chula Vista, Ca. 91911

Month and Day Due Indicated Below

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

Amount due when paid on, or before
due date above

 \$ *18.00*

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. *Credit Lot*

Clayton W. Bailey

862 Elm Avenue

E-9501

Chula Vista, Ca. 91911

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



\$

18.00

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



\$

\$

Amount Received

\$

18.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring this coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot*

Clayton W. Bailey

E-9501

368 Elm Ave.

Chula Vista, Ca. 91911

Month and Day Due Indicated Below

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

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



\$ *18.00*

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



\$ _____

\$ _____

Amount Received

\$ *18.00*

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. *Credit Lot*

Clayton W. Bailey

862 Elm Avenue

E-9501

Chula Vista, Ca. 91911

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							<i>20</i>				

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



\$

18.00
18.00

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



\$

\$

Amount Received

\$ 18.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lpt*

Clayton W. Bailey

E-9501

862 Elm Ave.

Chula Vista, Ca. 91911

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.



\$ 18.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E9501

MOUNT HOPE CEMETERY

June 17 19 91

The undersigned hereby requests and authorizes the interment of the remains of

Clayton Bailey Jr. in Lot 143 Gr 5 Row - Sec. 1
Block

Division 11 in accordance with and subject to the rules and regulations

governing said interment in Mount Hope Cemetery, and certifies and represents

that he or she has the legal right to make such authorization and agrees to

hold Mount Hope Cemetery harmless from any and all liability on account of said

authorization and interment.

Clayton Bailey Jr.
Signature of relative or legal
representative

862 Elm Ave Chula Vista CA 91911
Address & relationship to deceased or
authority to sign authorization

[Signature]
Witness
[Signature]
Witness

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date JUNE 17, 1991

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

of RUTH ARBERRY

in a T.S. VAULT 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 NO.

Lot 79 Grave 8 Row _____ Section 16 Division/Block 12

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 40862 100.00

Balance due 1207.25

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

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

Signature of record holder of deed _____

Signature Ruth Arberry
Address 2630 K St
San Diego 92102
State _____ Zip Code _____
Telephone 2350275

Work Order # **E** 9502

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41454

Date: 11-5, 19 91From: Ruth Aubrey Address: 2630 K St. SD 92102
One Hundred 70/100 Dollars (\$ 100.)
In _____ Payment of Pre-Need Lot & Trust
 Lot 79 Grave 88 Row - Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F-9502BALANCE DUE \$ 707.25Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184	<u>100</u>	<u>00</u>
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	65033		
Trust	9022		
Sales Tax	60101		
	78390		

ISSUED BY [Signature]TOTAL PAID \$ 100 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 41953

Date: 3-4- 1992
 From: RUTH ARBERRY Address: 2630 K STREET, SAN DIEGO 92102
ONE HUNDRED DOLLARS AND 00/100 Dollars (\$ 100.00)

 In PART Payment of PRENEED TRUST

 Lot 79 Grave 8 Row - Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 9502BALANCE DUE 307.25Pre-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

Wendy League

CREDIT	67007	
20% Sales Care	77184	
60% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	<u>100</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42298

Date: 6-1 1992From Lt. Oakley Address: _____
One Hundred 77 1/2 Dollars (\$ 100)
In _____ Payment of Pre-Need Trust
 Lot _____ Grave _____ Row _____ Section _____ Division
 Block _____

• Invoice No. _____

• Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
ISSUED BY White

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

TOTAL PAID \$ 100 W

OFFICIAL RECEIPT


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

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

N2 41716

Date: 1-3- 1992
 From: Ruth M. Berry Address: 430 K St. S.D.CA.
One Hundred and 00/100 Dollars (\$ 100.00)

 In Part Payment of Pre-need Trust

 Lot 8500 Grave 961 Row 20 Section Division Block
Invoice No. Acct. No. W.O. BALANCE DUE Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

AQ-212 (Rev. 1-91)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>100.00</u>
Trust	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
 527-3400

No 42089

Date: 4/6, 19 92From: Ruth Carpenter Address: 2630 K St. SD
One Hundred Dollars (\$ 100.00)
In Payment of Pre-Need Trust
 Lot 79 Grave 8 Row - Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502

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

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>100</u>
Trust	9022	<u>00</u>
Sales Tax	80101	
	78360	

ISSUED BY [Signature]TOTAL PAID \$ 100.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42185

Date: 5-1, 1993From: Ruth Anthony Address: 233 K St. SE
One Hundred 70/100 Dollars (\$ 100)
In _____ Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9502

BALANCE DUE _____

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

AC-212 (Rev. 1-81)

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

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

011968

ISSUED BY Wait

CITY AUDITOR

MAY 06 1992

OFFICIAL RECEIPT



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

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

No 41822

Date: 2/3, 19 92

From: Ruth Arberry Address: 230 K St. SD

One Hundred 90/100 Dollars (\$ 100.)

In _____ Payment of Pre-Need Lot + Trust

Lot 79 Grave 8 Row - Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F-9502

BALANCE DUE 6407.25

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

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

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY [Signature]

OFFICIAL RECEIPT


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

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

NO 42481

 From Ruth Orberry Address: 2638 K St.,
One Hundred 770/100 Dollars (\$ 100)
 In _____ Payment of Pre Need Fee & Trust

 Lot 49 Grave 18 Row _____ Section 1 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502BALANCE DUE 8246 50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
ISSUED BY [Signature]

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42786

Date: 10.2, 1992
 From: Ruth Arberry Address: 2630 K. St., S.W. CH 92102

 Forty - six and 25/100 Dollars (\$ 46.25)

 In Full Payment of Preneed Trust

 Lot 79 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 9502BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>46</u>
Trust	9022	<u>25</u>
Sales Tax	60101	
	78390	

TOTAL PAID \$ 46 25ISSUED BY: W. J. Teague

OFFICIAL RECEIPT


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

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

No 42685

Date: 9-2, 1992From: Ruth Aubrey Address: 230 K St. SDOne Hundred Dollars (\$ 100.)In _____ Payment of Pre-Need TrustLot 79 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9502BALANCE DUE 46.25Pre-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 SPACEISSUED BY [Signature]

CREDIT	67007		
30% Sales Com	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>100</u>	<u>W</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>100</u>	<u>W</u>

OFFICIAL RECEIPT


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

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

No 42570

 Date 8-3, 1990
 From Ruth Obering Address 2638 K St. SD 92102
One Hundred Dollars (\$ 100 -)
 In _____ Payment of Pre-Need Trust

 Lot 77 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502BALANCE DUE 8/4/90Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

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

ISSUED BY [Signature]TOTAL PAID \$ 100 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41575

Date: 12-3, 1991From: Ruth (L) Berg Address: 263 X St. SE 92102
One Hundred no/100 Dollars (\$ 100.00)
In _____ Payment of Pre Need Lot & Trust
 Lot 79 Grave 18 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502BALANCE DUE \$607.25Pre-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

00639

CITY AUDITOR

DEC 09 1991

ISSUED BY Y. Ait

CREDIT	4007		
20% Sales Care	7184		
80% Sales of Lots	7184		
Opening/Closing	77183		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78090		
TOTAL PAID	\$	<u>100</u>	<u>W</u>

OFFICIAL RECEIPT


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

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

No 41535

Date: 11-18, 1991From: Ruth O'berry Address: 2630 8th St. San Diego CA 92102
Forty Eight and 100/100 Dollars (\$ 48.00)
In Part Payment of Pre-need Trust: Lot.
 Lot 79 Grave 8 Row _____ Section 7 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502

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 Com	77184	
80% Sales	100	
of Lots	77184	<u>48.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>48.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E 9944

E 9944
N 41084

Date: 8/6/94, 1994

From: Keith M. Berry Address: 2620 K ST S.D. CA 92102

One hundred and 99/100 Dollars (\$ 100.99)

In PAID Payment of the need trust fee

Lot 77 Grave 20 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502

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 Robert J. 10/15/90

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.99</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E 9944
N^o 40932

Date: 2-5-, 1971

From: Ruth Anderson Address: 2630 K. ST. S.D. CA 92102

ONE HUNDRED AND 00/100 Dollars (\$ 100.00)

In PART Payment of PRE-NEED

Lot 79 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502

BALANCE DUE _____

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

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial	100	
Containers	77181	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>100.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E 9944
E-9944 No 40862

Date: June 17, 1991

From: Ruth Abernethy Address: 2630 K. St. San Diego 92102

One Hundred 00/100 Dollars (\$ 100.00)

In Part Payment of PRE-NEED LOT/Trust

Lot 79 Grave 8 Row _____ Section 1 Division 12 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502

BALANCE DUE \$1207.25

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

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>100.00</u>
Opening/ Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E-9944

No 41197

Date: 9-4, 1991

From: Ruth ARBERRY Address: 2630 K, ST. SAN DIEGO, CA 92102.

ONE HUNDRED AND 00/100 Dollars (\$ 100.00)

In PART Payment of PRE-NEED TRUST LOT

Lot 79 Grave 8 Row Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	100.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	100.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E-9944

Nº 41307

Date: 10-2, 1991

From: Ruth W. Barker Address: 2630 K Street, # 92102

One Hundred Dollars (\$ 100.00)

In Payment of Credit for Trust

Lot 179 Grave 8 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9502

BALANCE DUE \$807.25

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

2 OCT 07 1991

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>100.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 004002

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 17 1991

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

of Gracie Ann Bryant

in a T.S. Vault Funeral, date, time Thurs. 6/20 11:00 AM

Church, Chapel, Graveside CHURCH/G.S. : 8095dale Mortuary,

All Funeral cars must 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 4138 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 #40995 1407.25

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Sherry Ann Green

Address 933 150. 45th St.

City SAN Diego CA. 92113

Phone 266-1707 Zip Code _____

Work Order # E 9503

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9503

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

NAME OF DECEDENT—FIRST (GIVEN) GRACE		1B. MIDDLE ANN	1C. LAST (FAMILY) BRYANT	2. DATE OF BIRTH MONTH DAY YEAR 1-27-35	3. DATE OF DEATH MONTH DAY YEAR 8-12-91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		5. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Sherry Greer - Daughter 933 45th St. San Diego, CA 92133		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FURNER, DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA				7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE P-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 <i>Rebecca Williams</i>		8B. DATE SIGNED 6-17-96
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 17 1996	
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 Vital Records; P.O. Box 85222 San Diego, CA		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Barnes, M.D.</i>		
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA						
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 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 6/20/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A 4138-10 METAL-SEALER VAULT		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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 40995

Date: 7-15-1931From: HARRY A. GREEN Address: 203 1/2 5th ST S.D. CA 92113
FOURTEEN HUNDRED SEVEN AND 25/100 Dollars (\$ 1407.25)
In Full Payment of SERVICES FOR GREEN A. DEPT
 Lot 4138 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9503BALANCE DUE ✓Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐AC-212 (Rev 10-87) # 210NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>139.50</u>
80% Sales	100	<u>5.56</u>
of Lots	77184	<u>5.56</u>
Opening/	100	<u>3.28</u>
Closing	77181	<u>3.28</u>
Burial	100	<u>175.00</u>
Containers	77182	<u>175.00</u>
	100	<u>1.25</u>
Handling Fee	77185	<u>1.25</u>
Recording &	100	<u>35.00</u>
Misc. Fees	77183	<u>35.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>12.25</u>
	78390	
TOTAL PAID	\$	<u>1407.25</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

CASKET
SIZE L 39"
H 14"
W 14"

Date 6/18/91

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

in a LINER (CHILD) Funeral, date, time SAT 6/22/91 1:00 pm

Church, Chapel, Graveside CHAPEL GRADESIDE Calif - BURIAL Mortuary.

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

Lot 925 Grave _____ Row _____ Section 2 Division/Block 9

Grave space & Care Fund 195.00

Additional spaces and care fund _____

Opening/Closing & Setup 195.00

Burial Container 75.00

Handling Fees 25.00

Flower vases - Marker setting fee 437.35

Recording and filing fee 35.00

Sales taxes 5.25

Total Due 1404.25

Paid receipt number 40871 1404.95

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

3412 MISSISSIPPI APT. # 8

Address

SAN DIEGO, CA 92104

State

(619) 299-7368 Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 9504

PY-583 (REV. 8-88)

TINA
KATRINA
TOBIAS
299-7368

30 DAY
NOTE

PAID
JUN 19 1991
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151
N^o 40871Date: Jun 24, 1991From: Mount Hope Cemetery Address: 264-3151In Payment of Balance Due Dollars (\$) 150.05Lot 22 Grave 1 Row 1 Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-8504

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

013178

ISSUED BY [Signature]

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

TOTAL PAID \$ 150.05

E19504

195.00 +

195.00 +

75.00 +

25.00 +

431.35 +

35.00 +

5.25 +

007.....

961.60 *

1,404.95 +

961.60 -

002.....

443.35 *

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9504

1A. NAME OF DECEDENT—FIRST (GIVEN) ASHLEY		1B. MIDDLE DANIELLE	1C. LAST (FAMILY) TOBIAS	2. DATE OF BIRTH MONTH DAY YEAR 1/1/90	3. DATE OF DEATH MONTH DAY YEAR 6/15/91	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT TIMOTHY TOBIAS—FATHER 3812 MISSISSIPPI ST.#3 SAN DIEGO, CA 92104		
7A. TYPE AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 5602 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 7-1357				
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 <i>[Signature]</i>		8B. DATE SIGNED 6/19/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 19 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA		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.						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> CREMATION		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
<input type="checkbox"/> DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> F. DISINTERMENT		FOR CORONER'S USE ONLY		
				<input type="checkbox"/> I. DISPOSITION PENDING		
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARIGOT ST. SAN DIEGO, CA		11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 925-2-9 liner "OX" cloth 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.

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR,
VIA PURCHASING IF PAYMENT FOR
MATERIALS OR SUPPLIES, ORIG.
DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

E9504

THE CITY OF SAN DIEGO

DP N9 134

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE

DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

Refund

PAYMENT DATE FUND OVERRIDE

10 / 10 / 91

COMMENTS and/or SPECIAL INSTRUCTIONS:

LINE	SEQ	SY	DATE	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY - STATE - ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAY- MENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A			Katrina Tobias		Refund		4		5437.10		
	B			3158 Eisenhower, Apt. #331								
	C			San Antonio, Texas 78209								

TOTAL AMOUNT \$ 5437.10

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT											AUTHORITY FOR PAYMENT	
ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT	RES/DOC. NO. I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.	
		100	072		77183					5437.10		
											DEPT. HEAD OR DESIGNEE PURCHASING APPROVAL	
											AGENT AUDITOR APPROVAL	

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4/18/91

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

of MASAYOSHI GRACE TSUIDA

in a LINERS

Funeral, date, time

Church, Chapel, Graveside

Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran YES WWII

Lot 59 Grave 4F5 Row — Section 2 Division/Block 11

Grave space & Care Fund 2 at 495.00 990.00

Additional spaces and care fund

Opening/Closing & Setup 2 at 320.00 640.00

Burial Container 2 at 100.00 200.00

Handling Fees 2 at 145.00 290.00

Flower vases - Marker setting fee

Recording and filing fee 2 at 35.00 70.00

Sales taxes 2 at 7.00 14.00

Total Due 2,204.00

Paid receipt number 408106 500.00

Balance due 1,704.00

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

Masayoshi Tsuida

Signature

4110 GAVENOR DR

Address

SAN DIEGO, CA

State

92122

Zip Code

276-4937

Telephone

Work Order #

E

9505

Invoice #

Acct. #

E9505

0.4

500.00 +

71.00 +

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2133.00 +

2133.00 +

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151
N^o 40866Date: 6/18, 19 91From: 11111111111111111111 Address: 4210 GARDEN HILL AVE. SAN JUAN CA 92139In 1000 Dollars (\$ 500.00)Payment of Credit
 Lot 59 Grave 415 Row Section 2 Division Block 11
Invoice No. Acct. No. W.O. E-9505BALANCE DUE 1,709.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY L. P. Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>500.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>500.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151
N^o 40994Date: July 5, 19 91
 From: MASUYASHI TSUDA Address: 4210 GERRARD DR.
Seventy-one 00/100 Dollars (\$) 71.00

 In Part Payment of Pre-need lot / trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9505

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	<u>71.00</u>
Sales Tax	60101	
	78390	

TOTAL PAID \$ 71.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41.099

 Date: 8/8/91, 1991

 From: FRANK TRUINA Address: 4210 GAVELAND DRIVE S.D.C.A. 92109
SEVENTY ONE AND 00/100 Dollars (\$ 71.00)

 In PAY Payment of PRE-NEED TRUST LOT

 Lot 59 Grave 4.5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

 W.O. E-9505

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

Kurt Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>71.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>71.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

№ 41219

003048

Date: 8-6-91 1991

From Mazaynski, T. J. Address: 4910 FOREMAN DR, SAN DIEGO

SEVENTY ONE AND 00/100 Dollars (\$ 71.00)

In CASH Payment of PRE-NEED TRUST

Lot 54 Grave 435 Row _____ Section 6 Division Block 11

Invoice No: _____

Acct. No: _____

W.O. E-9506

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

CITY AUDITOR

SEP 12 1991

ISSUED BY R. J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	5	<u>71.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41273

 Date: 9-20, 1991

 From John T. Smith Address: San Diego, CA 92102

 Dollars (\$ 71.00)

 In Payment of Plot 7222 Lts 1 & 2

 Lot 59 Grave 4.5 Row Section 2 Division Block 11

 Invoice No.

 Acct. No.

 W.O. F 9505

 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	100	
of Lots	77184	<u>71.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>71.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41354

 From: Masayoshi Tsuidi Address: 4210 Governor Dr Date: 10-7, 1991
Seventy one Dollar ¹⁰⁰/₁₀₀ Dollars (\$ 71.00)
 In _____ Payment of Pre-need Lots / Trust Opened:

 Lot 59 Grave 4-5 Row _____ Section 2 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9505

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

3977

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

ISSUED BY

D. Carter

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	71	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	71	00

OFFICIAL RECEIPT


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

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

No 41511

Date: 11-14, 1991
 From GRACE TSUIDA Address: 4210 GOVERNOR DR
SEVENTY ONE AND 00/100 Dollars (\$ 71.00)

 In PART Payment of PRE-NEED TRUST LOT

 Lot 59 Grave 495 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

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	100	
of Lots	77184	<u>71.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78395	
TOTAL PAID	\$	<u>71.00</u>

#3997

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41749

Date: 1-9-, 1998
 From: Masayoshi Tanida Address: 4210 Governor Dr. S.D. 92132
Seventy One and 00/100 Dollars (\$ 71.00)

 In Part Payment of Pre-need Lot & Trust

 Lot 59 Grave 4+5 Row - Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒
 # 4092
 AC-012 (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	
Opening/ Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>71.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

527-3400

No 41847

Date: 2-7, 1992

From: Grace & Masayoshi Tsuda Address: 4210 Governor Dr S.D. CA 92122

Seventy one Dollar 00/100 Dollars (\$ 71.00)

In _____ Payment of Pre-need Trusts

Lot 59 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-950s

BALANCE DUE 1130.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

4042

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

ISSUED BY

D. Carter

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>71</u>	<u>00</u>
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>71</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42005

Date: 3-10, 1972From: Grace Louida Address: 4210 Generals Hwy, SD 92122
Seventy-five Dollars (\$ 71.00)
In Payment of Pre-Need Lot + Trust
 Lot 59 Grave 465 Row - Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

BALANCE DUE _____

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

AC-212 (Rev. 1-91)

4055

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
60% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	71 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	71 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42107

Date: 4/8/94, 1994From: Grace Paula Address: 4210 Glenview Dr. S.D. CA 92132
Seventy One Dollars (\$ 71.00)
In Full Payment of Pre need lot & Trust
 Lot 59 Grave 445 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐
4067
 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	<u>71.00</u>
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>71.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42386

Date: 1-23, 19 92
 From MASAYOSHI TSUBOI Address: 420 GOVERNOR DR S.D. CA 92122
Seventy-one 00/100 Dollars (\$ 71.00)

 In Part Payment of Pre need Lot/Trust

 Lot 59 Grave 4-5 Row _____ Section 2 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-9505BALANCE DUE 917.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
ISSUED BY K. S. Shultz

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>71 00</u>
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 71 00

OFFICIAL RECEIPT


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

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

NO 42414

Date 6-24, 1972From: Grace Tsuda - Address: 4210 Governor Dr., SD 92122
Security Bond Dollars (\$ 71.00)
In _____ Payment of Pre-Need Not + Trust
 Lot 59 Grave 4+5 Row - Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

BALANCE DUE _____

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

AC-212 (Rev. 1-81)

4091

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	71	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	71	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42507

Date: 7-10, 1992From: Grace Tsuda Address: 4210 Governor Dr.
Seventy-one and xx/100 Dollars (\$ 71.00)
In part Payment of preneed trust
 Lot 59 Grave 4+5 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 9505BALANCE DUE 781NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

ISSUED BY

W. J. Teague

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	60033	<u>71</u>	<u>-</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>71</u>	<u>-</u>

OFFICIAL RECEIPT


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

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

No 42579

Date: 8-4, 19 93From: Dr. Maryski David Address: 4510 Governor St
Security Inc No 100 Dollars (\$ 71.00)
In Payment of Pre-Need Lots + Trusts
 Lot 59 Grave 425 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

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	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>71 00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>71 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42730

Date: 9-16, 1992From: Grace Mary Ann Maida Address: 4210 University Ave. SDIn Security Co. Payment of Pre-Need Lots + Trust Dollars (\$ 71.)Lot 59 Grave 4-5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

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 SPACEISSUED BY W. White

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	<u>71</u> <u>00</u>
Sales Tax	60101	
	78390	

TOTAL PAID \$ 71 00

OFFICIAL RECEIPT


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

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

No 42823

Date: 10-8-, 19 92From: Grace & Masayoshi Furuta Address: 4210 Governor Dr., S.D. CA 92122
Seventy-one and 22/100 Dollars (\$ 71.00)
In part Payment of Bonnet Trust - Coupon #16
 Lot 59 Grave 4 & 5 Row _____ Section 2 Division Block 77

Invoice No. _____

Acct. No. _____

W.O. E9505BALANCE DUE 568.00Pre-Need Lot ☐ At Need ☐ On Acct. ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

449

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

ISSUED BY

Wendy J. Jorgue

CREDIT	87007	
20% Sales Care	77184	
90% Sales of Lots	100	
Opening/ Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	71 -
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	71 -

OFFICIAL RECEIPT


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

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

No 42952

Date: 11-6-, 1992From: Jesus Tinida Address: 4210 Governor Dr., S.D. CA 92122
Seventy one and xx/100 Dollars (\$ 71.00)
In part Payment of preneed trust coupon # 17
 Lot 59 Grave 445 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E9505BALANCE DUE 497Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

4168

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	71	-
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	1	71	-

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 43096

Date: 12-7, 19 92From: GRACE TSUIDA Address: 4210 GOVERNOR DR. ALIn: Severing Bros Payment of: Pre-Need Lot & Trust Dollars (\$ 71.00)Lot 59 Grave 4 & 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>71</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 71.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 43235

Date: 1-13, 1993
 From: Grace Trujillo Address: 4210 Governor St, San Diego, CA
Security One Dollars (\$ 71.00)

 In Payment of Pre-Need Trust

 Lot 57 Grave 4-5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>71.00</u>
	9022	
Sales Tax	60101	
	78390	

ISSUED BY [Signature]TOTAL PAID \$ 71.00

OFFICIAL RECEIPT


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

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

No 43329

Date 2-5, 1993
 From: Maryoaki Tsuda Address: 4210 Governor Dr. S.D. 92122

 In part Payment of Seventy-one Pre Need Lot & Trust Dollars (\$ 71.00)

 Lot 59 Grave 4+5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505BALANCE DUE \$284.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒AC-212 (Rev. 1-91) 4220NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY M. Lequer

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>71</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>71</u>	<u>00</u>

OFFICIAL RECEIPT


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

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

43445

Date: 3-8, 19 93
 From: Grace Zavala Address: 4210 Governor Dr S.D. CA 92122
Seventy-one Dollars (\$) 71.00

 In part Payment of Pre Need Lot & Trust

 Lot 59 Grave 4+5 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-9505BALANCE DUE \$ 213.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

4237

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>71</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>71</u>	<u>00</u>

OFFICIAL RECEIPT


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

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

43576

Date: 4-7, 1993From: Super Service Address: 4210 S. D. Ave. 92122Dollars (\$ 71.00)In part Payment of Pre Need Lot + TrustLot 59 Grave 445 Row _____ Section 3 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9505BALANCE DUE 213.00Pre-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 H. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>71</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>71</u>	<u>00</u>

43686

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
Date: 5-10, 19 93From: Masayoshi Tsuda Address: 4210 Governor Dr. S.D. 92122
seventy-one Dollars (\$ 71.00)
In part Payment of Pre Need Lot & Trust
 Lot 59 Grave 445 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7505BALANCE DUE 142.00Pre-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	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>71</u>
Trust	9022	<u>00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>71 00</u>

4274

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot & Trust*
Grace & Masayoshi Tsuida
4210 Governor Dr.
San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ 71.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
Grace & Masayoshi Tsuida
4210 Governor Dr.
San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ 71.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME GRACE & MASAYOSHI TSUIDA

ADDRESS 4210 GOVERNOR DR.

CITY SAN DIEGO STATE CA ZIP 92122

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot & Trust*
Grace & Masayoshi Tsuida
4210 Governor Dr.
San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot & Trust*

Grace & Masayoshi Tsuida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

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



\$ _____

\$ _____

Amount Received

\$ *71.00*

NAME *MASAYOSHI TSUIDA*

ADDRESS *4210 GOVERNOR DRIVE*

CITY *SAN DIEGO* STATE *CA* ZIP *92122*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot & Trust*

Grace & Masayoshi Tsuda

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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

\$ *71.00*

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

\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK -

ACCOUNT No. *Pre-Need Loz & Trust*

Grace & Masayoshi Tsuida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME *MASAYOSHI + GRACE TSUIDA*

ADDRESS *4210 GOVERNOR DR*

CITY *SAN DIEGO* STATE *CA* ZIP *92122*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot & Trust*
Grace & Masayoshi Tsuida
4210 Governor Dr.
San Diego, CA 92122 *E-9505*

Month and Day Due Indicated Below

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

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

\$ 71.00

Amount due if paid more than _____ days
after due date above:

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot & Trust*

Grace & Masayoshi Tsuida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME *MASAYOSHI & GRACE TSUIDA*

ADDRESS *4210 GOVERNOR DRIVE*

CITY *SAN DIEGO* STATE *CA* ZIP *92122*

☐ check (✓) if this is new address

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

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot 8 Trust*
Grace & Masayoshi Tsuda
4210 Governor Dr.
San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME *Masayoshi + Grace Tsuda*

ADDRESS *4210 GOVERNOR DR*

CITY *SAN DIEGO* STATE *CA* ZIP *92122*

☐ check (✓) if this is new address

Send or bring this coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Paid Lot & Trust*

Grace & Masayoshi Tsuida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above.



\$ *71.00*

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME *MASAYOSHI TSUIDA*

ADDRESS *4210 GOVERNOR DR*

CITY *SAN DIEGO*

STATE *CA*

ZIP *92122*

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot 8 Tausse*

Grace & Masayoshi Tsuida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME *MASAYOSHI TSUIDA*

ADDRESS *4210 GOVERNOR DR*

CITY *SAN DIEGO* STATE *CA* ZIP *92122*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Paid Lot 3 Trans*

Grace & Masayoshi Tsulida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME *MASAYOSHI & GRACE TSULIDA*

ADDRESS *4210 GOVERNOR DR*

CITY *SAN DIEGO* STATE *CA* ZIP *92122*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pay-Need Lot & Trust*

Grace & Masuyoshi Tsuda

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

Amount due if paid more than _____ days
after due date above:



\$ _____

\$ _____

Amount Received: c

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Paid Loc 6 Trust

Shinji & Masayoshi Tsuida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ 71.00

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



\$ _____

\$ _____

Amount Received \$ 71.00

NAME MASAYOSHI TSUIDA

ADDRESS 4210 GOVERNOR DR

CITY SAN DIEGO STATE CA ZIP 92122

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lot & Trust*

Grace & Masayoshi Tsuida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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

\$ *71.00*

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

\$ _____

\$ _____

* Amount Received

\$ *71.00*

NAME *MASAYOSHI-TSUIDA*

ADDRESS *4210 GOVERNOR DR.*

CITY *SAN DIEGO*

STATE *CA*

ZIP *92122*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Paid Loc & Trust*
Grace & Masayoshi Tsukida
4218 Governor Dr.
San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

Amount due when paid on, or before
due date above



\$ 71.00

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



\$ _____

\$ 71.00

Amount Received \$ _____

NAME MASAYOSHI TSUKIDA

ADDRESS 4218 GOVERNOR DR

CITY SAN DIEGO STATE CA ZIP 92122

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Wed Lot 8 Tami**

Grace S Masayoshi Tsubida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ **71.00**

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



\$ _____

\$ _____

Amount Received \$

71.00

NAME **MASAYOSHI Tsubida**

ADDRESS **4210 GOVERNOR DR.**

CITY **SAN DIEGO** STATE **CA** ZIP **92122**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON



18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot 8 Trans****Grace S Masayoshi Tawada****4210 Governor Dr.****San Diego, CA 92111****E-9505**

Month and Day Due Indicated Below

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

Amount due when paid on, or before,
due date above. \$ **71.00**Amount due if paid more than _____ days
after due date above. \$ _____

\$ _____

Amount Received \$ _____

NAME **MASAYOSHI TAWADA**ADDRESS **4210 GOVERNOR DR**CITY **SAN DIEGO** STATE **CA** ZIP **92122**☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot 5 TMS&CGrace & Masayoshi Tsuida4210 Governor Dr.San Diego, CA 92122E-9505

Month and Day Due Indicated Below

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

Amount due when paid on, or before,
due date above\$ 71.00Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME MASAYOSHI TSUIDAADDRESS 4210 GOVERNOR DRCITY SAN DIEGO STATE CA ZIP 92122☒ Check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Paid Lox & Transit**Grace & Masayoshi Tsuیدا**4210 Governor Dr.**San Diego, CA 92122**E-9505*

Month and Day Due Indicated Below

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

Amount due when paid on, or before,
due date above\$ *71.00*Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ _____

NAME *MASAYOSHI TSUIDA*ADDRESS *4210 GOVERNOR DR.*CITY *SAN DIEGO* STATE *CA* ZIP *92122*☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Paid Loc 8 Tansu*

Grace S Masayoshi Tanida

4218 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ *71.00*

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME *MASAYOSHI TSUIDA*

ADDRESS *4218 GOVERNOR DRIVE*

CITY *SAN DIEGO* STATE *CA* ZIP *92122*

☐ 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 Lot 8 Trust**

Grace S Masayoshi Tsuchida

4210 Governor Dr.

San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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



\$ **71.00**

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



\$ _____

\$ _____

Amount Received + \$ _____

NAME **MASAYOSHI TSUCHIDA**

ADDRESS **4210 GOVERNOR DR**

CITY **SAN DIEGO** STATE **CA** ZIP **92122**

☐ 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 Lot 5 Tangle
Grace S. Masagoshi Tangle
4210 Governor Dr.
San Diego, CA 92122

E-9505

Month and Day Due Indicated Below

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

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

\$

71.00

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

\$

\$

Amount Received \$

NAME MARYUSH, ISHIDA

ADDRESS 4210 GOVERNOR DR

CITY SAN DIEGO STATE CA ZIP 92122

☐ check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/18/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LORETTA FAYE CELESTINE

in a LINER Funeral, date, time WED 6/16 12:00 NOON

Church, Chapel, Graveside CHURCH, G.S. ; HUMPHREY Mortuary.
(BAPTIST)

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

Lot 90 Grave 3 Row — Section 2 Division/Block 11

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.00

Total Due 1202.00

Paid receipt number 40873 100.00

Balance due 1102.00

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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

Norella F. Celestine
188 Calle Primera #E
SAN YSIDRO, CA 92073
(619) 428-0428

Work Order #

PY-593 (REV. 8-88)

E

9506

Invoice #

Acct. #

1162463

067121

Bal 8902.^w

4/25 20.^w - # ~~41030~~ 41032

882.^w

7-15 22.^w 41015

860.^w

60.^w

41134

8-16

800.^w

130.^w

- Aux Invoice

9/20

670.^w

MT. HOPE CEMETERY

W.O. # E-9506

NOTE

\$ 922.00 San Diego, California 6/24 1991

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 and two dollars DOLLARS with interest from 7/26/91 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 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 Kevin D. Celestine SIGNATURE Kevin D. Celest

ADDRESS 3975 Boston Ave

CALIFORNIA DRIVER LICENSE NUMBER C3739506 SSN # 564-11-0053

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) LORETTA	1B. MIDDLE FAYE	1C. LAST (FAMILY) CELESTINE	2. DATE OF BIRTH MONTH DAY YEAR 08-31-1945	3. DATE OF DEATH MONTH DAY YEAR 06-19-1991	4. SEX F
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Violetta F. Celestine Daughter 188 Calle Primera, #E San Ysidro, CA 92073		
7A. TYPED NAME AND ADDRESS OF APPLICANT, FUNERAL HOME OR PERSON ACTING AS SUCH Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 6-21-91
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	-----------------------------------

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 24 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA _____				

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVaultMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT 3	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE INTERRED 6-26-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY LINER/METAL SEALER N/A	12B. DATE CREMATED 93-3-2-11	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41134

Date: 8/16/91, 1991

From: Kevin Martin Address: 2975 Buena Vista, San Diego, CA 92122

Dollars (\$ 60.00)

In Payment of 002246

Lot 90 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-9506

BALANCE DUE 74.00

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

CITY AUDITOR

AUG. 22 1991

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

AC-212 (Rev. 10-87)

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	60.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 40873

Date: 4/20, 19 71From: Rev. J. H. Hill Address: 3975 Foster Ave. San Diego 16, CAIn 100.00 Dollars (\$ 100.00)Payment of Interment of J. H. HillLot 90 Grave 3 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-4506BALANCE DUE 1102.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY J. H. Hill

CREDIT	57007	
20% Sales Comm	77184	
90% Sales	100	<u>100.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	53033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 40874

Date: June 2, 1991From: Arthur Patterson Address: 215 40th St SD CA 9213In one hundred Dollars (\$ 100.00)In Part Payment of Mount Hope CemeteryLot 90 Grave 7 Row 2 Section 11 Division Block

Invoice No. _____

Acct. No. _____

W.O. E-9506BALANCE DUE 1002.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev 10-87)

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

013551

ISSUED BY _____

 CITY AUDITOR
 JUN 3 1991

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	100.00
Opening	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	100.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

No 40878

Date: 6/24, 1991

From: Karen Celestine Address: 3425 Poston Ave. San Diego, CA 92113

One hundred dollars (\$100.00) Dollars (\$100.00)

In Payment of Interment & further fee

Lot 90 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-9506

BALANCE DUE 902.00

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 Lisa Black

CREDIT	67007	
20% Sales Comm	77184	
80% Sales	100	100.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	100.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41032

 Date: 7-25, 1991

 From: Kenneth Coleman Address: 3175 Boston Ave, Lk 92113

 Dollars (\$ 20.00)

 In Payment of Kenneth Coleman

 Lot 40 Grave 3 Row Section 2 Division Block 11

 Invoice No.

 Acct. No.

 W.O. E-5506

 BALANCE DUE \$860.00

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	79390	
TOTAL PAID	\$	<u>20.00</u>

 ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

No 41019

Date: 7-19-1991

From: KEVIN KEESTINE Address: 3975 BOSTON AVE. #5017
Twenty Two and 500 Dollars (\$ 22.00)

In 100% Payment of INTERMENT & LOT TO KEVIN KEESTINE

Lot 90 Grave 31 Row Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9504

BALANCE DUE 890.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	22.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63003	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	22.00

Not entered
on order
- \$60.00

E9506

• MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/18/91

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

of MARY FRANCES MICKEY

in a LINER Funeral, date, time THURS 6/20 1:30

Church, Chapel, Graveside CHURCH, GRAVESIDE BEARDSLEY-MITCHELL Mortuary.

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

✓ Lot 4723 Grave Row Section Division/Block 10

Grave space & Care Fund 895.00

Additional spaces and care fund 320.00

Opening/Closing & Setup 100.00

Burial Container 145.00

Handling Fees 35.00

Flower vases - Marker setting fee 7.00

Recording and filing fee 1502.00

Sales taxes 1502.00

Total Due 1502.00

Paid receipt number 408108 1502.00

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

MYRNA VERDURA
Myrna Verdura
Signature 40537 ERVAL
Address STERLING HTS
State MI Zip Code 48313
Telephone 313 939-6646

Work Order # **E** 9507
PY-593 (REV. 8-85)

Invoice #
Acct. #

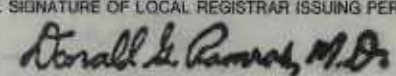
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9507

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY	1B. MIDDLE FRANCES	1C. LAST (FAMILY) MICKEY	2. DATE OF BIRTH MONTH DAY YEAR NOV 20, 1911	3. DATE OF DEATH MONTH DAY YEAR JUN 17, 1991	4. SEX FEMALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY COLETTE, DAUGHTER 3735 MONTECITO AVENUE PHOENIX, AZ 85016	
7A. TYPE, NAME, AND ADDRESS OF APPLICANT, FUNERAL HOME, OR PERSON TO WHOM REMAINS WERE DELIVERED BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 JUN 20, 1991
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

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 \$7.00	9B. DATE PERMIT ISSUED JUN 19 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> 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 6/20/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT 
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4723-10 METAL-SEALER LINER	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

COPY 2 IS RETAINED BY 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 40868

 Date: 6/18, 1991

 From: Mr. & Mrs. [illegible] Address: 4637 [illegible]

 Dollars (\$ 1502.00)

 In 1st Payment of Interment of [illegible]

 Lot 4723 Grave Row Section Division Block 10

 Invoice No.

 Acct. No.

 W.O. E-9507

 BALANCE DUE

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>150.00</u>
80% Sales	100	<u>716.00</u>
of Lots	77184	
Opening/	100	<u>330.00</u>
Closing	77181	
Burial	100	<u>100.00</u>
Containers	77182	
	100	<u>145.00</u>
Handling Fee	77185	
Recording &	100	<u>35.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>7.00</u>
	78390	
TOTAL PAID	\$	<u>1502.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/18/91

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

of Shelton C. MOORE, Jr.

in a T.S. Vault Funeral, date, time Fri, 6/21, 1:30 pm

Church, Chapel, Graveside Church + Grave - Ragsdale Mortuary Birdi

All Funeral cars must 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 1163 Grave 11 Row — Section 1 Division 12

Grave space & Care Fund 395.00

Additional spaces and care fund —

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 1107.25

Paid receipt number 40869 500.00

Balance due 607.25

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

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

Signature of recorded holder of deed

Signature John Z Bolden Jr

Address 2359 Windmill View Rd

Calif El Cerrito 92020

State 619 Telephone 697-6225 Zip Code

Telephone

Work Order # E 9508

PY-883 (REV. 8-88)

Invoice # 162454

Acct. # 067122

MT. HOPE CEMETERY

W.O. # E-9508

NOTE

\$ 607.25 San Diego, California 6-18 1991

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 July 21, 1991 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 JOHN L. BOLDEN SR SIGNATURE John L. Bolden

ADDRESS 2359 Windmill View RD EL CAJON CALIF 92020

CALIFORNIA DRIVER LICENSE NUMBER K0725739 SSN # 564-60-3843

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9508

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

FOUND E9508

1A. NAME OF DECEDENT—FIRST (GIVEN) SHELTON		1B. MIDDLE CLINTON		1C. LAST (FAMILY) MOORE, SR.		2. DATE OF BIRTH MONTH DAY YEAR 7-15-64		3. DATE OF DEATH MONTH DAY YEAR 8-17-91		4. SEX M			
5A. CITY OF DEATH National City				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE John Holden - Brother 2359 Wind Mill View Rd, El Cajon, CA 92020					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL HOME OR PERSON AUTHORIZED AS SUCH Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER 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 <i>Debra Williams</i>						8B. DATE SIGNED 6-20-91	
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.						9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUN 20 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rivas, M.D.</i>			
AUTHORIZATION OF LOCAL REGISTRAR 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 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 IN CALIFORNIA	
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS													
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA													
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>													
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA				11B. DATE INTERRED 6/21/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>J. R. [Signature]</i>					
		12A. NAME AND ADDRESS OF CREMATORY N/A 163-11-H-2 METAL-NON SEALER T.S. VAULT				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT					
		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 2 IS RETAINED BY 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

 E9508 No 40869
 E9508

Date: 6-18, 1971

From: Elizabeth Cullen Address: 335 Pomeroy St #3, La Jolla, CA 92037

In Payment of: Dollars (\$ 500.00)

Lot 163 Grave 11 Row Section Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE 4607.22

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	316 W
Opening/	100	
Closing	77181	115 W
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	500.00 W

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C6S-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/17/91

DATE: 09/17/91
TIME: 215649
PAGE: 23

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
162454	07/25/91	067122	JOHN BOLDEN, SR.				09/16/91	CA	0000	0.25	607.25	0.00
			100	072	77181	000072				0.09		
			100	072	77182	000072				0.07		
			100	072	77183	000072				0.01		
			100	072	77185	000072				0.07		
			60101		78390					0.01		

E-9508

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6/19/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TOMMIE WAGNER GARCIA P.A. 1114093

in a LINER Vault/Liner Funeral, date, time THURS 6/20 11:30 A.M.

Church, Chapel, Graveside DEL 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 122 Grave 6T Row — Section 2 Division/Block 11

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297.00

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice # 1162451

Acct. # 000952

Work Order # E 9509

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9509

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

Found

E9509

1A. NAME OF DECEDENT—FIRST (GIVEN) Tommie	1B. MIDDLE J. Wagner	1C. LAST (FAMILY) Garcia	2. DATE OF BIRTH MONTH DAY YEAR 12-3-69	3. DATE OF DEATH MONTH DAY YEAR 6-7-91	4. SEX M
5A. CITY OF DEATH Oceanside	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA.		7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 6-20-91
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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 7.00	9B. DATE PERMIT ISSUED JUN 20 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 San Diego, CA.	11B. DATE INTERRED 6/20/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 122-4T-2-11 LINER PRESSED WOOD	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

 E9509 N^o 41173
Date: 1/26/11, 1911From: City of San Diego Address: 1000 El Cajon Rd San Diego CA 92108Two Thousand Sixty Seven and 00/100 Dollars (\$ 267.00)In Full Payment of Services for Mount Hope Cemetery PA# 1114093Lot 122 Grave 46T Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-2509BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>267.00</u>

ISSUED BY Rick Jones

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 19 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Archanna M. Williams

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 NO

Lot 35 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>495.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>100.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>7.00</u>

Total Due 1102.00

Paid receipt number 40872 1002.00

Balance due 100.00
7/17/91 - 41004 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 _____

Archanna M. Williams
Signature
3251 Solola Ave
Address
San Diego, Ca. 92114
City
264-7278
Telephone
Zip Code

Work Order # **E** 9510
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

NAME Williams, Archanna

ACCT. NO. E-9510



ADDRESS 5251 Solola Avenue

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-19-91	Pre-Need Lot & Trust Opened:				
	Lot 35; grave 3; section 2; division 11	495.00			
	Trust: O/C; Liner; handling fee; recording fee; tax on liner	607.00			1102.00
6-19-91	Receipt #40872			1002.00	100.00
7-17-91	Receipt 41004			100.00	0

Paid-In full

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 40872

 Date: June 10, 1991

 From: Union Bank Address: 1110 1st St. San Diego, CA 92101
Two Hundred and Thirty Dollars (\$ 232.00)

 In Full Payment of Balance Due

 Lot 75 Grave 3 Row Section 2 Division Block 11

 Invoice No.

 Acct. No.

 W.O. E. 9510

 BALANCE DUE 232.00

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

CREDIT	67007	
30% Sales Earn	77184	<u>60.00</u>
80% Sales of Lots	100	<u>172.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>50.00</u>
Trust	9022	
Sales Tax	60101	
	78390	

 TOTAL PAID \$ 232.00

 ISSUED BY [Signature]

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41004

Date: 7-17, 1991

From: William J. Williams Address: 5551 Jolly Ave. SE 92114Dollars (\$ 100.00)In: Pl. 1st Trst Payment of Pl. 1st TrstLot 55 Grave 13 Row 1 Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 9510

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 SPACEISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>100.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

Pre-need
trust/lot

E9510
E9510

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 19 day of June, 19 91, between Archanne Williams, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 35, Grave 3, Row —, Section 2, Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 1102.00, payable as follows: \$ 1002.00 cash herewith, the receipt of which is hereby acknowledged; \$ 4.17 on the 10th day of July, 19 91; and the balance in installments of \$ 4.17 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER BY MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This Agreement described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

E9510
E9510

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

EASIO
EASIO

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS
ESTABLISHED FOR:

Total due
\$ 1102.00
Payment
\$ 1002.00
balance due
\$ 100.00
6/18/91

Archanna M. Williams
Name

5251 Solola Ave
Address

San Diego, Cal. 92114

PURCHASER

ARCHANNA M. WILLIAMS
Print Name

Archanna M. Williams
Signature

5251 Solola Ave
Street Address (Mail)

San Diego Ca. 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: H. L. Hyndall

SLW:st(62-1)
1-23-90

E9510

E9510

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 19 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Archanna M. Williams

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 NO

Lot 35 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 495.00

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 1102.00

Paid receipt number 40872 1002.00

Balance due 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 _____

Archanna M. Williams

5251 Spolola Ave

San Diego, Ca. 92114

264-7278 Zip Code

Work Order # **E** 9510

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-21-91

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

in a liner Funeral, date, time Mon, 6/24 2pm

Church, Chapel, Graveside Del Oro Meekley-Mitchell Mortuary.

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

Lot 170 Grave 10 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 395.00

Additional spaces and care fund 320.00

Opening/Closing & Setup 100.00

Burial Container 145.00

Handling Fees 35.00

Flower vases - Marker setting fee 7.00

Recording and filing fee 1002.00

Sales taxes 41048

Total Due 1002.00

Paid receipt number 41048

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** **9511**

PR-593 (REV. 8-86)

Invoice # _____

Acct. # _____

INVOICE
Public Administration
1331 CLARK RD
EL CENTRO, CA 92521
(661) 339-6281
ATTN: John Goodsell

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E9511

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
6-21-91	

TO: Public Administrator
1331 Clark Road
El Centro, Ca. 92243

Attn: John Goodell

DESCRIPTION OF CHARGE

AMOUNT

Burial Services For: Peter Pastor

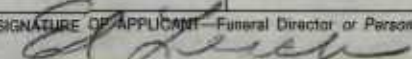
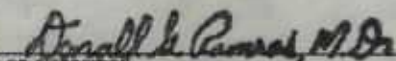
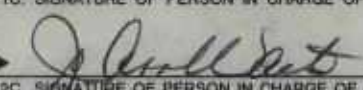
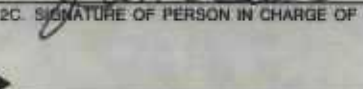
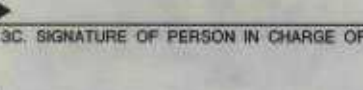
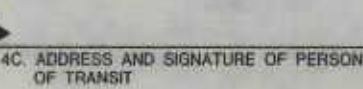
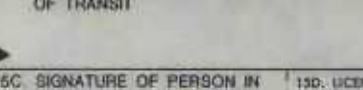
Grave Space	\$395.00
Opening/Closing	320.00
Liner	100.00
Handling Fee	145.00
Recording & Filing fee	35.00
Tax on Liner	<u>7.00</u>

Total: \$1002.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9511

1A. NAME OF DECEDENT—FIRST (GIVEN) PETER		1B. MIDDLE D.	1C. LAST (FAMILY) PASTOR		2. DATE OF BIRTH MONTH DAY YEAR MAY 9, 1942	3. DATE OF DEATH MONTH DAY YEAR JUN 20, 1991	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE PUBLIC ADMINISTRATOR 1331 SOUTH CLARK ROAD, BLDG 11 EL CENTRO, CA 92243		
7. NAME AND ADDRESS OF PERSON ACTING AS SUCH NORLEY MITCHELL HORTWARY, 3695 FIFTH AVENUE, SAN DIEGO, CA 92103				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FL119E			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 		8B. DATE SIGNED JUN 21, 1991			
* PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUN 21 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA							
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVaultMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>							
INTERMENT		11A. NAME AND ADDRESS OF CEMETERY AT HOME CEMETERY, 5751 MARKET STREET, SAN DIEGO, CA		11B. DATE INTERRED 6/24/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT 	
CREMATION		12A. NAME AND ADDRESS OF CREMATORY 170-10-1-18 liner 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.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41048

 Date: 9-1, 19 91

 From: Superior County, PA Address: 1331 S. Clark St., P.O. Box 111, Elmer, PA
One Thousand Two Dollars Dollars (\$) 1002.00

 In _____ Payment of Invoice for Peter P. M. etc

 Lot 170 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

 W.O. E 9511

 BALANCE DUE 2

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

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

CREDIT	67007		
20% Sales Cam	77184	<u>79</u>	<u>00</u>
80% Sales of Lots	100	<u>316</u>	<u>00</u>
Opening/Closing	77181	<u>370</u>	<u>00</u>
Burial Containers	100	<u>100</u>	<u>00</u>
	77182	<u>145</u>	<u>00</u>
Handling Fee	100	<u>35</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>7</u>	<u>00</u>
	78390		
TOTAL PAID	\$	<u>1002</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6-21-91

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

of GRACE BURTON

in a Double Death Crypt Funeral, date, time Tue, 6/25 12:30 pm

Church, Chapel, Graveside Graveside Only; Feathering Mortuary, (WALL)

All Funeral cars must 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 2nd Burial of double death crypt

Lot 442 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid (\$5817) _____

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Paid (\$5817) PAID 320.00

Burial Container Pre-Paid (\$5817) JUN 21 1991 0

Handling Fees Pre-Paid (\$5817) 0

Flower vases - Marker setting fee MT. HOPE CEMETERY 35.00

Recording and filing fee CITY OF SAN DIEGO, CALIF 0

Sales taxes Pre-Paid (\$5817) 0

Total Due 355.00

Paid receipt number 40876 355.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

E

9512

Invoice #

Acct. #

E 9512

In

Loving

Memory



God hath not promised skies
always blue,
Flowers-strewn pathways all
our lives through;
God hath not promised sun
without rain,
Joy without sorrow, peace
without pain.
But God hath promised strength
for the day.
Rest for the labor, light for the way,
Grace for the trials, help
from above,
Unfailing sympathy Undying
love...

IN MEMORY OF
GRACE MARY BURTON

BORN
North Dakota
August 20, 1905

PASSED AWAY
Orange, California
June 20, 1991

GRAVESIDE SERVICE
Mt. Hope Cemetery
June 25, 1991 12:30 p.m.
San Diego, California

OFFICIATING
Rev. Paul Pulliam

FEATHERINGILL MORTUARY DIRECTING

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9512

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Grace	1B. MIDDLE Mary	1C. LAST (FAMILY) BURTON	2. DATE OF BIRTH MONTH DAY YEAR 8-20-1905	3. DATE OF DEATH MONTH DAY YEAR 6-20-1991	4. SEX F
5A. CITY OF DEATH Orange	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Orange		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Grace M. Burton—Self Preneed 5700 Baltimore Dr. #11 La Mesa, CA 91941		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary, 6322 El Cajon Blvd. San Diego, CA		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 7D1083			

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 6-21-91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 21 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Orange County Health Dept P.O. Box 355 Santa Ana, CA 92702	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT OR OUTSIDE CALIFORNIA San Diego Health Dept., 1700 Pacific Hwy San Diego, CA 92101		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS			<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT		
			<input type="checkbox"/> I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92112	11B. DATE INTERRED 6-25-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 442-10 cloth covered (liner)	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

NE 40876

 Date: 4/21, 19 91

 From: 40876 Address: _____

 _____ Dollars (\$) 355.00

 In _____ Payment of Cost of grave marker

 Lot 493 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

 W.O. E-9512

 BALANCE DUE 0

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>355.00</u>

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

 ISSUED BY 1/10/91

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 40884

 Date: June 25, 1991

 From: Walter Peterson Address: 435 Hunter Dr. Chula Vista 92011
For balance forward 5/29/91 Dollars (\$) 252.00

 In 24 Payment of burial container - Green Burial

 Lot 402 Grave _____ Row _____ Section _____ Division Block 02

Invoice No. _____

Acct. No. _____

 W.O. E-9512

 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

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

 ISSUED BY [Signature]

 TOTAL PAID \$ 252.00

MT. HOPE CEMETERY
INTERMENT ORDER

PRE-NEED LOT
AND TRUST

City of San Diego

Date 6-21-91

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

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 160 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund \$395.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 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 _____

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 reported holder of deed

X
Signature

P. O. Box 5135

Address

San Diego, Ca. 92165

State

283-0458

Telephone

Zip Code

Work Order #

E 9513

Invoice #

Acct. #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6/24/91

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

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

Church, Chapel, Graveside _____ Mortuary.

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

Lot 143 Grave 6 Row — Section 1 Division/Stack 11

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 40877 150.00

Balance due 445.00

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

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

Signature of record holder of deed

Signature

Address

State

Telephone

Phyllis Bailey by mother
3928 Arizona St #5
San Diego - Calif. 92104
298-6088

Invoice # _____

Acct. # _____

Work Order # E 9514

NAME Phyllis BaileyACCT. NO. E-9514ADDRESS 3928 Arizona St., #5, S, D. 92104 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-11:	Opened Credit lot				
	Lot 143; gr 6; sec 1; div 11	595.00			595.00
	20% 1st To Date				
6-24-91	Receipt #40877	100		100.00	495.00
9-10-91	Receipt #41236	120		20.00	475.00
10-23-91	Receipt #41418	140		20.00	455.00
11-9-91	Receipt #41487	160		20.00	435.00
12-9-91	Receipt #41591	180		20.00	415.00
1-17-92	Receipt #41771	200		20.00	395.00
2-25-92	Receipt #44658	225		25.00	370.00
3-11-94	Receipt #44840	250		25.00	345.00
4-12-94	Receipt #44847	270		20.00	325.00
5-19-94	Rec #44975	290		20.00	305.00
7-9-94	Rec #45202	340		50.00	255.00
8-16-94	Receipt #45367	360		20.00	235.00
9-13-94	Receipt #45448	400		40.00	195.00
10-17-94	Receipt #45675	440		40.00	155.00
11-18-95	Rec #45841			50.00	105.00

NEXT BAL DUES TO 20%

NAME

ACCT. NO.



ADDRESS

RATING

LIMIT

DATE _____

ITEMS

DEBIT

1

CREDIT

BALANCE

4-25	95	R-46154
------	----	---------

105 eo



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

Nº 11330

OWNERSHIP AND INTERMENT PRIVILEGES

TO PHYLLIS M. BAILEY for the sum of \$595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 143, Grave 6, Section 1, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9514

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

Cemetery Manager

Property Director

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46154

Date: 4-25, 1995From: Phyllis M. Bailey Address: 3928 Arizona St. #5, SD 92104One hundred fifty 2/20/100 Dollars (\$ 105.00)In _____ Payment of Pre-need LotLot 148 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9514

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

610

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

ISSUED BY

Rauch

CREDIT	67007		
20% Sales Care	77184	<u>105</u>	<u>00</u>
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 105 00

OFFICIAL RECEIPT


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

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

44658

Date: 02-25, 1994From: Phyllis Bailey Address: 3728 Oregon St #15, LdIn Twenty-five Dollars (\$ 25.00)
 Payment of Pre-Need Lot
 Lot 143 Grave 6 Row 1 Section 1 Division 11
 Block

Invoice No. _____

Acct. No. _____

W.O. E-9514BALANCE DUE \$370-Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

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

ISSUED BY [Signature]TOTAL PAID \$ 25.00

OFFICIAL RECEIPT


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

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

45367

From:

Phyllis Bailey

Address:

862 Elm Ave Chula Vista

Date:

8/16 19 94

Dollars (\$

20 -)

In

part Payment of pre-need lot

Lot

143

Grave

6

Row

Section

1

Division
Block

11

Invoice No.

Acct. No.

W.O.

E-9514

BALANCE DUE

\$235 -

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

456

ISSUED BY

R. Jacobs

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

TOTAL PAID

\$

20 -

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151
N^o 40877Date: 6-24, 1991From: Phyllis Barclay Address: 3129 Camino del Rio N. San DiegoIn Payment of Gravestone Dollars (\$ 150.00)Lot 143 Grave 6 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7514BALANCE DUE 445.54Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales	100	<u>150.00</u>	
of Lot	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	65033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>150.00</u>	

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41236

 Date: Sept. 10, 19 91

 From: Phyllis Bailey Address: 3928 ARIZONA ST. #5 S.D.
Twenty Dollars 09/100 Dollars (\$ 20.00)

 In part Payment of Opened Credit Lot

 Lot 143 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

 W.O. E-9514

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	100	<u>20.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

N2 41771

Date: 1-17, 1992
 From: Phyllis Bailey Address: 3428 Arizona St, #15, San Diego
Dunwoody 790/100 Dollars (\$ 20.00)
In _____ Payment of Credit Lot
 Lot 143 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9514BALANCE DUE 8395.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

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

ISSUED BY Wait

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 41487

 Date: 11-9, 1991
 From: Phyllis Bailey Address: 3928 Arizona St #15, La Jolla
Twenty-Dollars 410/100 Dollars (\$ 20.00)
 In _____ Payment of Credit + Lot

 Lot 143 Grave 6 Row _____ Section 1 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. F-7514BALANCE DUE 4435.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
ISSUED BY J. L. [Signature]

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

OFFICIAL RECEIPT


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

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

No 41591

From:

Phyllis Bailey

Address:

3928 ARIZONA ST. #5 S.D. 92104

Date:

12-9-1991

Dollars (\$ 20.00)

In

PART

Payment of

PRENEED LOT

Lot

143

Grave

6

Row

Section

1

Division
Block

11

Invoice No.

Acct. No.

W.O.

E9514

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 1-91)

ISSUED BY

W.J. Teague

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	20
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	20

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
N^o 41418Date: Oct 23, 19 91From: Phyllis Bailey Address: 3928 Arizona St #5 S.D. 92104Twenty and no/100 Dollars (\$ 20.00)In Part Payment of Pre-need lotLot 143 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9514BALANCE DUE 455.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

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

ISSUED BY K.S. [Signature]

OFFICIAL RECEIPT


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

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

44840

Date: 4/11, 19 04
 From: Phyllis Foley Address: 3928 Leeway St. #5 SD 92104
Twenty-five and 00/100 Dollars (\$ 25.00)

 In Pre Payment of Pre-need lot

 Lot 143 Grave 6 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-05WBALANCE DUE 345.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [Signature]

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

OFFICIAL RECEIPT


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

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

44847

Date: 7-12, 19 74From: PHYLLIS BAILEY Address: 862 ELM AVE CHULA VISTA 71911
TWENTY Dollars (\$ 20.00)
In PART Payment of PRE NEED LOT
 Lot 143 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 4514BALANCE DUE 325.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-61)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fess	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	63033		
	9022		
	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
 527-3400

44975

 From Philip Bailey Address 862 Elm Ave. C.V. Date 5-19, 1994
Adelstein and 710/11 Dollars (\$ 20.)
 In _____ Payment of Pre-Need Lot

 Lot 143 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9514

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. Davis

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

397

OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
45202Date: 7-6, 19 94
 From: Phyllis Bailey Address: 3927 Arizona St. #15 San Diego
Payee and TP/11 Dollars (\$ 50.-)
In _____ Payment of Pre-Need Fee
 Lot 143 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9514

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

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	<u>50</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

ISSUED BY Unit

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45675

Date: 11-18, 19 94
 From: Phyllis Bailey Address: 3928 Arizona St #5 SD 92114
Early Oct 94 Dollars (\$ 40.00)

 In Part Payment of Pre-need lot

 Lot 143 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9514BALANCE DUE \$155.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY R. J. [Signature]

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100		
of Lots	77184		<u>40.00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>40.00</u>	

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45448

Date: 9/13, 19 91From: Phillip Bailey Address: 3922 Arizona St #5 S.D. 92101Forth over 00/00 Dollars (\$ 40.00)In Port Payment of Pre-need lotLot 143 Grave 6 Row _____ Section 1 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9514BALANCE DUE \$195.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>40.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>40.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-24-91

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 143 Grave 10 Row — Section 1 Division Block 11

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 40879 100.00

Balance due 495.00

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 _____

Frank Bailey by mother
17605 Eleventh Ave West
Box 286, Farmington, MA
1-612-460-8399
55024

Invoice # _____

Acct. # _____

Work Order # **E** 9515

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Frank & Peggy Bailey

Address 17605 11th Ave. West Box 286 Farmington, Mn. 55024

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 143, Grave 10, Row —, Section 1, Block/Division 11 in Mt. Hope Cemetery, entered into on June 24, 1991, by and between Mt. Hope Cemetery and Frank & Peggy Bailey 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: M. Clark
Clerical Asst. II

E9515
NO ledger card
in file

2-27-83
lot purchase cancelled
Monies absorbed by city

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E9515

 total pd
 226.00

40879

Date: _____, 19__

From: _____ Address: _____

Dollars (\$ _____)

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

ISSUED BY _____

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

OFFICIAL RECEIPT


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

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

No 41829

Date: 2-5, 1992From: Frank Bailey Address: 17625 11th Ave West, Farmington, N.M.
Forty-two 770/100 Dollars (\$ 42.00)
In _____ Payment of Pre-Need Lot
 Lot 143 Grave 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 9515BALANCE DUE 8411.-Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [Signature]

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41412

 Date: 10-22, 1991
 From: Frank Bailey Address: 17405 11th Ave West, Box 216, San Marcos, CA 92178
Forty-two Dollars (\$ 42.00)
 In _____ Payment of Pre-Need Lot

 Lot 143 Grave 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9515

BALANCE DUE _____

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

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

ISSUED BY J. Ant

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>42.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

3408

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42034

Date: 3-18, 19 72

From:

Frank Bailey

Address:

17605 11th Ave, West, Bldg 700, Room 1100

In

Payment of

Twenty One Dollars (\$ 21.00)Dollars (\$ 21.00)

Lot

143

Grave

10

Row

Section

1Division
Block11

Invoice No. _____

Acct. No. _____

W.O. E-9515

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

J. White

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41976

 Date: 3-5, 19 72
 From: Frank Bailey Address: 17605 114 Ave. West Av 216 Farm, Ind.
Quarter One 710/100 Dollars (\$ 21)
 In _____ Payment of Pre-Need Lot

 Lot 143 Grave 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9515

BALANCE DUE _____

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

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

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

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-9515 CREDIT LOT

Frank & Peggy Bailey

17605 11 Avenue West

Box 286

Farmington, Mn. 55024

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

\$ 21.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-9515

CREDIT LOT

Frank & Peggy Bailey

17605 11 Avenue West

P. O. box 286

Farmington, Mn. 55024

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

\$ 21.00

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-9855** **CREDIT LOT**

Frank & Peggy Bailey

17605 11 Avenue West

Box 286

Farmington, Mn. 55024

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-9515**

CREDIT LOT

Frank & Peggy Bailey

17605 11 Avenue West

P. O. box 2837

Farmington, Mn. 55024

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-24-91

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

of Lois Bromberg
in a Double Depth Crypt Funeral, date, time Fri, 6/28 11:00 AM

Church, Chapel, Graveside Del. Only; Neptune Mortuary, (Lori)

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

✓ Lot 102 Grave 9 Row — Section 1 Division 11

Grave space & Care Fund Pre-Need (1977-D-8533) 0

Additional spaces and care fund 0

Opening/Closing & Setup Pre-Need (1977-D-8533) 0

Burial Container Pd for Two Liners Upgrade to Dble 0

Handling Fees Credit for Two - \$504 + \$100 for DTA 446.00

Flower vases - Marker setting fee 0

Recording and filing fee 35.10

Sales taxes 23.10

Total Due 104.10

PAID JUN 25 1991

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Balance due 0

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

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

Signature of recorded holder of deed

Sanford Bromberg
Signature 432-WEST LANE
Address EL CAJON CA 92021
State 619 442 7913 Zip Code
Telephone

Work Order # E 9516

PY-593 (REV. 8-85)

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

NAME OF DECEDENT—FIRST (GIVEN) Lois		1B. MIDDLE Evelyn	1C. LAST (FAMILY) Bromberg		2. DATE OF BIRTH MONTH, DAY, YEAR 6-19-31	3. DATE OF DEATH MONTH, DAY, YEAR 6-23-91	4. SEX FE
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Sanford Bromberg-husband 432 West Lane El Cajon, Ca 92021		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon, Ca				7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 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 2100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>			8B. DATE SIGNED 6-27-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUN 27 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, Ca 92186-5222		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							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING							
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Ht Hope Cemetery 3751 Market St San Diego, Ca			11B. DATE INTERRED 6-28-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a 102-9-1-11 CLOTH COVERED DBL DEPTH CRYPT			12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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 40881

 Date: 6-25, 19 91

 From: San Diego County Address: 432 West 10th St, San Diego, CA 92101

 Dollars (\$ 104.10)

 In San Diego County Payment of San Diego County

 Lot 102 Grave 9 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

 W.O. E 9516

 BALANCE DUE 104.10

 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. R. Smith

CREDIT	67007	
20% Sales Comm.	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78290	
TOTAL PAID	\$	<u>104.10</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 6-25-91

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

of Sanford Bromberg

in a Double Death Crypt Funeral, date, time _____
Vault/Urns

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 102 Grave 9 Row — Section 1 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

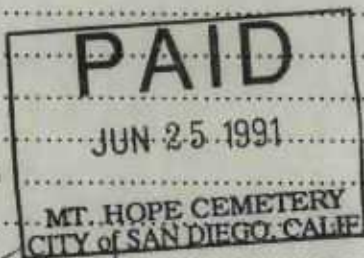
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee for _____

Sales taxes for _____



Total Due 35⁰⁰

Paid receipt number 40882 35⁰⁰

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 _____

Sanford Bromberg
Signature 432 WEST LAKE
Address EL CAJON CA 92021
State 619 442 7413 Zip Code _____
Telephone _____

Work Order # E 9517

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E9517 N^o 40882
Date: 6-25, 1991From: Sanford Books & Stationery Address: 403 E. Broadway, Suite 100, San Diego, CA 92101Dollars (\$ 35.00)In Payment of Sanford Books & StationeryLot 102 Grave 7 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1502BALANCE DUE 35.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007		
20% Sales Comm	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>35.00</u>	<u>11</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Casket size
13" X 26"

Date 6-25-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jazmin Joana Garcia Gonzales (Infant)

in a NONE Vault/Liner Funeral, date, time WED 6/25 11AM

Church, Chapel, Graveside GRAVESIDE Guadalupe Mortuary, Jose

All Funeral cars must 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 3621 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 40885 199.00

Balance due 0

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

Address

State

Telephone

Invoice #

Acct. #

Work Order #

PY-593 (REV. 8-85)

E 9518

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9518

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JAZMIN		1B. MIDDLE JOAFA		1C. LAST (FAMILY) GARCIA-GONZALEZ		2. DATE OF BIRTH MONTH, DAY, YEAR JUNE 24, 1991		3. DATE OF DEATH MONTH, DAY, YEAR JUNE 24, 1991		4. SEX F.	
5A. CITY OF DEATH NATIONAL CITY				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT JOSE MANUEL GARCIA-FATHER 3984 MARINE VIEW DR. APT. #1 SAN DIEGO, CA. 92113			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102						7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE FD-1425					
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 6-25-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED JUN 25 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222, SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA _____					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> 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 6-26-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY NO LINER CLOTH COVERED 3621-1-9				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	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 <i>[Signature]</i>			
	SCATTERING AT SEA OR 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 <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY 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 40885

Date: 6/25, 19 91From: _____ Address: 2601Dollars (\$) 1400

In _____ Payment of _____

Lot 31021 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-9518

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 SPACEISSUED BY L. J. Black

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales	100	<u>80.00</u>
of Lots	77184	
Opening/	100	<u>10.00</u>
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	<u>95.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>104.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 25, 1991

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

of CHARLENE WASHINGTON

in a VAULT Funeral, date, time WED 7/3 12:00 PM
Vault/Liner

Church, Chapel, Graveside CHAPEL/GRAVESIDE, RAGSDALE Mortuary.

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

Lot 194 Grave 6 Row Section 2 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 380.00

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 40888 150.00

Balance due 1157.25

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

State

Telephone

Invoice #

Acct. #

Work Order # E
PY-593 (REV. 8-85)

9519

4157 ESTRICK AV
CA. S.D. Zip Code 92105
282-0978

1162472

067135

MT. HOPE CEMETERY

W.O. # E-9519

NOTE

\$ 1157.25 San Diego, California June 26 1991
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 fifty-seven ²⁵/₁₀₀ DOLLARS
with interest from Aug. 3, 1991 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

NED WASHINGTON

SIGNATURE

Ned Washington

ADDRESS

4151 ESTRELLA AV. S.D. CA. 92105

CALIFORNIA DRIVER LICENSE NUMBER

H0566342

SSN #

567-52-1691

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) CHARLENE	1B. MIDDLE -----	1C. LAST (FAMILY) WASHINGTON	2. DATE OF BIRTH MONTH DAY YEAR 8-4-58	3. DATE OF DEATH MONTH DAY YEAR 6-24-91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ned Washington - Father 4151 Estrella Ave. San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Pagsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Debbie Williams</i>	8B. DATE SIGNED 7-1-91
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	----------------------------------

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 \$7.00	9B. DATE PERMIT ISSUED JUL 01 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> 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 7-3-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Tague</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A METAL NON SEALED (Vault)	12B. DATE CREMATED 1991-6-2-12	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

E9519

No 40888

Date: June 21, 1991From: Mr Washington Address: 2501 Sycamore Ave. 507 St 9205In 2000.00 Dollars (\$ 150.00)In Part Payment of Service - Cemetery AdministrationLot 104 Grave 6 Row 6 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9519BALANCE DUE \$1157.25Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>150.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1157.25</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6/26/91

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

of NETTIE DUNN

in a Liner Vault/Liner Funeral, date, time Thurs 4:27 2 PM

Church, Chapel, Graveside Del Norte : Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

✓ Lot 557 Grave - Row - Section 10 Division/~~Block~~ 7

Grave space & Care Fund Pre-Paid (C-5438 7/68) 0

Additional spaces and care fund 0

Opening/Closing & Setup Pre-Paid (C-5482) 0

Burial Container Pre-Paid (D-8552) 0

Handling Fees " " " 0

Flower vases - Marker setting fee 0

Recording and filing fee 35.00

Sales taxes PAID

Total Due 35.00

JUN 26 1991

Paid receipt number 40886 35.00

Balance due 0

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

Invoice #

Acct. #

Work Order #

E 9520

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9520

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

1A. NAME OF DECEDENT—FIRST (GIVEN) NETTIE		1B. MIDDLE JANE	1C. LAST (FAMILY) DURN	2. DATE OF BIRTH MONTH DAY YEAR 03-07-1903	3. DATE OF DEATH MONTH DAY YEAR 08-25-1991	4. SEX F
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Phyllis M. Marshall - Daughter 3779 Bancroft Drive Spring Valley, CA 91977		
7A. TYPED NAME AND ADDRESS OF APPLICANT, REGISTRAR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 7-984			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10278 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Registrar, Director or Person Acting as Such <i>Judith E. King</i>		8B. DATE SIGNED 6-26-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 27 1991	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramon M.D.</i>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEM(S)

- ☐ 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

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 6-27-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A LINER/	12B. DATE CREMATED 557-10-7	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

COPY 2 IS RETAINED BY 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

E9520 No 40886

Date: 6-26, 1994

From: [Handwritten Name] Address: [Handwritten Address]

Dollars (\$ 35.00)

In Payment of [Handwritten Description]

Lot [Handwritten] Grave [Handwritten] Row [Handwritten] Section [Handwritten] Division Block [Handwritten]

Invoice No. [Handwritten]

Acct. No. [Handwritten]

W.O. [Handwritten]

BALANCE DUE [Handwritten]

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

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

ISSUED BY [Handwritten Signature]

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 26, 1991

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

of David Wayne Gregory

in a Vault Funeral, date, time Wed 7/3 10 AM

Church, Chapel, Graveside Church/Graveside Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran NO Front Gate

Lot 266 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	15.95
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1223.20
Paid receipt number	40913 1223.20
Balance due	0

Family to witness 30 day note

pd 7/1/91

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

Samuel Gregory
Signature
702 BALLENGRUBER ST.
Address
SAN DIEGO, CA. 92114
City
619-264-6160
Telephone

Zip Code

Work Order #

E

9521

Invoice #

162471

Acct. #

067133

MT. HOPE CEMETERY

W.O. # E-9521

NOTE

\$ 1223.20 San Diego, California June 26 1991

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 twenty-three ²⁰/₁₀₀ DOLLARS with interest from Aug. 3, 1991 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 SAMUEL GREGORY SIGNATURE Samuel Gregory
ADDRESS 702 BOLLENBACHER ST. SAN DIEGO, CA. 92114
CALIFORNIA DRIVER LICENSE NUMBER P0199993 SSN # 284-38-6867

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) David	1B. MIDDLE Wayne	1C. LAST (FAMILY) Gregory	2. DATE OF BIRTH MONTH DAY YEAR 9-09-1972	3. DATE OF DEATH MONTH DAY YEAR 6-25-1991	4. SEX Male
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Samuel Gregory - Father 702 Bollenbacher Street San Diego, CA. 92114		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 2853 Imperial Ave Cypress View/Bonham Brothers San Diego, CA.		7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 6-27-91
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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 \$7.00	9B. DATE PERMIT ISSUED JUN 27 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA San Diego County - Vital Records P.O. Box 85222, San Diego, CA. 92138			

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> 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 INTERIED 7-3-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 266-10-2-12 N/A METAL NON SEALER (VOLUME)	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

E9521

No 40913

E9521

Date: 7-1-19

From: [Handwritten Name] Address: [Handwritten Address]

[Handwritten Amount] Dollars (\$ [Handwritten Amount])

In [Handwritten Name] Payment of [Handwritten Description]

Lot [Handwritten] Grave [Handwritten] Row [Handwritten] Section [Handwritten] Division Block [Handwritten]

Invoice No. [Handwritten]

Acct. No. [Handwritten]

W.O. [Handwritten]

BALANCE DUE [Handwritten]

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

AG-212 (Rev. 10-87)

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

ISSUED BY [Handwritten Signature]

CREDIT	67907	
20% Sales Com	77184	[Handwritten]
80% Sales	100	[Handwritten]
of Lots	77184	[Handwritten]
Opening/	100	[Handwritten]
Closing	77181	[Handwritten]
Burial	100	[Handwritten]
Containers	77182	[Handwritten]
	100	[Handwritten]
Handling Fee	77185	[Handwritten]
Recording &	100	[Handwritten]
Misc. Fees	77183	[Handwritten]
Pre-Need	63033	[Handwritten]
Trust	9022	[Handwritten]
Sales Tax	60101	[Handwritten]
	78390	[Handwritten]
TOTAL PAID	\$	[Handwritten]

162471 07/25/91 067133 SAMUEL GREGORY

E-9521

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

08/06/91 CM JV21131

1,223.20
320.00
175.00
50.95
396.00
170.00
12.25
99.00

1,223.20

0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 26 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carey Edward Poole P.A.# 1114158

in a Liner Vault/Liner Funeral, date, time Thurs. June 27 11:30am

Church, Chapel, Graveside Delivery Only : Hoyer Mortuary.

All Funeral cars must 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 57B Grave — Row 3 Section 6 Division/Block 5

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container

Handling Fees 50.00

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297.00

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

9522 ✓

PY-582 (REV. 8-88)

Invoice #

162443

Acct. #

200952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9522

E95 22
found

1A. NAME OF DECEDENT—FIRST (GIVEN) Carey	1B. MIDDLE Edward	1C. LAST (FAMILY) Poole	2. DATE OF BIRTH MONTH DAY YEAR 10-24-40	3. DATE OF DEATH MONTH DAY YEAR 2-15-91	4. SEX Male
5A. CITY OF DEATH Lakeside		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA.			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>John Mayer</i>	8B. DATE SIGNED 6-26-91
-----------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	-----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUN 27 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Frank J. Rana, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery San Diego, CA.	11B. DATE INTERRED 6-27-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. League</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 57B-36-5	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

E 9522 No 41168

Date: 8/30/19

From: City of San Diego Address: 1600 Pacific Highway S.D. 92101-2477

In Full Payment of \$297.50 Dollars (\$ 297.50)

Lot 352 Grave 1 Row 1 Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE

ISSUED BY _____

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-26-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hilda K. Curtiss

in a Ash Vault Vault/Linear Funeral, date, time _____

Church, Chapel, Graveside _____: Cypress View Mortuary.

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

Lot 47 Grave 5 Row _____ Section 4 Division/~~Block~~ 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

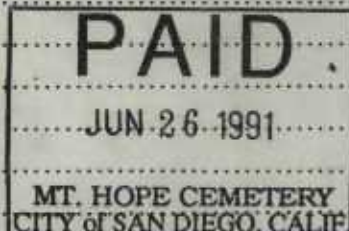
Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee JUN 26 1991

Recording and filing fee 35.00

Sales taxes 2.80



Total Due 242.80

Paid receipt number 40890 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 _____

Evan H. Curtiss Jr.

Signature 4388 HAWK ST.

Address SAN DIEGO, CA. 92103

State 295-6850 Zip Code

Telephone _____

Work Order # E 9523

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 40890

Date: 6-26-91

 From: Hilda Curtiss Address: 4388 Hawk St, San Diego, CA 92103
 Two hundred forty two and 80/100 Dollars (\$ 242.80)

 In Full Payment of Preneed Trust for Hilda K. Curtiss
 grave/closure; Ash Vault; Record/File Fees

Lot 47 Grave 5 Row Section 4 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. F9523

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 M.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	242	80
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	242	80

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/27/91

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

of Viola Rivers

in a lined Vault/Liner Funeral, date, time Mon 7/1 2pm

Church, Chapel, Graveside Chapel + graveside Payable Mortuary.

All Funeral cars must 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 82 Grave 11 Row — Section 1 Division/Block 11

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 300.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 1202.00

Paid receipt number 729-Auxiliary 600.00

Balance due 602.00

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

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

Signature of recorded holder of deed

State CA Zip Code

Telephone 264-5379

Invoice # 162470

Acct. # 067131

Work Order # E 9524

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 41355

Date: 10-7, 1991

From: John & Alla Lewis Address: 6761 Tiffin Ave. SD 92114

fifty nine ~~~~~ Dollars (\$ 59 00)

In Payment of Pre-Need - Lot & Trust opened

Lot 12 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-9529

BALANCE DUE 1231.10

 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. Carter

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	59 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	59 00

OFFICIAL RECEIPT


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

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

NO 42482

 From John + Allen Lewis Address 16761 Joplin Ave. SD 92114
Fifth of 7 line 7/6/92
 In _____ Payment of Pre-Need for Trust Dollars (\$ 59.)

 Lot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>59.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>59.00</u>

ISSUED BY [Signature]

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42100

Date: 4/7, 19 92From: Johnie & Alva Lewis Address: 6761 Tilden Ave. S.D. CA 92114
Fifty-nine & 00/100 Dollars (\$ 59.00)
In Part Payment of Pre-need lot/trust
 Lot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529

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 K. L. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>59.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>59.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42309

Date 6-3, 1992From Mr. John Lewis Address: 6461 Jeffers Ave. So 92114
Highway Drive 718/100 Dollars (\$ 59.)
In Pre-Need Lot + Trust Payment of
 Lot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F-9529BALANCE DUE \$ 741.10Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>59</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	

ISSUED BY WaitTOTAL PAID \$ 59 00

OFFICIAL RECEIPT



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

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

No 42196

Date: 5-4, 19 92From: Shane Lewis Address: 6761 Tiffin Ave. #8 92114
Fifty Nine Dollars (\$ 59.00)
In the Deal Not a Trust Payment of
 Lot 12 Grave 1 Row 3 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529

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

CRED/T	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	<u>59.00</u>
Sales Tax	60101	
	78390	

ISSUED BY [Signature]TOTAL PAID \$ 59.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42600

Date: 8/7, 19 92
 From: Johnie & Alva Lewis Address: 6761 Tiffin Ave. S.D. 92114
Gift of \$ 00/100 Dollars (\$ 59.00)

 In Part Payment of Pre-need trust/lot

 Lot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE 623.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

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

ISSUED BY K. L. RudolphTOTAL PAID \$ 59.00

OFFICIAL RECEIPT


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

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

No 42691

Date: 9-4, 1972From: Alta. Phone Lovers Address: 6742 Jefferson Ave. SE
Fifty-7 Five Dollars (\$ 57)
In _____ Payment of Pre Need Lot + Trust
 Lot 12 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE \$564 -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		
30% Sales Com	77184		
80% Sales of Lots	100		
Opening/	77184		
Closing	100		
Burial	77181		
Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>59</u>	<u>w</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>59</u>	<u>w</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42940

Date: 11-5, 1992From: Phyllis LeonsAddress: 6761 Ziffin AveDollars (\$ 60 -)

In

Payment of Pre-Need Lot - TrustLot 12Grave 2

Row

Section 3Division
Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE \$445.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

005213

CITY AUDITOR
NOV 17 1992
 Pre-Need Lot ☐ At Need ☐ On Acct ☐
 Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-81)

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening	100	
Closure	77181	
Burial	100	
Containers	77182	
Handling	100	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>60.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

OFFICIAL RECEIPT


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

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

No 43073

Date: 12-3, 1992From: John Lewis Address: 6761 Jeffrey Ave S.D. 92114Sixty and xx/100 Dollars (\$ 60.00)In part Payment of Preneed Lot + Trust Coupon 17Lot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E9529BALANCE DUE 385.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 1-81)

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

ISSUED BY

W. J. Teague

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>60</u>	-
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>60</u>	-

OFFICIAL RECEIPT


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

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

43777

Date: 6-4, 19 93From: Theresa Lewis Address: 4741 Jaffer Ave. St.In Full Payment of Pre-need Fee - Trust Dollars (\$ 28.10)
 Lot 12 Grave 2 Row 3 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1527BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY White

CREDIT	67007	
20% Sales Care	77184	
40% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>28.10</u>
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 28.10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
43562Date: 4-7, 19 93
 From: Johnnie & ALLA Lewis Address: 6761 Tiffin Ave. S.D. 92114
~~Fifty nine dollars and no cents~~ Dollars (\$) 59.00

 In part Payment of Pre-Need Lot & Trust

 Lot 12 Grave 21 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE 147.10Pre-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

Wynne J. Banta II

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>59</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>59</u>	<u>00</u>

OFFICIAL RECEIPT


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

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

43654

Date: May 3, 1993
 From: Johnnie Lewis Address: 6761 Tiffin Ave San Diego Ca. 92114
Fifty nine dollars and 00/100 Dollars (\$ 59.00)

 In part Payment of Pre-Need Lot & Trust

 Lot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9524BALANCE DUE 88.10Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
ISSUED BY Walter J. Burt II

CREDIT	67007		
20% Sales Care	77184		
90% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>59</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>59</u>	<u>00</u>

OFFICIAL RECEIPT


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

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

No 43212

Date: 1-8, 19 93From: John & Cilla Lewis Address: 6761 Tiffin Ave S.D. 92114
Fifty-nine and 00/100 Dollars (\$ 59.00)
In part Payment of Pre Need Lot & Trust
 Lot 12 Grave 12 Row 1 Section 3 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE \$ 326.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-81)

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

ISSUED BY

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	59	00
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	59	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

43432

Date: 3-4, 19 93From: Johnnie Lewis Address: 6761 Tiffin Ave S.D. 92114Dollars (\$ 60.00)In part Payment of Pre Need Lot TrustLot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE 206.10Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 1-81)

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

ISSUED BY

W. Leguena

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 43333

 From: Phong & Allen Brown Address: 6701 24th Ave
Sixty 24/10
 Date: 2/5, 1993
 Dollars (\$ 60.00)
 In Payment of Pre Need Lot & Trust

 Lot 12 Grave 9 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9559BALANCE DUE \$ 240.10Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	<u>60.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41997

Date: March 6, 19 92
 From: Johnie Lewis Address: 6761 Tilden Ave. S.D. 92114
Fifty-nine and 00/100 Dollars (\$) 59.00

 In Part Payment of Pre-need lot/trust

 Lot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE 9/8.10
 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	<u>49.00</u>
20% Sales Care	77184	
80% Sales	100	<u>59.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>59.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Nº 41105

Date: 8/2/91, 1991

From: Samuel L. Garcia Address: 6742 Piquette Ave. S.D. CA 92114

Dollars (\$ 59.00)

to Pay Payment of Pre-need Trust Fund

Lot 12 Grave 2 Row 2 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1529

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 Kate Miller

CREDIT	67007	
20% Sales Comm	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>59.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 40908

Date: 6-28, 1991From: John - Allen Lewis Address: 1414 1/2 St. San DiegoIn One Hundred Dollars (\$ 100.00)
 Lot 12 Grave 2 Row Section 3 Division Block 12
Invoice No. Acct. No. W.O. E-9529BALANCE DUE 91712.10Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

JUL 05 1991

000025

ISSUED BY

CREDIT		
20% Sales Care	77007	
80% Sales	77184	
of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 N^o 40918

 Date: 7-2, 1971

 From: John & Alice Lee Address: 6741 Tupper Ave. St. 20110
Three Hundred Seventy Dollars (\$ 370.00)

 In Payment of Pre-Need Trust

 Lot 12 Grave 12 Row Section 3 Division Block 12

 Invoice No.

 Acct. No.

 W.O. E-95291

 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

CREDIT	67007	
20% Sales Com	77184	<u>74.00</u>
80% Sales	100	
of Lots	77184	<u>296.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

 TOTAL PAID \$ 370.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41266

Date: 9-17, 1991From: Willa Lewis Address: 6741 Zepher Ave, # 72114Dollars (\$ 59.00)In: Payment of Pre-Need Lot & TrustsLot 12 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE 9/12/91Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>59.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>59.00</u>

ISSUED BY [Signature]

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41850

Date: 2-7 1992From: Johnnie & Alla Lewis Address: 6761 Tiffin Ave S.D. 92114
fifty nine Dollars only 70 Dollars (\$ 59.00)
In _____ Payment of Pre-need Lot & Trust
 Lot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE 977.10Pre-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

P. Carter

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>59</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>59</u>	<u>00</u>

OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-2400

No 42796

Date: 10-5, 1992From: Phyllis & Allan Lewis Address: 6761 Jiffen Ave. #8
Gifted Wife 770/14 Dollars (\$ 59)
In Pre-Need Lot & Trust Payment of
 Lot 12 Grave 2 Row Section 3 Division Block 12
Invoice No. Acct. No. W.O. E-9529BALANCE DUE 505.14Pre-Need Lot ☒ At Need ☐ On Acct. ☐Pre-need Trust ☒ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>59</u> <u>W</u>
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY J. WhiteTOTAL PAID \$ 59 W

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41566

From:

Harry Lewis

Address:

6761 Jefferson Ave., #2114

Date:

11-29, 19*91*
Dollars (\$ *59⁰⁰*)

In

Payment of

Pre-Need Lot + Trust

Lot

12

Grave

2

Row

Section

3
Division
Block
12

Invoice No.

Acct. No.

W.O.

E-9529

BALANCE DUE

\$1095.⁰⁰

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

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

59⁰⁰
59⁰⁰

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

ISSUED BY

[Signature]

TOTAL PAID

\$

59⁰⁰

OFFICIAL RECEIPT


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

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

No 41466

Date: 11-5-1991From: JOHNIE LEWIS Address: 6761 TIFFIN AVE S.D. CA 92114
FIFTY NINE AND 00/100 Dollars (\$ 59.00)
In PART Payment of PRE-NEED LOT & TRUSTS
 Lot 12 Grave B Row — Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>59.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>59.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41725

Date: 1-6, 1992From: Phaic Lewis Address: 6761 Dupont Ave. SD 92114Phaic Lewis Dollars (\$) 59.00In Payment of Pre-Need Lot & TrustLot 12 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9529BALANCE DUE \$1036.10Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

AQ-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>59.00</u>
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>59.00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9524 E9524

1A. NAME OF DECEDENT—FIRST (GIVEN) Viola		1B. MIDDLE Ruth	1C. LAST (FAMILY) Rivers	2. DATE OF BIRTH MONTH DAY YEAR 8/24/08	3. DATE OF DEATH MONTH DAY YEAR 6/26/91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ruby Jefferson - Sister 1821 S. 41st Street San Diego, California 92113		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort, 5050 Federal Blvd.		7B. CALIFORNIA LICENSE NUMBER F-1329		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Thomas Phang</i>		
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.		8B. DATE SIGNED 7-1-91				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUL 01 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donall L. Rivas, M.D.</i>		
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 Vital Records POB 85222, San Diego, Ca. 92138-5222		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) ☐ D. SCIENTIFIC USE
☐ B. CREMATION ☐ E. TEMPORARY ENVAULTMENT
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☐ 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 7-1-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Torgue</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 82-11-1-11 METAL-NON-SEALED LINER	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

COPY 2 IS RETAINED BY 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, CALIFORNIA
CITY TREASURER

E 9524

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 067631

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE

7-22-91 HD

PAID BY (CIRCLE ONE):

CA

CK

NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID

15600.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

Herby Jefferson

PAYOR NAME

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

1821 S. 42nd St.

San Diego 92113

REMARKS

Je 625 m#72

CASHIER

INV. NO.

162470

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/02/91

DATE: 08/02/91
TIME: 201407
PAGE: 18

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162470	07/25/91	067131	RUBY JEFFERSON				07/29/91	CA	1751	600.00	1,202.00	602.00
			100 072		77181	000072				159.73		PARTIAL PAYMENT
			100 072		77182	000072				49.92		
			100 072		77183	000072				17.47		
			100 072		77184	000072				237.60		
			100 072		77185	000072				72.38		
			100 072		77185	000072				3.49		
			60101		78390					59.41		
			67007		77184							

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/06/91

DATE: 08/06/91
TIME: 211235
PAGE: 14

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162470	07/25/91	067131	RUBY JEFFERSON				08/01/91	CK	1753	602.00	1,202.00	0.00
			100 072		77181	000072				160.27		PAID IN FULL
			100 072		77182	000072				50.08		
			100 072		77183	000072				17.53		
			100 072		77184	000072				238.40		
			100 072		77185	000072				72.62		
			60101		78390					3.51		
			67007		77184					59.50		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-27-91

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

in a T-5 Vault Funeral, date, time Wed 7/3 11:00 AM

Church, Chapel, Graveside Graveside Chapel of Feather Mortuary.

All Funeral cars must 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 5318 Grave Row Section Division/Block 10

Grave space & Care Fund Pre-Paid (D-644 11/95) 0

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 412.26

Paid receipt number 40920 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 Joseph E. Beckett

Address 1104 S 79th Way

State ARIZONA Zip Code 85208

Telephone 1-602-986-3545

Work Order # E 9525 Invoice #
Acct. #

TRANSIT COPY
(This copy must accompany
body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

E9525

REGISTRAR'S
FILE NO. 9296
E9525

DISPOSAL - TRANSIT PERMIT

IDENTIFICATION OF DECEASED	1. NAME OF DECEASED A. FIRST Alice	B. MIDDLE Jean	C. LAST Beckett	2. SEX Female	3. AGE 69	4. RACE OR COLOR White
	5. DATE OF DEATH June 27, 1991	6. PLACE OF DEATH	A. TOWN OR CITY Mesa	B. COUNTY Maricopa	C. STATE Arizona	
	7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES) Cancer					
MANNER AND PLACE OF DISPOSITION	<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL	<input type="checkbox"/> OTHER (SPECIFY)	FUNERAL HOME A. NAME Chapel of Prayer Funeral Home B. ST. ADDRESS 108 N. 56th St. C. CITY AND STATE Mesa, Arizona			
	8. PLACE OF BURIAL OR OTHER DISPOSITION Mt. Hope Cemetery		10. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		11. DATE SIGNED 6-30-91	
	12. PLACE OF BURIAL OR OTHER DISPOSITION Mt. Hope Cemetery		A. NAME San Diego, CA		B. STREET ADDRESS C. CITY AND STATE	
REGISTRAR'S AUTHORIZATION FOR DISPOSITION	13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.					
	14. REGISTRAR'S SIGNATURE <i>[Signature]</i>		15. REG. DISTRICT 0701		16. DATE SIGNED	
DISPOSITION OF BODY	17. BODY WAS: <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> (SPECIFY) OTHER	18. CEMETERY OR CREMATORY A. NAME B. STREET ADDRESS C. CITY AND STATE		19. DATE OF DISPOSITION 7-3-91		
	20. CEMETERY MANAGER'S SIGNATURE <i>[Signature]</i>		21. DATE RCV'D. IN STATE OFFICE			
STATE REGISTRAR USE	22 A. REGISTRAR'S SIGNATURE <i>[Signature]</i>		22 B. TITLE			

VS-7 REV. 8/88

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887
DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030

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) ALICE		1B. MIDDLE JEAN	1C. LAST (FAMILY) BECKETT	2. DATE OF BIRTH MONTH DAY YEAR 6/17/1922	3. DATE OF DEATH MONTH DAY YEAR 6/27/1991	4. SEX F
5A. CITY OF DEATH Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Maricopa		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Joseph Beckett Husband 8001 E. Broadway 1104 79th Way Mesa, AZ 85208		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd SD				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 7-2-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 03 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

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	11B. DATE INTERRED 7-3-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 5318-10 n/a METAL NON SEALER (Vouk)	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY 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

E9525 No 40920

Date: 7-3, 1991

From: Joseph B. B. Address: 728 1/2 N. Main St. San Diego, CA 92101

Dollars (\$) 712.25

In Payment of Mount Hope Cemetery

Lot 531 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E9525

BALANCE DUE

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	712.25	

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6/28/91

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

of Margaret Lloyd PA #1114344

in a Linea Funeral, date, time Fri, 6/28/91

Church, Chapel, Graveside Del. Only; Mayer Mortuary. 1:30pm

All Funeral cars must 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 57A (T) Grave _____ Row 3 Section 6 Division/Block 5

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297.00

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

9526

PV-593 (REV. 8-85)

Invoice #

162442

Acct. #

000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

found

1A. NAME OF DECEDENT—FIRST (GIVEN) Margaret		1B. MIDDLE —	1C. LAST (FAMILY) Lloyd		2. DATE OF BIRTH MONTH DAY YEAR 8-10-19	3. DATE OF DEATH MONTH DAY YEAR 6-18-91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA.				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 1424			
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 <i>[Signature]</i>			8B. DATE SIGNED 6-27-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUN 28 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT			
				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA. 9			11B. DATE INTERRED 6-28-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A <i>particle board liner</i>			12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

 E9526 NE 41170
 E-7526
Date: 2/20/19From: CITY OF SAN DIEGO Address: 1600 La Jolla Village Drive, San Diego, CA 92161-2171San Diego County Cemetery Dollars (\$) 297.00In T.H. Payment of SCMUP Fee Mount Hope CemeteryLot 225-15 Grave _____ Row 3 Section 2 Division Block _____

• Invoice No. _____

Acct. No. _____

W.O. E-7526

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

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

TOTAL PAID \$ 297.00ISSUED BY Ron T. Jones

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

4/28/91

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

of William Hobbs

in a Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran YES. WWII

Lot 64 Grave 11 Row - Section 1 Division/~~B~~ 11

Grave space & Care Fund 595.00

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 1202.00

Paid receipt number 40896 300.00

Balance due 902.00

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 _____

William D. Hobbs
Signature
9144 Maynard ST.
Address
Spring Valley, Ca 91977
City
(619) 465-2186
Telephone
Zip Code

Work Order #

E 9527

PV-593 (REV. 9-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-28-91

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

of Evelyn Force D

in a Ash Vault 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 NO

Lot 3323 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need (F-3963-1986) 10

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

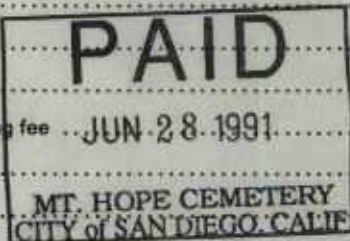
Burial Container _____ 40.00

Handling Fees _____ 65.00

Flower vases - Marker setting fee JUN 28 1991 _____

Recording and filing fee _____ 35.00

Sales taxes _____ 2.80



Total Due _____ 242.80

Paid receipt number 40899 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** 9528

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E 9528 No 40899

 Date: 6-28, 1981

 From: William Trust Address: 3441 Ketter St 92106

 Dollars (\$ 242.00)

 In Payment of William Trust

 Lot 3333 Grave 3 Row 1 Section 1 Division Block 11

 Invoice No. 3333

 Acct. No. 3333

 W.O. 3333

 BALANCE DUE 3333

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>242.00</u>

 ISSUED BY Y. H. O.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6-28-91

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

of Johnie Lewis & Alla Mae Lewis

in a Double Depth Crypt Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 12 Grave 2 Row - Section 3 Division/Block 12

Grave space & Care Fund 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 1878.10

Paid receipt number 40908 100.00

Balance due 1778.10

1/2 40918 - 370.00

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

Telephone

Invoice #

Acct. #

Work Order #

PY-503 (REV. 8-85)

E

9529

R-43777
Paid in full
6-4-1993

6761 TIFFIN AVE
SAN DIEGO 92114
2869112

Send or bring one coupon with each remittance**COUPON****1****DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. Pre-Need Lot 8 Trusts

Johnie & All a Lewis

6761 Tiffin Ave.

E-9529

San Diego, Calif. 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.

\$ 59.00

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

\$ _____

\$ _____

NAME Johnie & All a Lewis
ADDRESS 6761 Tiffin Ave
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. *Pre-Need Lot & Trusts*

Johnnie & Alla Lewis

6761 Tiffin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

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

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



\$ 59.00

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.

6761 Tustin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

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

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

\$ 59.00

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. *ORE-Need Lot & Trusts*

Johnie & Alla Lewis

6761 Tiffin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							<i>10</i>	<i>59.00</i>			

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

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Jonnie B. Mc & Lewis

6161 Logan Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

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

59.00

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. **URN-Need Lot & Trusts**

Johnie & Alla Lewis

6761 Tiffin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10	59.00			

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

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Joseph A. Lee & Lewis

6761 Logan Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

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

59.00

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**

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *DRs-Need Lot & Trusts*

Johnnie & Alla Lewis

6761 Tiffin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							<i>10</i>	<i>59.00</i>			

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

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

6761 Logan Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

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

59.00

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**

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Wre-Need Lot & Trusts*

Johnie & Alta Lewis

6761 Tiffin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<i>10</i>	<i>59.00</i>			

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

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8761 Logan Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

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

59.00

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 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Wre-Need Lot & Tracts**

Johnie & Alga Lewis

6761 Tilden Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10	59.00			

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

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

6781 12th Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									59.00		

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

coupon with each remittance **COUPON**

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *DK-Need Lot 8 Trusts*

Johnie & Alla Lewis

6761 Tiggin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							<i>10</i>	<i>59.00</i>			

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

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8181 Tilden Ave.

San Diego, Calif. 92114

E-9529

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									59.00		

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

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

San Diego, Calif. 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									59.00		

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

\$ _____

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

\$ _____

\$ _____

Amount Received

\$ 60.00

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. *Wm-Need Est & Trusts*

Johnie & Alice Lewis

6761 Tiffin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							<i>10</i>	<i>59.00</i>			

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

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

*3301 Mission Ave.
San Diego, Calif. 92114*

E-9529

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
									<i>59.00</i>		

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

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *028-Nice Lot 8 Trust Co*

Johnie & Alta Lewis

6761 Tigger Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							<i>10</i>	<i>59.00</i>			

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

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

San Diego, Calif. 92114

E-9529
Lewes

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									59.00		

Amount due when paid on or before
due date above



\$ _____

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



\$ _____

\$ _____

Amount Received

\$ 59.00

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. *Q2a-Need Lot 8 Transis*

Johnie & Alla Lewis

6761 Tiffin Ave.

E-9529

San Diego, Calif. 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<i>10</i>	<i>59.00</i>			

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

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									59.00		

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

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *RR-Head Lot 5 Tracts**Johnie & Alla Lewis**6761 Tiggin Ave.**E-9529**San Diego, Calif. 92114*

Month and Day Due Indicated Below

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

Amount due when paid on or before,
due date above:\$ *51.10*Amount due if paid more than
after due date above:

days



\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6/28/91

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

in a Liner Funeral, date, time Wed, 7/3 11:00 AM

Church, Chapel, Graveside Church + graveside Mortuary, Rosedale

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

Lot 24 Grave 2 Row - Section 1 Division 12

Grave space & Care Fund Pre-Paid (1977)

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 10.50

Total Due 700.50

Paid receipt number #40930 700.50

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Work Order #

E

9530

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 9530

E 9530

1A. NAME OF DECEDENT—FIRST (GIVEN) ROSIE	1B. MIDDLE LEE	1C. LAST (FAMILY) PEPPERS	2. DATE OF BIRTH MONTH DAY YEAR 11-9-09	3. DATE OF DEATH MONTH DAY YEAR 6-27-91	4. SEX F
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEASED Bernice L. Peppers-Sister-in-law 532 S. 35th Street San Diego, California 92115		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Fed. Bl.; San Diego		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-1329			
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 <i>[Signature]</i>		8B. DATE SIGNED 7/2/91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUL 03 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— Vital Records POB 85222, San Diego, CA 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

E 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; San Diego, CA	11B. DATE INTERRED 7-3-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal Non Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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

 E9530 N^o 40930

Date: 7-2-1991

From: HELENIE PEDERSEN PONS Address: 5000 75th ST. L.A. CA 90040

5000 75th ST. L.A. CA 90040 Dollars (\$ 700.20)

In Payment of Pre-need Burial Payment

Lot 24 Grave 2 Row Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9530

BALANCE DUE 700.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
60% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	700.20

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 7-1-91

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

of Audrey Stanley

in a Linco Funeral, date, time Wed, 7/3 10:00 AM

Church, Chapel, Graveside Chapel + Delivery: CONRAD Mortuary, Only to Cemetery

All Funeral cars must 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 Will Deed

Lot 103 Grave 9 Row — Section 2 Division/12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 10.50

Total Due 1395.50

Paid receipt number 40914 1000.00

Debit 41121 → Balance due \$ 395.50

Harold Stanley 318 Encinitas Ave SD 92114 415-4903

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

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

Signature of recorded holder of deed

Signature Harold E. Stanley

Address 318 ENCINITAS AVE

City SAN DIEGO CA 92114

Telephone 619-465-4903

Work Order # E 9531

Invoice # _____ Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

e9531

1A. NAME OF DECEDENT—FIRST (GIVEN) AUDREY		1B. MIDDLE LEE		1C. LAST (FAMILY) STANLEY		2. DATE OF BIRTH MONTH DAY YEAR 4-6-1917		3. DATE OF DEATH MONTH DAY YEAR 6-29-1991		4. SEX F	
5A. CITY OF DEATH NATIONAL CITY				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT HAROLD E. STANLEY - HUSBAND 318 ENCINITAS AVENUE SAN DIEGO, CA 92114			
7A. CALIFORNIA LICENSE NUMBER OF APPLICANT—GENERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533						7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>Sharon L. Jensen</i>		8B. DATE SIGNED 7-2-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 02 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 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						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											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102				11B. DATE INTERRED 7-3-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Jensen</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY NIA METAL NON SEALER (liner)				12B. DATE CREMATED 103-9-2-10		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
N^o 41122Date: 8-3, 1991From: Mount Hope Address: 218 Eucalyptus S.D. Co. 9214Three hundred twenty-five - 50/100 Dollars (\$ 395.50)In Full Payment of Graves for A. StanleyLot 23 Grave 19 Row _____ Section 2 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-9531BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>45</u>	<u>00</u>
Closing	77181		
Burial	100	<u>150</u>	<u>00</u>
Containers	77182		
	100	<u>195</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>10</u>	<u>50</u>
	78390		
TOTAL PAID	\$	<u>395</u>	<u>50</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 40914

Date: 7-1, 19 91

From: Harold Haring Address: 311 Encinitas Ave, # 2214

Dollars (\$ 1000.00)

In Payment of Haring Haring

Lot 103 Grave 7 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9531

BALANCE DUE 8345.00

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 f. k. t.

CREDIT	67007	
20% Sales Care	77184	135.00
80% Sales	100	526.00
of Lots	77184	305.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	0022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 1000.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-1-91

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

of CATHERINE HALL

in a _____ Vault/Liner Funeral, date, time WED 7/8 2 A.M.

Church, Chapel, Graveside Chapel; Rogdale Mortuary.

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

Lot 169 Grave 7 Row 0 Section 1 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund 0.00

Opening/Closing & Setup 320.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 28.10

Sales taxes 1523.10

Total Due 500.00

Paid receipt number #40909 500.00

Balance due 1023.10

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

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

Signature of recorded holder of deed.

Signature

Address

State Zip Code

Telephone

Work Order # E 9532

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-1-91

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

of CATHERINE HALL

in a DOUBLE CRYPT Funeral, date, time WED 7/3 2 A.M.

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 NO.

✓ Lot 169 Grave 7 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 23.00

Total Due 1563.00

Paid receipt number # 40912 1563.00

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

John R. Hall
Signature
3322 394 st S.D.
Address
CA.
State
(619) 281-2376
Telephone
92105
Zip Code

Work Order # E 9533

PV-593 (REV. 8-85)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9533

E9533

1A. NAME OF DECEDENT—FIRST (GIVEN) CATHERINE	1B. MIDDLE ---	1C. LAST (FAMILY) HALL	2. DATE OF BIRTH MONTH DAY YEAR 2/11/14	3. DATE OF DEATH MONTH DAY YEAR 6/28/91	4. SEX F
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT John Ray Hall - Husband 3322-39th Street San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Fed. Bl.; San Diego			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Sharon Ragsdale</i>	8B. DATE SIGNED 7-3-91
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUL 03 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rasmussen, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records POB 85222; San Diego, CA 92138-5222	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; San Diego, CA	11B. DATE INTERRED 7-3-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 169-7-1-12	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

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E 9533 No 40912

Date: 7-1-71, 19

From: John R. Hall Address: 2322 24th St., San Diego, CA 92105

Fifteen Hundred Sixty Dollars (\$ 1563.00)

In Full Payment of Services for John R. Hall

Lot 149 Grave 31 Row Section Division Block 12

Invoice No.

Acct. No.

W.O. E 9533

BALANCE DUE

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	312.00
80% Sales of Lots	77184	756.00
Opening/ Closing	100	250.00
Burial Containers	77181	270.00
	100	320.00
Handling Fee	77182	45.00
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	20.00
	78390	
TOTAL PAID	\$	1563.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

7-1-91

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

of Valentina Forskey & Lusia Czerwinski
in a Double Depth Crypt Funeral, date, time 11:30 AM 7/8 Mon.

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 No

Lot 848 Grave _____ Row _____ Section 1 Division/8

Grave space & Care Fund Pre-Need (1973 D-2223) 8

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ \$350.00 700.00

Burial Container _____ 330.00

Handling Fees _____ 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ 45.00 90.00

Sales tax _____ 23.10

Total Due 1463.10

Paid receipt number 40915 1463.10

Balance due 0

JUL 1 1991

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

Telephone

Work Order #

E

9534

PY-593 (REV. 8-85)

Invoice #

Acct. #



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E9534 6751

DEED

4/5/1973

OWNERSHIP AND INTERMENT PRIVILEGES

TO Valintina Forsky for the sum of \$ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 848 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER D-2923

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

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

12" x 24" single flush type marker only.

R. W. Delhne/DOO

Cemetery Manager

FW-584 (REV. 12-72)

W. L. MacFarlane

Property Director

OFFICIAL RECEIPT



WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

Nº 20121

DATE 4-5-1973

FROM Valintina Forsky ADDRESS 2974 Caminito Bedo, La Jolla
two hundred and 00/100 DOLLARS (\$ 200.00)
IN fuel PAYMENT OF Pre-need lot

LOT 848 GRAVE _____ ROW _____ SECTION 1 DIVISION 8

INVOICE NO. CASH

W.O. D-2923

UNPAID BALANCE
AFTER THIS PAYMENT 0

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

PAID

APR 5 1973

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

ISSUED BY R. W. Delhne

CREDIT	306	100.00
SALES CARE	951	
HALF SALES	100	100.00
OF LOTS	7784	
	100	
OPENINGS	7781	
	100	
BOXES	7782	
REMOVALS	100	
FOUNDATIONS	7783	
TOTAL PAID \$		200.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9534

1A. NAME OF DECEDENT—FIRST (GIVEN) LUSIA	1B. MIDDLE -	1C. LAST (FAMILY) CZERWONOLAPOW	2. DATE OF BIRTH MONTH DAY YEAR 05-13-1902	3. DATE OF DEATH MONTH DAY YEAR 07-03-1991	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT VALENTINA FORSKY - DAUGHTER 4504 - 47TH STREET SAN DIEGO, CA 92115		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Benbough 3051 El Cajon Blvd San Diego, CA 92104		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-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 <i>[Signature]</i>	8B. DATE SIGNED 07-08-1991
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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 \$7.00	9B. DATE PERMIT ISSUED JUL 08 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA -		

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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

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 7-8-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E9534

 N^o 40915
 E 9534
Date: 7-1, 1991From: Richard F. [unclear] Address: 4524 47th St. Ch 92115Dollars (\$ 1463.10)In Pre-Need Trust Payment of Pre-Need Trust
 Lot 7-1 Grave 1 Row 1 Section 1 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. 6-2336BALANCE DUE 1463.10Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>1463.10</u>
Trust	9022	
Sales Tax	80101	
	78390	

ISSUED BY [Signature]TOTAL PAID \$ 1463.10

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-2-91

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

of Cheryl No Shell

in a liner Funeral, date, time De/ Fri 5 11AM

Church, Chapel, Graveside Chapel Only 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 NO

Lot 243 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 695⁰⁰

Additional spaces and care fund 350⁰⁰

Opening/Closing & Setup 350⁰⁰

Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases Marker setting fee 31.50

Recording and filing fee 45⁰⁰

Sales taxes 10.50

Total Due 1,727⁰⁰

Paid receipt number _____

Balance due _____

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 _____

Barlene Parker
Signature
1281 South 47th St
Address
San Diego CA 92113
City
619-262-5327
Telephone

Work Order # **E** 9535

PR-993 (REV. 6-88)

Invoice # 1162474

Acct. # 067138

MT. HOPE CEMETERY

W.O. # E-9535

NOTE

\$ 1,427.00 San Diego, California 7-2- 1991

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 TWENTY SEVEN DOLLARS with interest from AUG. 5, 1991 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 DARLENE PARKER SIGNATURE Darlene Parker
ADDRESS 1281 S. 47th St #101 San Diego CA 92113
CALIFORNIA DRIVER LICENSE NUMBER N7704337 SSN # 552-08-7386

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9535

1A. NAME OF DECEDENT—FIRST (GIVEN) CHEYL	1B. MIDDLE DELORES	1C. LAST (FAMILY) SHELL	2. DATE OF BIRTH 12-8-52 YEAR	3. DATE OF DEATH 8-29-91 YEAR	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Theresa Parker - Mother 1281 South 47th Street #101 San Diego, California 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Fed. Bl.; CA			7B. CALIFORNIA LICENSE NUMBER 1329		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Narnelle M. Parker</i>	8B. DATE SIGNED 7/2/91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUL 03 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donall E. Rumbach, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records POB 85222; San Diego, CA 92138-5222	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVaultMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; San Diego, CA	11B. DATE INTERRED 7-5-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Trague</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A <i>metol non-sealer (line)</i>	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

COPY 2 IS RETAINED BY 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 08/26/91

DATE: 08/26/91
TIME: 215024
PAGE: 13

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
162474	07/25/91	067138	DARLENE PARKER				08/20/91	CK	2245	1,427.00	1,427.00	0.00
			100 072		77181	000072				350.00		
			100 072		77182	000072				150.00		
			100 072		77183	000072				65.00		
			100 072		77184	000072				556.00		
			100 072		77185	000072				155.00		
			60101		76390					12.00		
			67007		77184					139.00		

E-9535

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-2-91

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

in a Vault Funeral, date, time Wed. 11:00 AM 7-3

Church, Chapel, Graveside Graveside Only Flye Chapel - DAN Mortuary.

All Funeral cars must 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 FAMILY & BEING CARRIED OVER. Will Need Pallbearers

Lot 36 Grave 11 Row — Section 6 Division/Black 6

Grave space & Care Fund Pre-Need (C-4268) 2

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.00

Sales taxes 784.00

Total Due 784.00

Paid receipt number 40924 784.00

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

Margy J. Peterson
Signature
P.O. Box 243
Address
El Centro, CA 92245
City
619-352-6375
Telephone
92245
Zip Code

Work Order # **E** 9536
PY-593 (REV. 8-88)

Invoice # _____

Acct. # _____

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) LAWRENCE		1B. MIDDLE HENRY		1C. LAST (FAMILY) PETERSEN		2. DATE OF BIRTH MONTH, DAY, YEAR 11/9/06		3. DATE OF DEATH MONTH, DAY, YEAR 6/30/91		4. SEX M	
5A. CITY OF DEATH El Centro				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Imperial				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Rod Petersen - Son 419 Sandalwood El Centro, CA 92243			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 799 So. Hwy 86 Brawley, CA Frye Chapel & Mortuary of Imperial Valley						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD 512					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such Shirley R. Kanger					
8B. DATE SIGNED 7/2/91											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.						9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 7/2/91		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Kenneth McFarland	
10. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Imperial Co. Health Dept. 935 Broadway El Centro, CA						10. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego Dept. of Health Svcs. P.O. Box 85222 San Diego, CA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEM(S)											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				<input type="checkbox"/> I. DISPOSITION PENDING			
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS											
INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, Calif.				11B. DATE INTERRED 7-3-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy J. Tesque			
CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A <i>36-11-6-6 METAL NON SCATTER (WU/K)</i>				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

 E9536 N^o 40924
Date: 7-8-77, 1977From: City of San Diego Address: 1111 Broadway, San Diego, CA 92101Dollars (\$ 784.50)In Full Payment of Services and Burial ExtensionLot 50 Grave 11 Row 5 Section 6 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E-9536

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67507	
20% Sales Cart	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>784.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 7-2-91

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

of FATISHA GANDY

in a Ob/ crypt Vault/Liner Funeral, date, time 7/4 1:00 P.M.

Church, Chapel, Graveside Church, Grossins, Calif Burial Mortuary.

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

Lot 133 Grave 7 Row — Section 1 Division/Clock 12

Grave space & Care Fund	<u>595⁰⁰</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>350⁰⁰</u>
Burial Container	<u>330⁰⁰</u>
Handling Fees	<u>320⁰⁰</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>45.⁰⁰</u>
Sales taxes	<u>23⁰⁰</u>
Total Due	<u>1663⁰⁰</u>

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature James E. Gandy
Address 3676 Van Dyke Ave #6
San Diego CA 92104
State (619) 280-8530 Zip Code
Telephone _____

Work Order # E 9537

Invoice # 162475
Acct. # 067139

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) FATISHA		1B. MIDDLE —		1C. LAST (FAMILY) GANDY		2. DATE OF BIRTH MONTH DAY YEAR 4-10-1957		3. DATE OF DEATH MONTH DAY YEAR 7-1-1991		4. SEX FE	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT SARAH L. WARREN - SISTER 7786 BLOOMFIELD RD. SAN DIEGO, CA. 92114			
7A. THREE NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5602 EL CAJON BLVD. SAN DIEGO, CA. 92115						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P 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 <i>[Signature]</i>				8B. DATE SIGNED 7-5-1991	
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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 05 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
						9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

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

- | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> D. SCIENTIFIC USE |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> 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 7-9-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY SEA/22/35-7-1-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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-9537

NOTE

\$ 1663⁰⁰ San Diego, California 7-5- 1991

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 Sixteen thousand Sixty three and 00/100 DOLLARS with interest from August 5 1991 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 Jarvis GANDY SIGNATURE Jarvis Gandy

ADDRESS 3676 Van Dyke Ave. #6 San Diego CA 92104

CALIFORNIA DRIVER LICENSE NUMBER N6427990 SSN # 550-08-6266

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-3-91

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 111 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund WE NEED LOT 695⁰⁰

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 695⁰⁰

Paid receipt number #40923 695⁰⁰

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

Address

State

Telephone

234 W. Palm St.
San Diego, Ca. 92103
(619) 296-2077

Zip Code

Work Order #

E 9538

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

No 11784

E9538

E9538

OWNERSHIP AND INTERMENT PRIVILEGES

TO Patricia Ross/Mark Blunt for the sum of \$ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 111; grave 3; section 2; div 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9538

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

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

Regulation Marker Size is 12" X 24". Flat Marker Only

Wendy Jo League

Cemetery Manager

Phyllis Lullman

Property Director

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NE 40923

Date: _____, 19____

From: _____ Address: _____

_____ Dollars (\$) _____

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

 W.O. E-9538

 BALANCE DUE 2

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

ISSUED BY _____

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-91

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

of KENNETH R COOK PA#1114727

in a LINER Funeral, date, time TUE: 7/9 10:30 AM

Church, Chapel, Graveside DEL 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 181 Grave 5B Row. _____ Section 1 Division/Block 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

LEE JAMIE Total Due

Paid receipt number 297⁰⁰

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 9539

PY-593 (REV. 5-85)

Invoice # 162476

Acct. # 000952

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) Kenneth	1B. MIDDLE R.	1C. LAST (FAMILY) Cook	2. DATE OF BIRTH MONTH DAY YEAR 4-13-31	3. DATE OF DEATH MONTH DAY YEAR 6-25-91	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92130	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2855 Adams Av. San Diego, CA.			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>John Mayer</i>	8B. DATE SIGNED 7-3-91
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	----------------------------------

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 7.00	9B. DATE PERMIT ISSUED JUL 03 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Forrest H. Ramez, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA.	11B. DATE INTERRED 7-9-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Trague</i>	
	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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E9539 IN 40163

Date: _____, 19____

From: _____ Address: _____

_____ Dollars (\$ _____)

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

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

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

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

ISSUED BY _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-5-91

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

of MARION R JOSSEY

in a Dbl Crypt Funeral, date, time 7-5-91 11:AM

Church, Chapel, Graveside Chapel-Grasside, KAGS date 11am Mortuary.

All Funeral cars must 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 91 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 395.00

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 23.10

Total Due \$ 1663.10

Paid receipt number #41081 1663.10

Balance due 0



MARK will BACK
For schedule services
PENDING
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 Schedule Jossey
Address 705 S. Broadway St.
City San Diego CA 92115
State 2320355 Zip Code
Telephone _____

Work Order # E 9540
PY-693 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


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

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

NP 41081

 Date: 7/6/19

 From: IRVING JOSEY Address: 705 S. G. ST. LOS ANGELES, CALIF. 90018

 Dollars (\$ 1619.25)

 In Full Payment of Services for Irving J. Josey

 Lot 11 Grave 11 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

 W.O. E-9540

 BALANCE DUE 2

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

 ISSUED BY R. J. Josey

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1619.25</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9540

E9540

1A. NAME OF DECEDENT—FIRST (GIVEN) MARION		1B. MIDDLE ROSE		1C. LAST (FAMILY) JOSEY		2. DATE OF BIRTH MONTH 7 / DAY 1 / YEAR 1921		3. DATE OF DEATH MONTH 6 / DAY 30 / YEAR 1991		4. SEX F	
5A. CITY OF DEATH Bremerton				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Washington				5. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Zebadiah Josey - Husband 705 Gregory Street San Diego, California 92113			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Fed. Rd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER 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 <i>Marjorie M. Ragsdale</i>		8B. DATE SIGNED 7/5/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUL 05 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>	
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 Vital Records POB 85222; San Diego, CA 92138-5222				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											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT											
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; text-align: center;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> I. DISPOSITION PENDING											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; San Diego, CA				11B. DATE INTERRED 7-5-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A <i>metal sealer (d/b/crypt)</i>				12B. DATE CREMATED 91-11-1-12		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 7-5-91

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

of LENA SKEEMAN

in a LINER Vault/Liner Funeral, date, time 7/9 3:00 TUES

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 No

✓ Lot 9 Grave 9 Row _____ Section MAS Division/Block P

Grave space & Care Fund ... Pre-Paid (D-2979) Ø

Additional spaces and care fund _____

Opening/Closing & Setup ... Pre-Paid (D-2979) Ø

Burial Container ... Pre-Paid (D-2979) Ø

Handling Fees ... Pre-Paid (D-2979) Ø

Flower vases - Marker setting fee _____

Recording and filing fee _____ 4500

Sales taxes ... Pre-Paid (A-2979) Ø

Total Due _____ 4500

Paid receipt number 40959 45.00

Balance due Ø

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

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

Signature of recorded holder of deed _____

Signature

Address

State

Telephone

Work Order #

PY-593 (REV. 8-85)

E

9541

Invoice # _____

Acct. # _____

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) Lena		1B. MIDDLE Josephine	1C. LAST (FAMILY) Sherman	2. DATE OF BIRTH MONTH DAY YEAR 12-06-1901	3. DATE OF DEATH MONTH DAY YEAR 07-04-1991	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		5. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Terttu Waiche: Niece 4141 Hilldale Road San Diego, CA 92116		
7A. PRINTED NAME AND ADDRESS OF APPLICANT—FEDERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary, 1-3055 Imperial Ave. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Kimberly L. Jones</i>		8B. DATE SIGNED 7-8-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUL 08 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rasmussen, M.D.</i>
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>						
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA		11B. DATE INTERRED 7-9-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Trague</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 9-9-11AEP Metal Senter Liner		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

E9541

N 40959

E7541

Date: _____, 19____

From: _____ Address: _____

_____ Dollars (\$ _____)

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

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

ISSUED BY _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-6-91

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

of JOSEFINA APABIASA

in a 5 S. UAMIT Vault/Urner Funeral, date, time 7/6 11:AM. SAT.

Church, Chapel, Graveside CHapel 1/3 GRAVESIDE: GUADALUPANA Mortuary.

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

Lot 153 Grave 10 Row _____ Section 1 Division Block 12

Grave space & Care Fund 495⁰⁰

Additional spaces and care fund 350⁰⁰

Opening/Closing & Setup 200⁰⁰

Burial Container 175⁰⁰

Handling Fees 525

Flower vases - Marker setting fee 14⁰⁰

Recording and filing fee SAT. O.T. 4480⁰⁰ 1759⁰⁰

Sales taxes 14⁰⁰

Total Due 1759⁰⁰

Paid receipt number #40940 1759⁰⁰

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 _____

Albert B. Apablasa
Signature

Address 13524 Silver Lake Dr

State CA Zip Code 92064

Telephone Poway

Work Order # E 9542

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9542
E7542

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEFINA		1B. MIDDLE —	1C. LAST (FAMILY) APABLASA		2. DATE OF BIRTH MONTH DAY YEAR SEPT. 9, 1904	3. DATE OF DEATH MONTH DAY YEAR JULY 4, 1991	4. SEX F.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT GEORGIA ACUNA BARRE-DAUGHTER 13524 SILVER LAKE DR. POWAY, CA. 92064		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102				7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE FS-1425			
8. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Jane M. Chong</i>		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Jane M. Chong</i>		8B. DATE SIGNED 7-5-91			
9. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rasmussen, M.D.</i>		9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED JUL 05 1991			
10. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		11. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —					
12. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT							
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; text-align: center;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> I. DISPOSITION PENDING							
COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA. 92102		11B. DATE INTERRED 7-6-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Teague</i>		
	12A. NAME AND ADDRESS OF CREMATORY		12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT		
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E9542 N 40940

E9542

Date: 7-6-19

From: [unclear] Address: [unclear]

[unclear] Dollars (\$ 1757)

In Payment of [unclear]

Lot [unclear] Grave [unclear] Row [unclear] Section [unclear] Division Block [unclear]

Invoice No. [unclear]

Acct. No. [unclear]

W.O. [unclear]

BALANCE DUE [unclear]

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 [unclear]

CREDIT	67007	
20% Sales Comm	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	1757

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-5-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAWIGHT EDWARD REESE

in a LINER Funeral, date, time 7/8 12:00 P.M.

Church, Chapel, Graveside Church-Graveside; Cal-Orleans Mortuary.

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

Lot 78 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund 350.00

Opening/Closing & Setup 150.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 10.50

Recording and filing fee 1395.50

Sales taxes 1395.50

Total Due 1395.50

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

Work Order #

E

9543

Invoice #

Acct. #

MT. HOPE CEMETERY

W.O. # E9543

NOTE

\$ 1295.54 San Diego, California 7-5- 1991

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 NINETY FIVE AND 54/100 DOLLARS with interest from AUGUST 5, 1991 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 FRANKIE Reese SIGNATURE Frankie Reese
ADDRESS 5671 LUBERST S.D.CA.
CALIFORNIA DRIVER LICENSE NUMBER NA732178 SSN # 457-649412

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9543
E-543

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DWIGHT	1B. MIDDLE EDWARD	1C. LAST (FAMILY) REESE	2. DATE OF BIRTH MONTH DAY YEAR 9-4-1965	3. DATE OF DEATH MONTH DAY YEAR 7-2-1991	4. SEX M
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANCIE REESE - MOTHER 5671 LUBER ST. SAN DIEGO, CA. 92114		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPL 5602 EL CAMINO BLVD. SAN DIEGO, CA. 92115		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 7-5-91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 7-5-1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA.	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 ITEM(S)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA.	11B. DATE INTERRED 7-8-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY MEATER SEALER	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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 08/24/91

DATE: 08/24/91
TIME: 001410
PAGE: 15

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EO	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162473	07/25/91	067136	FRANKIE REESE				08/20/91	CK	102	1,295.50	1,295.50	0.00
			100	072	77181	000072				350.00		
			100	072	77182	000072				150.00		
			100	072	77183	000072				45.00		
			100	072	77184	000072				476.00		
			100	072	77185	000072				145.00		
			60101		78390					10.50		
			67007		77184					119.00		

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-91

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

of Loretta L. Peck

in a F.S. Vault Funeral, date, time 7/8 11:00 AM

Church, Chapel, Graveside Chapel / Graveside Feathering, 11 Mortuary.

All Funeral cars must 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 4284 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre Need (E-9439) 0

Additional spaces and care fund _____

Opening/Closing & Setup Pre Need (E-9435) 0

Burial Container Pre Need (E-9435) 0

Handling Fees Pre Need (E-9435) 0

Flower vases - Marker setting fee Pre Need / flower vase (E-9435) 0

Recording and filing fee Pre Need (E-9435) 0

Sales taxes Pre Need (E-9435) 0

Total Due 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature Linda Banner

Address 1443 East

City San Diego

State CA

Telephone 269 3122

Zip Code _____

Work Order # E 9544

PY-593 (REV. 8-86)

Invoice # _____

Acct. # _____

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) LORETTA	1B. MIDDLE LYNN	1C. LAST (FAMILY) PECK	2. DATE OF BIRTH MONTH DAY YEAR 7/30/1967	3. DATE OF DEATH MONTH DAY YEAR 7/3/1991	4. SEX F
5A. CITY OF DEATH Santee	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Linda Bannon Mother 9628 Hume Rd. Santee, CA 92071		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. SD			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>Edward Feagles</i>	8B. DATE SIGNED 7-8-91
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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 \$7.00	9B. DATE PERMIT ISSUED JUL 08 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Barros, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS			<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT		
			<input type="checkbox"/> I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego	11B. DATE INTERRED 7-8-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Feagles</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a NON 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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-91

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

of MARTHA WISE

in a T-5 Vault Funeral, date, time 7/10 2:30 P.M. Wed.

Church, Chapel, Graveside Graveside ; CONRAD Mortuary.

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

Lot 116 Grave 10 Row _____ Section 2 Division 12

Grave space & Care Fund Pre-Paid (E-9449 5/22/91) 377.00

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 1089.25

Paid receipt number 40947 1089.25

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 9545

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

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) MARTHA	1B. MIDDLE JOAN	1C. LAST (FAMILY) WISE	2. DATE OF BIRTH MONTH DAY YEAR 6-1-1926	3. DATE OF DEATH MONTH DAY YEAR 7-8-1991	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT KENNETH R. WISE - HUSBAND 8726 JACKIE DRIVE SAN DIEGO, CA 92119	
7A. CALIFORNIA LICENSE NUMBER IF APPLICABLE FD-941			7B. NAME AND ADDRESS OF APPLICANT—GENERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE CEMETARY 7367 BROADWAY - LEMON GROVE, CA 91945-1533		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 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 <i>[Signature]</i>	8B. DATE SIGNED 7-9-91
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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 \$7.00	9B. DATE PERMIT ISSUED JUL 10 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222			

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ D. SCIENTIFIC USE
- ☐ B. CREMATION ☐ E. TEMPORARY ENVAULTMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☐ 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 7-10-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED 5/24/91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-91

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

of FANNIE CONYERS 7/12

in a LINER ^{Vault/Liner} Funeral, date, time Fri 11:00 A.M.

Church, Chapel, Graveside Church/Graveside Ragsdale Mortuary.

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

Lot 151 Grave 7 Row Section 1 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 10.50

Total Due 1195.50

Paid receipt number 600.00

Balance due 595.50

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

Clarence Conyers
Signature
5379 Paloma Rd.
Address
Renovado, CA 92509
City
(714) 683-3491
Telephone
 Zip Code

Work Order #

E

9546

PY-593 (REV. 8-85)

Invoice #

1162491

Acct. #

067144

MT. HOPE CEMETERY

W.O. # E-9546

NOTE

\$ 595.50 San Diego, California 7-8-1991

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 Five Hundred Ninety five and 50/100 DOLLARS with interest from August 18, 1991 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 CLARENCE CONYERS SIGNATURE CLARENCE CONYERS
ADDRESS 5379 - Paloma Rd Riverside, Ca. 92509
CALIFORNIA DRIVER LICENSE NUMBER B1110157 SSN # 258-24-0597

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9546

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Fannie		1B. MIDDLE	1C. LAST (FAMILY) Conyers		2. DATE OF BIRTH MONTH DAY, YEAR 6-15-06	3. DATE OF DEATH MONTH DAY, YEAR 7-7-91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Marion Daniels - Niece 1364 N. Pico Street San Bernardino, California 92411		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Pagsdale Mort., 5050 Federal Blvd. San Diego, California				7B. CALIFORNIA LICENSE NUMBER P-1329			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Margaret W. Pagsdale</i>		8B. DATE SIGNED 7-10-91			
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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92138-5222		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUL 11 1991	
		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Brown, M.D.</i>		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							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING							
FOR CORONER'S USE ONLY							
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, San Diego, CA.		11B. DATE INTERRED 7-12-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Nancy J. Leagro</i>		
	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.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E9546 N^o 40955

Date: _____, 19__

From: _____ Address: _____

_____ Dollars (\$ _____)

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.Q. E 9546

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY: _____

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

E-9546

ORDER FOR INSTALLING GRANITE MARKERS

Date _____

Gentlemen:

You are hereby authorized to set a marker furnished by Riverside Monumental Co.
Marker Company
on the grave of Fannie Conyers
and I hereby certify that I am the owner of the property in which the above
named deceased is interred or that I have the permission of the lot owner
to order this installation. It is understood that this marker is to be made
according to your regulations..

Signed

Marion Daniel

Address

1364 Pico

San Bernardino

Clarence Conyers
5379 - Paloma Rd.
Riverside, Ca. 92509

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/09/91

DATE: 08/09/91
TIME: 212735
PAGE: 12

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162491	07/25/91	067144	CLARENCE CONYERS				08/05/91	CK	7765	595.50	595.50	0.00
			100	072	77181	000072				245.00		
			100	072	77182	000072				150.00		
			100	072	77183	000072				45.00		
			100	072	77185	000072				145.00		
			60101		78390					10.50		

E- 9546

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-91

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

of Margaret Condo

in a Linea Funeral date, time Thurs. 6pm 7/11

Church, Chapel, Graveside Graveside ; Corrad Mortuary.

All Funeral cars must 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 2 Grave 5 Row 3 Division/Block 12

Grave space & Care Fund Pre-Need (E-202 3/82) 0

Additional spaces and care fund 0

Opening/Closing & Setup Pre-Need (E9252 3/91) 0

Burial Container Public Burial (Pre-Need) 0

Handling Fees 3-8-91 SD CO. CASE 0

Flower vases - Marker setting fee # 10191716 0

Recording and filing fee Pre-Need E9252 3/91 0

Sales taxes Pre-Need - E9252 - 3/91 0

Total Due 0

Paid receipt number 0

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 9547

PY-583 (REV. 8-88)

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9547

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

NAME OF DECEDENT—FIRST (GIVEN) MARGARET		1B. MIDDLE T.	1C. LAST (FAMILY) ONDO	2. DATE OF BIRTH MONTH DAY YEAR 10-2-1907	3. DATE OF DEATH MONTH DAY YEAR 7-5-1991	4. SEX F
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGARET T. ONDO-Self/Pre-need 675 E. BRADLEY AVENUE EL CAJON, CA 92021		
7A. TYPE NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE PD-941			

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 <i>[Signature]</i>	8B. DATE SIGNED 7-10-91
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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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 11 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— SAN DIEGO CO., DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING
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COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE INTERRED 7-11-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/8/91

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

of Clifton Cunningham Jr

in a Vault Funeral, date, time Tue 7/8/91 11:00 A.M.

Church, Chapel, Graveside Graveside : Rosedale Mortuary.

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

✓ Lot B1 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 4.00

Additional spaces and care fund _____

Opening/Closing & Setup 250.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.00

Service Pending Schedule - Total Due 788.00

Paid receipt number 40957 788.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Clara M. Cunningham
Signature
2541 Balboa Vista Dr.
Address
San Diego, Ca, 92105
State Zip Code
364-8081
Telephone

Work Order # **E** 9548

PY-593 (REV. 8-86)

Invoice # _____

Acct. # _____

NAME

Cunningham, Clara

ACCT. NO.

E-7249

ADDRESS

2541 Balboa Vista, SD, Ca 92105

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

2-3 88 Lot 21, Grave 6, Section 2, Division 12 and
 Lot 22, Grave 4, Section 2, Division 12

990 00

3-31 88	Coupon #1 Receipt 35944	41 00	949 00
5-3 88	Receipt 36091	41 00	908 00
6-9 88	Coupon #3 Receipt 36281	41 00	867 00
7-11 88	Coupon #4 Receipt 36402	41 00	826 00
8-11 88	Coupon 5 Receipt 36549	41 00	785 00
9-12 88	Coupon 6 Receipt 36701	41 00	744 00
10-13 88	Coupon 7 Receipt 36837	41 00	703 00
11-14 88	Coupon #8 Receipt 36965	41 00	662 00
12-7 88	Coupon #9 Receipt 37067	41 00	621 00
1-20 89	Coupon #10 Receipt 37244	41 00	580 00
2-13 89	Coupon #11 Receipt 37359	41 00	539 00
3-10 89	Coupon #12 Receipt 37490	41 00	498 00
4-2 89	Coupon #13 Receipt 37676	41 00	457 00
5-14 89	Coupon #14 Receipt 37810	41 00	416 00
6-9 89	Coupon #15 Receipt 38144	41 00	375 00
7-10 89	Coupon #16 Receipt 38270	41 00	334 00
8-8 89	Coupon 17 Receipt 38396	41 00	293 00

22 - 2 - 2 - 12

21 - 6 - 2 - 12

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

293.00

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

9-6-89

Coupon 18, Receipt 38491

41.00

25.00

10-10-89

Coupon 19, Receipt 38031

41.00

21.00

12-4-89

Coupon 20 & 21, Receipt 38620

82.00

129.00

1-30-90

Coupon 22, Receipt #38846

42.00

87.00

3-5-90

Coupon 23 & 24, Receipt #38933

82.00

4.00

E-9548

4.00

.00

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) CLIFTON		1B. MIDDLE -----	1C. LAST (FAMILY) CUNNINGHAM, JR		2. DATE OF BIRTH MONTH DAY YEAR 11/13/60	3. DATE OF DEATH MONTH DAY YEAR 7/3/91	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT Clara N. Cunningham - Mother 2541 Balboa Vista Drive San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Pagsdale Mort.; 5050 Fed. Rd.; San Diego, CA				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-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 <i>Harold W. Pagsdale</i>		8B. DATE SIGNED 7/7/91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUL 15 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donall L. Parnell, M.D.</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records POB 85222, San Diego, CA 92138-5222		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

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ D. SCIENTIFIC USE
- ☐ B. CREMATION ☐ E. TEMPORARY ENVAULTMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☐ 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 7-16-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 21-N/E - 2-12 NON SEAKER	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

COPY 2 IS RETAINED BY 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 40957

 Date: 7-8, 1991

 From: Alma Corporation Address: 8541 Lytle Vista Dr

 In Handwritten Payment of Eight hundred and eighty eight 788.00 Dollars (\$)

 Lot 91 Grave 6 Row 2 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

 W.O. E-9548

BALANCE DUE _____

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	1		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-9-91

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

of Viola Ashford

in a T.S. Vault Funeral, date, time Fri, 7/12 1:00 pm

Church, Chapel, Graveside Graveside Frye Chapel Berkeley Mortuary

All Funeral cars must 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 531 Grave - Row - Section 5 Division/Block 8

Grave space & Care Fund Pre-Need (B-870)

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.00

Total Due 784.00

Paid receipt number # 40987 784.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature Margaret A. Walter
Address 904 Bowles Rd.
City Carpenteria, Ca. 93723
State (619) 348-2357 Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 9549
PV-533 (REV. 8-85)

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) VIOLA		1B. MIDDLE M.		1C. LAST (FAMILY) ASHFORD		2. DATE OF BIRTH MONTH, DAY, YEAR 5/15/1898		3. DATE OF DEATH MONTH, DAY, YEAR 7/8/91		4. SEX F	
5A. CITY OF DEATH Brawley		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Imperial				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Margery Watte - Daughter 904 Bowles Road Calipatria, CA 92233					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 799 So. Hwy 86 Brawley, CA Frye Chapel & Mortuary of Imperial Valley						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD 512					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Shirley R. Krueger</i>				8B. DATE SIGNED 7/11/91					
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 \$7.00		9B. DATE PERMIT ISSUED 7/11/91		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Kenneth M. [Signature]</i>			
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Imperial Co. Health Dept. 935 Broadway El Centro, CA		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego Dept. of Health Svcs. P.O. Box 85222 San Diego, CA									
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, Calif.				11B. DATE INTERRED 7-12-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. [Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY 531 - 5 - 8 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.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E9549 No 40987

Date: 7-11, 1987

From: _____ Address: _____

 _____ Dollars (\$) 7.50
In _____ Payment of Balance due to City of San Diego
 Lot 3581 Grave _____ Row _____ Section 5 Division 8 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9549BALANCE DUE 4Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY _____

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-91

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

in a DBL-CRYPT ^{Vault/Urns} Funeral, date, time Fri, 7/12 10:00 A.M.

Church, Chapel, Graveside Graveside only: Paris-Fredrick Mortuary, (125)

All Funeral cars must 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 2756 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 330⁰⁰

Handling Fees 320⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 23¹⁰

Total Due 2063¹⁰

Paid receipt number #40970 2063¹⁰

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 Robert W Adams

7339-6025 SD

Address San Diego

State Calif Zip Code 92143

Telephone 582-7728

Invoice # _____

Acct. # _____

Work Order # E 9550
PY-592 (REV. 8-85)

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) BETTY		1B. MIDDLE MARCELINE		1C. LAST (FAMILY) ADAMS		2. DATE OF BIRTH MONTH DAY YEAR 9-26-28		3. DATE OF DEATH MONTH DAY YEAR 7-8-91		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert W. Adams-Husband 4339 60th Street San Diego, CA 92115			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Paris-Frederick Mortuary—374 N. Magnolia Ave. El Cajon, CA 92020						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 7-9-91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 10 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 3851 Rosecrans St. 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											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA				11B. DATE INTERRED 7-12-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A SEA/R 2756-10				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>		
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

000548

 E9550
 N^o 40970

Date: _____, 19__

From: _____ Address: _____

Dollars (\$) _____)

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9550

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE
 CITY AUDITOR
 JUL 16 1991

ISSUED BY _____

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-91

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

of GERADIAKE W DITIER

in a LINE Vault/Liner Funeral, date, time THUR 11:00 AM 7/11

Church, Chapel, Graveside GRAVESIDE; ERIKSON ANDERSON Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran NO

Lot 3257 Grave Row Section Division/Block 10

Grave space & Care Fund Pre-Need C-7785(1929) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 10.50

Total Due 700.50

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.

Sharon
Signature of recorded holder of deed

Sharon K. Curry
Signature
8301 Mission Blanche Rd
Address
Santee, Ca 92071 657 365
State Zip Code
449-0638
Telephone

Work Order # E 9551

PV-593 (REV. 8-88)

Invoice # 162481

Acct. # 067143

MT. HOPE CEMETERY

E9551
W.O. # E 9551

NOTE

\$ 400.⁵⁰ San Diego, California 7-9 1991

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 Dollars 50/100 DOLLARS with interest from August 11, 1991 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.

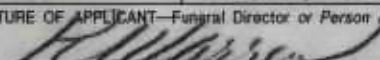
PRINT NAME SHARON K. CURRY SIGNATURE Sharon K. Curry
ADDRESS 8301 Mission Gorge Rd space 365
CALIFORNIA DRIVER LICENSE NUMBER N5799496 SSN # 547-46-7139

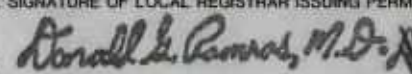
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9551
E9551

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Geraldine	1B. MIDDLE W.	1C. LAST (FAMILY) Ditter	2. DATE OF BIRTH MONTH DAY YEAR 10-27-18	3. DATE OF DEATH MONTH DAY YEAR 7-8-91	4. SEX Fe
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Sharon K. Curry Daughter 8301 Mission Gorge Rd. Sp.365 Santee, CA 92071	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Erickson-Anderson 8390 Allison Av. La Mesa, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 7-11-91
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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 7.00	9B. DATE PERMIT ISSUED JUL 11 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O.Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

PE 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 7-11-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT 	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY NON SEAKER 3257-10	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.

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/14/91

DATE: 08/14/91
TIME: 222735
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
162481	07/25/91	067143	SHARDN CURRY				08/09/91	CK	1151	700.50	700.50	0.00
			100 072		77181	000072				350.00		
			100 072		77182	000072				150.00		
			100 072		77183	000072				45.00		
			100 072		77185	000072				145.00		
			60101		78390					10.50		

E-9551

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-91

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

of DOLORES QUEZADA

in a _____ Funeral, date, time _____

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 _____ 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 _____

SECURE PENDING

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** 9552

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-91

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

of TO: ELIAS E GUEZADA

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 43 Grave 9 Row - Section 2 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee Transfer fee 45.00

Sales taxes _____

Total Due 45.00

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 El. E. G.

Address 2950 ARBODAR RD.

City SAN DIEGO CAL 92154

State 690-1414 Zip Code

Telephone _____

Work Order # E 9553

PY-993 (REV. 8-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-91

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

of DOLORES QUEZADA 7/11

in a Double Depth Vault/Under Funeral, date, time Thurs 2:00 P.M.

Church, Chapel, Graveside Church - Grace Bergs 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 No

Lot 43 Grave 9 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund Pre-Need (E-8041) 0

Additional spaces and care fund — —

Opening/Closing & Setup Pre-Need (E-8041) 0

Burial Container Pre-Need (E-8041) 0

Handling Fees Pre-Need (E-8041) 0

Flower vases - Marker setting fee — —

Recording and filing fee Pre-Need (E-8041) 0

Sales taxes Pre-Need (E-8041) 0

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 9554

PR-593 (REV. 8-85)

Invoice # —

Acct. # —

Lot + Int transferred from David Reeslawski

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) DOLORES	1B. MIDDLE —	1C. LAST (FAMILY) QUEZADA	2. DATE OF BIRTH MONTH DAY YEAR 7/6/1926	3. DATE OF DEATH MONTH DAY YEAR 7/8/1991	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Irisa Medina -Daughter 3772 37th Street San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF APPLICANT—GENERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY National City, CA 607 National City Blvd.			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 7/10/91
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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 \$7.00	9B. DATE PERMIT ISSUED JUL 11 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 Market St. San Diego, CA	11B. DATE INTERRED 7-11-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 43-9-2-11 SEA/ER	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	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 <i>[Signature]</i>	
	SCATTERING AT SEA OR 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 <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-91

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

of MORA E. HARRIS ^{7/11}

in a LINER ^{Vault/Liner} Funeral, date, time Thurs 11:00 A.M.

Church, Chapel, Graveside GRAVESIDE TRUSSDALE Mortuary.

All Funeral cars must 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 84 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 10⁵⁰

Total Due 1295⁵⁰

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 _____

Signature Alice L. Harris

Address 7251 Pete Rd

State S.D. Zip Code 92111

Telephone 264-0206

Work Order # E 9555

PV-593 (REV. 8-86)

Invoice # 162478

Acct. # 067140

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) CORA	1B. MIDDLE ESTELLE	1C. LAST (FAMILY) HARRIS	2. DATE OF BIRTH MONTH DAY YEAR 12/15/23	3. DATE OF DEATH MONTH DAY YEAR 7/7/91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Alice Lloyd - Daughter 7251 Peter Pan Avenue San Diego, California 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, Calif.			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-1325		

ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 7-10-91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9A. AMOUNT OF FEE PAID 7.00 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records POB 85222, San Diego, Ca. 92138-5222	9B. DATE PERMIT ISSUED JUL 11 1991 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<div style="border: 1px solid black; padding: 5px; text-align: center;">FOR CORONER'S USE ONLY</div>
		<input type="checkbox"/> I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, San Diego, Ca.	11B. DATE INTERRED 7-11-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 84-7-1-12 NON SEATER	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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-9555

NOTE

\$ 1295⁵⁰ San Diego, California 7-9- 1991

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 TWO HUNDRED NINETY FIVE AND ⁵⁰/₁₀₀ DOLLARS with interest from AUG 13, 1991 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 Alice Lloyd SIGNATURE Alice Lloyd
ADDRESS 7251 Peter Pan Ave, S.D. 92114
CALIFORNIA DRIVER LICENSE NUMBER S0021847 SSN # 572-72-0135

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/13/91

DATE: 08/13/91
TIME: 233754
PAGE: 12

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162478	07/25/91	067140	ALICE LLOYD				08/09/91	CA		600.00	1,295.50	695.50
			100	072	77181	000072				162.10		
			100	072	77182	000072				69.47		
			100	072	77183	000072				20.84		
			100	072	77184	000072				220.46		
			100	072	77185	000072				67.16		
			60101		78390					4.86		
			67007		77184					55.11		

E95 55

PARTIAL PAYMENT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-91

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

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 2756 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 FLOWER CAN. INSTALLATION... 23⁷⁰

Recording and filing fee _____

Sales taxes _____

Total Due 23⁷⁰

Paid receipt number #40971 23⁷⁰

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 Robert W Adams

Address 4339 - 6075 St

State San Diego

Telephone Calif 92115 Zip Code

Work Order # E 9556

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-91

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

of LEONARD KOSIAK ~~7/19~~
in 31 Vault 4 Funeral, date, time Fri, 11:00 AM

Church, Chapel, Graveside Graveside Only; Telephase Mortuary.

All Funeral cars must 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 MILITARY HONOR GUARD

Lot 53 Grave 4 Row — Section 1 Division 11

Grave space & Care Fund Pre-Need (D-2631) (1973) 0

Additional spaces and care fund —

Opening/Closing & Setup Pre-Need (D-2631) 0

Burial Container Pre-Need (D-2631) 0

Handling Fees Pre-Need (D-2631) 0

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes Pre-Need (D-2631) 0

Total Due 45.00

Paid receipt number 41012 45.00

Balance due 0

I hereby certify I am the X 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.

Arnold Jay Kosciak
Signature of recorded holder of deed

X Arnold Jay Kosciak
Signature
X 5144 Delene St
Address
X San Diego Ca 92117
City
X 277-0428
Telephone

Work Order # E 9557
PY-583 (REV. 8-85)

Invoice # —
Acct. # —

Lot 11-3, 4, 5 ^{Best}

for Koral
Pearl

31 4, 5

Do exchange
in 1-11

Best ~~For~~
7/12/91
Per Wendy

E9557

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) LEONARD		1B. MIDDLE JOSEPH		1C. LAST (FAMILY) KOSIAK		2. DATE OF BIRTH MONTH DAY YEAR 08-06-1926		3. DATE OF DEATH MONTH DAY YEAR 07-07-1991		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT TELOPHASE PRENEED 5144 Arlene Street San Diego, CA 92117			
7A. TYPE, NAME AND ADDRESS OF APPLICANT—MINERAL DIRECTOR OR PERSON ACTING AS SUCH 1545 HOTEL CIRCLE SOUTH, #100, S.D., CA. 92108 THE TELOPHASE SOCIETY						7B. CALIFORNIA LICENSE NUMBER F-1272					
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Leticia Lopez</i>				8B. DATE SIGNED 07-10-1991	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 11 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramon, M.D.</i>			
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 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 IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS 92138-5222											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA											
<input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92113				11B. DATE INTERRED 7-19-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY CREMAR CREMATORY 2299 MANCHESTER AVE., ANAHEIM, CA.				12B. DATE CREMATED 7-15-91		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND <u>DISTRICT</u> 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-9557



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

Property Department
264-3151

Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

QUITCLAIM DEED

In consideration of Exchange of Lots (Lot 31; Grave 4; Section 1; Division 11)

I/We Arnol Kosiak

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Mt. Hope Cemetery

all that Cemetery property situated in Mount Hope Cemetery, in said City of
San Diego, County of San Diego, State of California, described as follows:

Lot 53 Grave 10 Row Section 1 Division ~~XXXX~~ 11

TO HAVE AND TO HOLD the above-described quitclaimed property unto the
said Mt. Hope Cemetery, its successors and assigns forever.

WITNESS my/our hand this X 7/8 day of X July 19X 91

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

X Pauline J. Sundall
X Charles A. Sundall
Witnesses

X [Signature]
X Stephen A. Kosiak
X Mary P. Kosiak
X C. V. Ostolaza

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NS 41012

Date: 7-19-91

From: [Signature] Address: 5142 42nd St San Diego, CA 92112

Dollars (\$) 400.00

In Payment of [Signature]

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-9557

BALANCE DUE

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

CITY AUDITOR

JUL 26 1991

ISSUED BY [Signature]

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

001061

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARRY KAWAMOTO 7/11

in a T.S. VAULT Vault/Liner Funeral, date, time Thur 10:00 A.M.

Church, Chapel, Graveside GRAVESIDE Lewis & Clark Mortuary.

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

Lot 5228 Grave Row Section Division/Block 10

Grave space & Care Fund Pre-Paid (1974 \$265) 8

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.00

Total Due 784.00

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Tomoko Kawamoto
Signature 416 So. 36th St
Address SAN DIEGO, CA 92113
State 231-4695 Zip Code
Telephone

Work Order # E 9558

PY-593 (REV. 9-85)

Invoice # 1162479
Acct. # 067142

MT. HOPE CEMETERY

W.O. # E-9558

NOTE

\$ 784.00 San Diego, California 7-10 1991

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 Eighty four and 00/100 DOLLARS with interest from August 18 1991 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 UMEKO KAWAMOTO SIGNATURE Umeiko KawamotoADDRESS 416 So. 36th St San Diego, CA 92113CALIFORNIA DRIVER LICENSE NUMBER B0570296 SSN # 553-24-3845

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) HARAY	1B. MIDDLE HAREO	1C. LAST (FAMILY) KAWAMOTO	2. DATE OF BIRTH MONTH DAY, YEAR 10-29-1919	3. DATE OF DEATH MONTH DAY, YEAR FOUND 07-04-1991	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT UMERO M. KAWAMOTO - WIFE 416 SOUTH 36TH. STREET SAN DIEGO, CA. 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-490		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT. I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07-08-1991			

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 \$7.00	9B. DATE PERMIT ISSUED JUL 08 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA ---		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS:

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> 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 7-11-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 5228-10 Non Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/28/91

DATE: 08/28/91
TIME: 222752
PAGE: 17

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162479	07/25/91	067142	UMEKO KAWAMOTO				08/21/91	CK	4975	784.00	784.00	0.00
			100 072		77181	000072				350.00		
			100 072		77182	000072				200.00		
			100 072		77183	000072				45.00		
			100 072		77185	000072				175.00		
			60101		78390					14.00		

E-9558

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-91

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

of SHARAY LA VONNE ALLEN 7/15

in a T.S. VAULT Funeral, date, time MON. 1 P.M.

Church, Chapel, Graveside Chapel 1 Graveside: PAGESDALE Mortuary.

All Funeral cars must 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 85 Grave 1 Row Section 1 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.00

Total Due 1379.00

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature Lois L. PRESSLEY

Address 324 GLORIA ST.

State CALIFORNIA Zip Code 92113

City 619-266-2720

Telephone

Work Order # E 9559

PV-593 (REV. 8-85)

Invoice # 162497

Acct. # 067148

MT. HOPE CEMETERY

W.O. # E-9559

NOTE

\$ 1379.00 San Diego, California 7-10-1991

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 SEVENTY NINE AND 00/100 DOLLARS with interest from August 13 1991 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

Lois L. Pressley

SIGNATURE

Lois L. Pressley

ADDRESS

324 Gloria St.

CALIFORNIA DRIVER LICENSE NUMBER

E0442229

SSN #

547-98-6454

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9559
E9559

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SHARAY		1B. MIDDLE LA VONNE	1C. LAST (FAMILY) ALLEN	2. DATE OF BIRTH MONTH DAY YEAR 8-22-69	3. DATE OF DEATH MONTH DAY YEAR 7-8-91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Lois Pressley - Mother 324 Gloria St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL HOME OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 9650 Federal Blvd. San Diego, CA				7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>Robert Williams</i>		8B. DATE SIGNED 7-15-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 15 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i>
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 IN CALIFORNIA		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEM(S)

- ☒ 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 7-15-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Yeaguel</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 85-1-1-12 META/SS4/ER	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

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

E7559

162497 07/25/91 067148 LOIS PRESSLEY

E-9559

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

08/08/91 CK 529

1,379.00
350.00
200.00
45.00
476.00
175.00
14.00
119.00

1,379.00

0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-91

Transfer of Title
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Gene Whitley 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 1309 E Grave 1310 Row _____ Section 1 Division 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 *Transfer fee* 45.00

Sales taxes _____

Total Due _____

Paid receipt number 40980 35.00

Balance due 10.00

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

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

Signature of recorded holder of deed _____

Shawn Echabek
Signature _____

Address 294 Shasta St Suite A

State Chula Vista, CA 91910 Zip Code _____

Telephone 425-4860

Work Order # **E** 9560

PY-593 (REV. 5-88)

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E9560 3/8/1966

2416

DEED

E9560

OWNERSHIP AND INTERMENT PRIVILEGES

TO J. F. Parker Williams for the sum of \$ 740.00 (DOLLARS)

LEGAL DESCRIPTION Lots 1309-1310-1311-1312 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-2994

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

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

2 X 1 FLUSH MARKER ONLY

B. W. Dehus

Cemetery Manager

Eric Quast

Public Works Director



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E9560
No 11782

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene Whatley Agency for the sum of \$ 90.00 Transfer Fee (DOLLARS)

LEGAL DESCRIPTION Lots 1309 and 1310; Section 1; Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9560

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

Mandy Jo League
Cemetery Manager

PV-224

Chas Lullman
Property Director

GENE E. WHATLEY AGENCY

P.O. BOX 178

BONTA, CALIFORNIA 91908

E9560

Telephone: 425-4860

Cemetery Broker

E9560

TRANSFER INFO FORM

Please transfer the following property described as:

Lots 1309 and 1310, Section 1, Division 8

in Deed/Certificate number 2416 from Mount Hope Memorial Park

dated 3/8/66 to:

NEW OWNER

NAME: Gene E. Whatley

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 91908

FROM ASSIGNOR

NAME: _____

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 91908

ACCOUNT NUMBER 931MH

*Two spaces only
other 2 back to
S.E. Parker with An*

E9560
E9560

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That _____

J.F. Parker Williams

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows: _____

Lots 1309 and 1310 Section 1, Division 8

at Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

J.F. Parker Williams
Signature

Signature

State of California County of San Diego

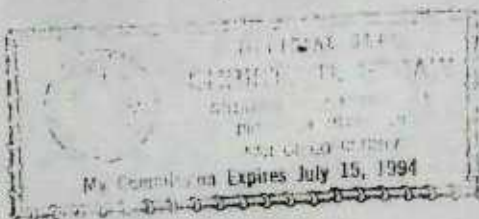
On August 13, 1990 before me, the undersigned, a Notary Public in and for said State personally appeared _____

J.F. Parker Williams

Personally known to me (or proved to me on the basis of satisfactory evidence), to be the person/s whose name/s (is/are) subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

Christy D. Shaw
Notary Public in and For Said State



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Daisy E Henderson Campbell

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 691 Grave 692 Row _____ Section 5 Division Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee Transfer Fee 45.00

Sales taxes _____

Total Due 45.00

Paid receipt number 40987 35.00

Balance due 10.00

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

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

Signature of recorded holder of deed

Sharon E. Eberle
Signature
294 Shasta Street A
Address
Chula Vista, CA 91910
State
425-4860
Telephone

Work Order # E 9561

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

E9561
No 11632

E9561

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene E. Whatley Agency for the sum of \$ (DOLLARS)

LEGAL DESCRIPTION Lots 691 & 692, Section 5, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8099

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 12" x 24" x 3"

Wendy J. League
For Cemetery Manager

Victor B. Zimman

Property Director



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E9561
No 11783

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Daisy & Henderson Campbell for the sum of \$ 45.00 - Transfer Fee (DOLLARS)

LEGAL DESCRIPTION Lots 691 and 692; Section 5; Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9561

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

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

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

PV-1144

Chas Lullman
Property Director

GENE E. WHATLEY AGENCY

E9561

E9561

Cemetery Broker

P.O. BOX 178
BONITA, CALIFORNIA 91908

Telephone: 425-4860

TRANSFER INFO FORM

Please transfer the following property described as:

Lots 691 and 692, Section 5, Division 8

in Deed/Certificate number 11632 from Mount Hope Memorial Park

dated _____ to:

NEW OWNER

NAME: Daisy Campbell and Henderson Campbell

ADDRESS: c/o P.O. Box 178

CITY: Bonita STATE: CA ZIP: 91908

FROM ASSIGNOR

NAME: _____

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 91908

ACCOUNT NUMBER 852MH

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-91

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

of JEAN HABER PA # 1115030

in a LINER Funeral, date, time Thurs 7/11 11:30 AM

Church, Chapel, Graveside DEL ONLY LEWIS BENBOG Mortuary.

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

Lot 181 Grave 5T Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 297⁰⁰

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 9562

PY-593 (REV. 8-85)

Invoice # 162477

Acct. # 000 952

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41.172

Date: 4/30/19

From: City of San Diego Address: 4400 La Jolla Village Drive, San Diego, CA 92037

Amount: Ninety Seven and 00/100 Dollars (\$ 97.00)

In P.M. Payment of SERVICES FOR JEAN WUELLER PA# 1115030

Lot 111 Grave 57 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 9562

BALANCE DUE 9

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

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

ISSUED BY [Signature]

CREDIT	67037	
20% Sales Com.	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63053	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	97.00

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) JEAN		1B. MIDDLE UNKNOWN		1C. LAST (FAMILY) HABER		2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN		3. DATE OF DEATH MONTH, DAY, YEAR 07-02-1991		4. SEX F	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR 5201 'A' RUFFIN ROAD SAN DIEGO, CA 92123			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Benhough 3051 El Cajon Blvd San Diego, CA 92104						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-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 <i>[Signature]</i>				8B. DATE SIGNED 07-11-1991	
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 11 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA				11B. DATE INTERRED 7-11-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 181-57-1-12 NON SEA/EE				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-91

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

of CHARLIE BOND PA# 1115081

in a LINER Vault/Liner Funeral, date, time A.Y.D. Tue 7/16

Church, Chapel, Graveside DEL ONLY ; ROGS 0412 Mortuary.

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

Lot 147 Grave 9B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Jim White
PENDING schedule

Total Due 297⁰⁰

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** 9563

Invoice # 162498
Acct. # 000952

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) CHARLIE	1B. MIDDLE -----	1C. LAST (FAMILY) BOND	2. DATE OF BIRTH 9/04/23 YEAR	3. DATE OF DEATH 7/3/91 YEAR	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Public Administrator Records 5201 Ruffin Road San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort., 5050 Fed. Bl., San Diego			7B. CALIFORNIA LICENSE NUMBER 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 <i>Harold L. Moore</i>	8B. DATE SIGNED 7-12-91
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* 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 7.00	9B. DATE PERMIT ISSUED JUL 15 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records POB 85222, San Diego, CA 92138-5222	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 <u>ALL</u> APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, San Diego, CA	11B. DATE INTERRED 7-16-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A <i>Non-sealer 142-9-1-12</i>	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

COPY 2 IS RETAINED BY 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

E9563

NE 41184

E9563

Date: _____, 19____

From: _____ Address: _____

Dollars (\$) _____

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

* Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY _____

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-91

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 70 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Flower Vase Installation... 23⁷⁰

Recording and filing fee _____

Sales taxes _____

Total Due 23⁷⁰

Paid receipt number #40979 23⁷⁰

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 _____

Lucy Cruzada
Signature 2120 "L" Avenue
Address National City Ch. 9250
City (619) 477-8080 Zip Code _____
Telephone _____

Work Order # **E** 9564

PY-593 (REV. 8-88)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-11-91

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

of IRIDENE THOMAS

in a T.S. VAULT Funeral, date, time MON. 7/15 2:00 P.M.

Church, Chapel, Graveside Church/Graveside : REGG DALE Mortuary.

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

Lot 77 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 350⁰⁰

Burial Container 200⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 45⁰⁰

Sales taxes 14⁰⁰

Total Due 1374⁰⁰

Paid receipt number _____

Balance due _____

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

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

Sam D. Thomas
Signature of recorded holder of deed

Sam D. Thomas
Signature
3715 T St.
Address
SAN DIEGO CA. 92113
State Zip Code
269 7821
Telephone

Work Order # E 9565

Invoice # 162496

Acct. # 067147

PAID 10-9-97 €9565

CHECK CLEARED
10-14-97 PER DAWN
AT TREASURERS.

See attached
receipt

€9565/2/16/91

Dawn - we took
judgment against
Mr. Thomas He
didn't bother to
appear. Thanks
Bonnie

MT. HOPE CEMETERY

W.O. # E-9565

NOTE

\$ 1379.00 San Diego, California 7-11-1991

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 SEVENTY NINE DOLLARS with interest from August 14 1991 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 SAMUEL DAVID THOMAS SIGNATURE Samuel D. Thomas

ADDRESS 3715 T ST SAN DIEGO CA 92113

CALIFORNIA DRIVER LICENSE NUMBER A0216263 SSN # 467-50-1861

CITY OF SAN DIEGO
TREASURER COLLECTIONS
OFFICIAL RECEIPT
DATE 10.09.'97 THU

E9565

Thomas, Samuel

NON-ADD #	176413
MT HOPE	\$2261.90
TOTAL	\$2261.90
CHECK	\$2261.90
CLERK 3	NO.000003
TIME 09:33	0000

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-11-91

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

in a T.S. VAULT Funeral, date, time MON. 7/15 2:00 P.M.

Church, Chapel, Graveside Church; Graveside; REG. DATE Mortuary.

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

Lot 77 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	<u>595.00</u>
Additional spaces and care fund	-
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>200.00</u>
Handling Fees	<u>175.00</u>
Flower vases - Marker setting fee	-
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.00</u>
Total Due	<u>1379.00</u>

Paid receipt number _____

Balance due _____

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

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

Samuel D. Thomas
Signature of recorded holder of deed

Samuel D. Thomas
Signature
3715 T ST.
Address
SAN DIEGO CA. 92113
State
264 7821
Zip Code
Telephone

Invoice # 162496

Acct. # 067147

Work Order # E 9565

PY-893 (REV. 8-85)

MT. HOPE CEMETERY

NOTE

W.O. # E-9565

\$ 1379.00

San Diego, California

7-11-1991

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 SEVENTY NINE DOLLARS with interest from August 14 1991 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 1, 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 Samuel D. Thomas SIGNATURE Samuel D. Thomas

ADDRESS 3715 T ST SAN DIEGO CA. 92113

CALIFORNIA DRIVER LICENSE NUMBER B0216263 SSN # 467-50-1861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9565

1A. NAME OF DECEDENT—FIRST (GIVEN) IRIDENE		1B. MIDDLE WHITE-THOMAS		1C. LAST (FAMILY) WHITE-THOMAS		2. DATE OF BIRTH MONDAY 5/9/48 YEAR		3. DATE OF DEATH MONDAY 7/8/91 YEAR		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT Samuel Thomas - Husband 3715 T Street San Diego, Ca 92113			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Pagsdale Mort., 5050 Fed. Bl., CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-1329					
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1037a of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>				8B. DATE SIGNED 7-1-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUL 15 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records POB 85222, San Diego, CA 92138-5222				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 <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, San Diego, CA				11B. DATE INTERRED 7-15-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 7-11-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of REGINALD Blair HEARN ✓

in a FS. VAULT Vault/Liner Funeral, date, time SAT 13 2000 PM

Church, Chapel, Graveside Church GRAVESIDE CAL-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 193 Grave 3 Row Section 2 Division/Block 12

Grave space & Care Fund 195⁰⁰

Additional spaces and care fund 350⁰⁰

Opening/Closing & Setup 200⁰⁰

Burial Container 175⁰⁰

Handling Fees .. O.T. SAT. SER. 580⁰⁰ 175⁰⁰

Flower vases - Marker setting fee 125⁰⁰

Recording and filing fee SAT. O.T. Service 15⁰⁰

Sales taxes 14⁰⁰

Total Due 2159⁰⁰

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

Ellen J. Hearn

8285 AVENIDA NAVIDAD #2

Address SAN DIEGO CA 92122

State 558 36 97 Zip Code

Telephone

Work Order #

E 9566

PY-593 (REV. 8-86)

Invoice # 1162493

Acct. # 067145

MT. HOPE CEMETERY

W.O. # E-9566

NOTE

\$ 2159⁰⁰ San Diego, California 7-11- 1991

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 TWENTY ONE HUNDRED FIFTY NINE AND ⁰⁰/₁₀₀ DOLLARS with interest from AUGUST 15 1991 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 ELLISON J. HEARN SIGNATURE Ellison J Hearn

ADDRESS 8285 AVENIDA NAVIDAD # 2

CALIFORNIA DRIVER LICENSE NUMBER SO 400 798 SSN # 311 32 3268

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9566

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

1A. NAME OF DECEDENT—FIRST (GIVEN) REGINALD	1B. MIDDLE BLAIR	1C. LAST (FAMILY) HEARN	2. DATE OF BIRTH MONTH DAY YEAR 6-7-1965	3. DATE OF DEATH MONTH DAY YEAR 7-10-1991	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ELIOT HERN - FATHER 8285 AVENIDA NAVIDAD SAN DIEGO, CA. 92122	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CENTER 5602 EL CAJON BLVD. SAN DIEGO, CA. 92115			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 7-12-91
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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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 12 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOLY CEMETERY 3751 MARKET ST. SAN DIEGO, CA. 92113	11B. DATE INTERRED 7-13-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY METAL SEALER 193-3-2-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

162493 07/25/91 067145 ELLISON HEARN

E-9566

100 072
100 072
100 072
100 072
100 072
60101
67007

08/22/91 CK 5419

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

2,159.00
350.00
200.00
625.00
636.00
175.00
14.00
159.00

2,159.00

0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-11-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARL HALL GARDNER'S W 2

in a Ash Vault Funeral, date, time TUE 10 9:00 AM. AYO

Church, Chapel, Graveside NO SERVICE Family Has Cremation Mortuary.

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

Lot 205 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund PRE-NEED TRUST E-900.00 0

Additional spaces and care fund _____

Opening/Closing & Setup PRE-NEED TRUST E-900.00 0

Burial Container PRE-NEED TRUST E-900.00 0

Handling Fees PRE-NEED TRUST E-900.00 _____

Flower vases - Marker setting fee _____ 23⁷⁰

Recording and filing fee PRE-NEED TRUST E-900.00 0

Sales taxes _____

Total Due _____ 23⁷⁰

Receipt number # 43983 23²⁰

Balance due 0

PAID
JUL 11 1991
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 _____

Susan Gardner
Signature

5430 Baltimore #35
Address

LA Mesa CA 91942
State

461-1894
Telephone

338-2723
WORK

Work Order # **E** 9567

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9567

1A. NAME OF DECEDENT—FIRST (GIVEN) Earl		1B. MIDDLE Hall		1C. LAST (FAMILY) Gardner		2. DATE OF BIRTH MONTH DAY YEAR 2/1/1904		3. DATE OF DEATH MONTH DAY YEAR 5/25/1991		4. SEX Male	
5A. CITY OF DEATH Sun City				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Riverside				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jeanette Jones - daughter P.O. Box 3606 Riverside, CA 92519			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Evans-Brown Mortuary, 27010 Encanto Dr., Sun City, CA						7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F 1225					
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>				8B. DATE SIGNED 5/28/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED May 29, 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> E.J. Gallagher, 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 P.O. Box 7600, Riverside, CA 92513				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					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input checked="" type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> 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 7-16-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Mt. View Cemetery 570 E. Highland, San Bernardino, CA				12B. DATE CREMATED 5-11-91		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a 205-4-8 Ask Vault				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION 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 DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. 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 7-12-91

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

of GWEN SHAW #PA 1115111

in a LINER

Vault/Liner

Funeral, date, time TUES JULY 16 2:00 PM

Church, Chapel, Graveside DEL ONLY PEREZ ROBERTS Mortuary. (DOUGLAS)

All Funeral cars must 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 142 Grave 9T Row 1 Section 1 Division/Block 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297⁰⁰

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

9568

PY-953 (REV. 9-86)

Invoice # 1162499

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9508

1A. NAME OF DECEDENT—FIRST (GIVEN) GWEN	1B. MIDDLE ---	1C. LAST (FAMILY) SHAW	2. DATE OF BIRTH MONTH DAY YEAR 12/07/1947	3. DATE OF DEATH MONTH DAY YEAR 07/04/1991	4. SEX F
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator 5201 'A' Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FOR TRANSPORT OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY National City, CA			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 07/15/1991
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 16 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ D. SCIENTIFIC USE
- ☐ B. CREMATION ☐ E. TEMPORARY ENVAULTMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☐ 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 7-16-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY NON SEATER 142-9-1-12	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

COPY 2 IS RETAINED BY 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

E9568 No 41166

Date: _____, 19____

From: _____ Address: _____

Dollars (\$) _____

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

 W.O. E-9568

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

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

TOTAL PAID \$ _____

ISSUED BY _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-12-91

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

of BARBARA HARPER ☒

in a ASH VAULT Funeral, date, time 7/31 WED 2:00 P.M.

Church, Chapel, Graveside WITNESS ONLY Mortuary,

All Funeral cars must 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 99 Grave 9 Row _____ Section 2 Division/Block 7

Grave space & Care Fund PRE-NEED C-5901 ☒

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105⁰⁰

Burial Container _____ 40⁰⁰

Handling Fees _____ 40⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45⁰⁰

Sales taxes _____ 2.90

REMAINS SHIP FROM L.A.C.A. Total Due _____ 252³⁰

Paid receipt number #40993 100⁰⁰

Balance due 152³⁰

#41029 152³⁰

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

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

Signature of recorded holder of deed _____

R.H. Harper
Signature
5455 San Onofre Ter
Address
S.D. CA 92114
State
264-0332
Telephone Zip Code

Work Order # E 9569

Invoice # _____

Acct. # _____

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) BARBARA		1B. MIDDLE LOUISE	1C. LAST (FAMILY) HARPER	2. DATE OF BIRTH MONTH DAY YEAR 7-23-35	3. DATE OF DEATH MONTH DAY YEAR 7-3-91	4. SEX F	
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Reginald E. Harper - Brother 5455 San Onofre Terrace San Diego, CA 92114			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Harrison-Ross Mortuary; 436 E. Compton Blvd. Compton, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD872				
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Debbie Williams</i>		8B. DATE SIGNED 7-15-91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 15 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. ...</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 7-31-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Angeles Abbey Crematory; 1515 E. Compton Blvd. Compton, CA	12B. DATE CREMATED 7-18-91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Rosa Slawinski</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION 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
284-3151

E9569

No 40993

Date: _____, 19____

From _____ Address _____

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

CITY AUDITOR

Voice No. _____

Acct. No. _____

W.O. E-9569

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.

000642

ISSUED BY _____

JUL 17 1993

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

TOTAL PAID \$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E9569

N^o 41029Date 7-29-91From: R. E. HARPER Address: 5450 SAN CLEMENTE AVE. SAN DIEGO, CA 92115Dollars (\$ 152.00)In Full Payment of Interment Fee for R. E. HarperLot 77 Grave 9 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-9569BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACEISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	<u>5.00</u>
Opening/	100	
Closing	77181	
Burial	100	<u>40.00</u>
Containers	77182	
	100	<u>60.00</u>
Handling Fee	77185	
Recording &	100	<u>5.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>2.80</u>
	78390	
TOTAL PAID	\$	<u>152.00</u>

#465

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-12-91

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

in a LINER Vault/Liner Funeral, date, time Tue 7/16 8:00 P.m.

Church, Chapel, Graveside Chapel/Graveside : REGSDAYS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

✓ Lot 88 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 350⁰⁰

Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 45⁰⁰

Sales taxes 10⁵⁰

Total Due 1295⁵⁰

Paid receipt number #41040 300⁰⁰

Balance due 995⁵⁰

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

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

Signature of recorded holder of deed _____

Signature Regina Campbell

Address 103 West St

State Ca

Telephone 262-3109

Zip Code 92113

Work Order # E

9570

Invoice # 162500

Acct. # 067150

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E9570
 N^o 41040
Date 7-29, 1971From: KEVIN ALAN BELL Address: 8034 ST SODA RD 92114Dollars (\$ 300.00)In PAID Payment of 300.00 For 2 months of yearLot 20 Grave 1 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 9570

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

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

ISSUED BY [Signature]

MT. HOPE CEMETERY

W.O. # E-9570

NOTE

\$ 1295⁵⁰ San Diego, California 7-12 1991

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 NINETY FIVE AND ⁵⁰/₁₀₀ DOLLARS with interest from AUGUST 19, 1991 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 Regina Campbell SIGNATURE Regina Campbell
ADDRESS 803 West St.
CALIFORNIA DRIVER LICENSE NUMBER N8901376 SSN # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9570

1A. NAME OF DECEDENT—FIRST (GIVEN) DONALD		1B. MIDDLE CHARLES		1C. LAST (FAMILY) YOUNG, JR.		2. DATE OF BIRTH MONTH DAY YEAR 11/27/54		3. DATE OF DEATH MONTH DAY YEAR 7/8/91		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Gina Campbell - Sister 803 West Street San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Pagsdale Mort., 5050 Fed. Bl., CA						7B. CALIFORNIA LICENSE NUMBER 1-1329					
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 <i>[Signature]</i>				8B. DATE SIGNED 7/12/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUL 15 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records POB 85222; San Diego, CA 92138-5222				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 <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; San Diego, CA				11B. DATE INTERRED 7-16-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A NON SEAT 88-1-1-12				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.

162500 07/25/91 067150 REGINA CAMPBELL

E-9570

100 072
100 072
100 072
100 072
100 072
60101
67007

09/12/91 CA
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

200.00
54.03
23.16
6.95
73.49
22.39
1.62
18.36

1,295.50

1,095.50
PARTIAL PAYMENT

NUMBER OF INVOICES PAID
TOTAL AMOUNT PAID

2
200.25

RECEIVED

SEP 23 1991

MT HOPE CEMETERY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-15-91

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

of PATTY JEAN SAMMANN

in a DBL CRYPT Funeral, date, time Tue 7/16 11:00 AM

Church, Chapel, Graveside GRAVESIDE ERIC ANDERSON Mortuary.

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

Lot 2 1/2 Grave 1 Row _____ Section 2 Division/Block 6

Grave space & Care Fund PRE-NEED (E-1937) 0

Additional spaces and care fund _____

Opening/Closing & Setup PRE-NEED (E-9426) 0

Burial Container PRE-NEED (E-9426) 0

Handling Fees PRE-NEED (E-9426) 0

Flower vases - Marker setting fee _____

Recording and filing fee PRE-NEED (E-9426) 0

Sales taxes PRE-NEED (E-9426) 0

Total Due _____ 0

Paid receipt number #40709 0

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

Work Order #

E

9571

PV-593 (REV. 8-85)

Invoice # _____

Acct. # _____

P. J. Sammann
Signature
4400 Upland St
Address
La Mesa, Cal. 92041
State
466-0488
Telephone
Zip Code

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9571

1A. NAME OF DECEDENT—FIRST (GIVEN) Patty		1B. MIDDLE Jean	1C. LAST (FAMILY) Sammann	2. DATE OF BIRTH MONTH DAY YEAR Oct. 3, 1925	3. DATE OF DEATH MONTH DAY YEAR July 13, 1991	4. SEX Female
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT Herschel Sammann (Husband) 4430 Upland St. La Mesa, CA 91941		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Brickson Anderson Mortuary 8390 Allison Ave., La Mesa, CA 91941			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED July 15, 1991
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED JUL 16 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85227 San Diego, CA 92186-5222			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 Mt. Hope Cemetery 3751 Market St. San Diego, CA.	11B. DATE INTERRED 7-16-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY METAL SAKER 25-1-2-6	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 JULY 15, 1991

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

in a LINER Vault/Liner Funeral, date, time LVED 7/17 11:00 A.M.

Church, Chapel, Graveside Chapel/Graveside : Cypress View Mortuary.

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

Lot 79 Grave _____ Row _____ Section M43 Division/Block P

Grave space & Care Fund PRE-NEED A-5005 Ø

Additional spaces and care fund _____

Opening/Closing & Setup 850⁰⁰

Burial Container 1500⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 45⁰⁰

Sales taxes 12³⁸

Total Due 702³⁸

Paid receipt number # 40996 702³⁸

Balance due Ø

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 Phyllis Jackson

Address 10750 FOXWOOD RD

SAN DIEGO 92126

State _____

Telephone 695-2137

Zip Code

Work Order # E 9572
PY-593 (REV. 8-88)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9572

1A. NAME OF DECEDENT—FIRST (GIVEN) Laura	1B. MIDDLE Lorraine	1C. LAST (FAMILY) Wood	2. DATE OF BIRTH MONTH, DAY, YEAR 8-20-1912	3. DATE OF DEATH MONTH, DAY, YEAR 7-15-1991	4. SEX Female
5A. CITY OF DEATH Lemon Grove		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT C. Phyllis Jackson - Daughter 10750 Foxwood Drive San Diego, CA. 92126	
7A. TYPE, NAME AND ADDRESS OF APPLICANT—FUNERAL HOME, OR OTHER PERSON OR FIRM, AS SUCH Cypress View/Bonham Brothers San Diego, CA.		7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 7-16-91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 17 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego County - Vital Records P.O. Box 85222, San Diego, CA 92138	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

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 7-17-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY/METAL SEALER/LINER N/A 79-MAS-P	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

COPY 2 IS RETAINED BY 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

E9572 N# 40996

Date: 7-15-19

From: Address: 10730 Farnwood Rd, San Diego, CA 92126

Dollars (\$ 722.52)

In Payment of

Lot 71 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-1572

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	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	702

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-15-91

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

of TERRENCE WAINWRIGHT

in a LINER Funeral, date, time FRI 7/19 1:00 P.M.

Church, Chapel, Graveside Chapel/Graveside; Bea Dale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

✓ Lot 80 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 12³⁸

Total Due 1297³⁸

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature Singul Marie

Address 433 34th st #3

City San Diego CA 92102

Telephone 233 8396 Zip Code _____

Work Order # E 9573

Invoice # 162501

Acct. # 067153

MT. HOPE CEMETERY

W.O. # E-9573

NOTE

\$ 1297-38 San Diego, California 7-15 1991

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 NINETY SEVEN AND 38/100 DOLLARS with interest from August 23 1991 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

MATTIE Singleton

SIGNATURE

Mattie Singleton

ADDRESS

453 34th #3

CALIFORNIA DRIVER LICENSE NUMBER

N20 43011

SSN #

453-86-0736

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9573

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

1A. NAME OF DECEDENT—FIRST (GIVEN) TERRANCE	1B. MIDDLE TERREL	1C. LAST (FAMILY) WAINWRIGHT	2. DATE OF BIRTH MONTH DAY YEAR 6-13-68	3. DATE OF DEATH MONTH DAY YEAR 7-12-91	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mattie Singleton - Mother 453 34th St. #3 San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED <i>[Signature]</i>
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 18 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	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)☐ D. SCIENTIFIC USE☐ G. SHIP IN TO CALIFORNIA☐ B. CREMATION☐ E. TEMPORARY ENVAULTMENT☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY☐ F. DISINTERMENT

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 7-19-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A METAL NON 80-1-1-12	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

COPY 2 IS RETAINED BY 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 July

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

of Minnick, IDA EDWARDS ☒

in a Ash Vault Funeral, date, time 7/23 Tue AVO

Church, Chapel, Graveside AVO; Clairemont Mortuary.

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

Lot 131 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-need A-7690 0

Additional spaces and care fund _____

Opening/Closing & Setup 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee 23⁷⁰

Recording and filing fee 45⁰⁰

Sales taxes 3³⁰

Total Due 277⁰⁰

Paid receipt number # 40999 277⁰⁰

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature

Address

State

Telephone

Work Order #

PY-583 (REV. 8-88)

E

9574

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9574

1A. NAME OF DECEDENT—FIRST (GIVEN) IDA	1B. MIDDLE PEARL	1C. LAST (FAMILY) EDWARDS	2. DATE OF BIRTH MONTH DAY YEAR 4-1-1897	3. DATE OF DEATH MONTH DAY YEAR 7-14-1991	4. SEX FEMALE
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ALMA McCLAGUE, DAUGHTER 6951 WHEATLEY STREET SAN DIEGO, CA 92111		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CENTIMONT MORTUARY, 4788 MT. ABERNATHY AVENUE SAN DIEGO, CA 92117		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-1126			
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 7-16-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 17 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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, 3850 MARKET STREET SAN DIEGO, CA	11B. DATE INTERRED 7-23-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY, 1-805 & IMPERIAL AVENUE SAN DIEGO, CA	12B. DATE CREMATED 7-18-91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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

E9574 N5 40999

 Date: 000821, 19__

From: _____ Address: _____

Dollars (\$) _____

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

ISSUED BY _____

 CITY AUDITOR
 JAN 22 1991

CREDIT	57007
20% Sales Tax	77184
80% Sales	100
of Lot	77184
Opening/	100
Closing	77181
Signal	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	80101
	76390

TOTAL PAID \$ _____

 Division
 Block

105
50 40 000
73 60 000
45 00 000
4 00 000

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-16-91

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

of Juanita Valdez Saucedo (X) AD

in a Ash Vault Funeral, date, time Thurs, 7/18 4:00 PM

Church, Chapel, Graveside Del Only; Ragdale After 7:15 PM Mortuary M

All Funeral cars must 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 110 Grave 2 Row - Section 2 Division/Block 11

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 45.00

Sales taxes 3.30

Total Due 353.30

Paid receipt number # 41007 959.30

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

PP-593 (REV. 8-88)

E 9575

Invoice #

Acct. #

MAKE
MAP OF
LOCATION
FOR CREW

Ragdale
Will bring
check + Ragdale
paperwork

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) JUANITA		1B. MIDDLE VALDEZ		1C. LAST (FAMILY) SAUCEDO		2. DATE OF BIRTH MONTH DAY YEAR 3/24/99		3. DATE OF DEATH MONTH DAY YEAR 7/3/91		4. SEX F			
5A. CITY OF DEATH National City				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT Cornelia Villarreal - Daughter 854 Winston Drive San Diego, CA 92114					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Fed. St.; CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 1-1529							
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	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.						9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUL 10 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>			
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA Vital Records POB 85222; San Diego, CA 92138-5222						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 <u>ALL</u> APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA													
<input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> I. DISPOSITION PENDING													
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; San Diego, CA				11B. DATE INTERRED 7-18-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>				
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY ElCajon, CA MCA Leneda, Inc.; 14065 Lode Highway 80				12B. DATE CREMATED 7/12/91		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Ray Stevens</i>				
	SCIENTIFIC USE *		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A 110-2-2-11				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶				
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶				
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION 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 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 41007

Date: _____, 19__

From: _____ Address: _____

Dollars (\$ _____)

In _____ Payment of Saucedo, Juanita V.

Lgt _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9575

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT	67007	
20% Sales Comm	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>350</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

7/16/91

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

of MARGARET SMITH

in a linen Funeral, date, time Tue, 7/23 1:00pm

Church, Chapel, Graveside Chapel + Grave: Ragsdale Mortuary.

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

Lot 2288 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need (C-9397) 8

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 702.38

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature

Ray H. Sr.

229 SOUTHLOOK AVE

Address

CHIEF

State

(619) 264-3458

Telephone

92113

Zip Code

Work Order #

E

9576

Invoice #

162504

Acct. #

067155

MT. HOPE CEMETERY

W.O. # E-9576

NOTE

\$ 702³⁸ San Diego, California 7-17-1991

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 Two and ³⁸/₁₀₀ DOLLARS with interest from August 30 1991 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 TERRY LEE SMITH SIGNATURE Terry Lee SmithADDRESS 229 SOUTH AOOK AVE S.D. CA 92113CALIFORNIA DRIVER LICENSE NUMBER 50585472 SSN # 552-78-4551

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9576

1A. NAME OF DECEDENT—FIRST (GIVEN) MARGARET		1B. MIDDLE SMITH	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH DAY YEAR 3-23-18	3. DATE OF DEATH MONTH DAY YEAR 7-15-91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT Terry L. Smith - Son 2633 Louise Ave. Arcadia, CA 91006		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Adderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 7/18/91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 18 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA		
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> F. DISINTERMENT		FOR CORONER'S USE ONLY		
				<input type="checkbox"/> I. DISPOSITION PENDING		
COMPLETE ALL APPLICABLE	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery; 3751 Market St. San Diego, CA		11B. DATE INTERRED 7-23-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 2288-10 METAL SEALER		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-91

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

in a LINER Vault/Liner Funeral, date, time 7/18 Thurs 11:00AM

Church, Chapel, Graveside Graveside; RAGDALE Mortuary.

All Funeral cars must 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 82 Grave 1 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 12³⁸

Total Due 1297³⁸

Balance due 0



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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

E

9577

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9577

1A. NAME OF DECEDENT—FIRST (GIVEN) RAFAEL		1B. MIDDLE G.	1C. LAST (FAMILY) VARGAS		2. DATE OF BIRTH MONTH DAY YEAR 7-20-56	3. DATE OF DEATH MONTH DAY YEAR 7-12-91	4. SEX M
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT Guadalupe Garcia - Mother 3993 "C" St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1399			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 11/17/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 18 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT			
				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mc. Hope Cemetery, 3751 Market St. San Diego, CA		11B. DATE INTERRED 7-18-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A NONSEALER 82-1-1-12		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 RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

E9577 No 41001

Date: 7-11-19

From: Address: 2997

Dollars (\$ 1247.00)

In Payment of

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

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

TOTAL PAID \$

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-11-91

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

of Irene Clower CRAVENOR (X)

in a Ash Vault Funeral, date, time Mon, 8/19, 4:00

Church, Chapel, Graveside Del. Only Miller-Jones (Hemet) Mortuary,
ETNA (714) 658-3161

All Funeral cars must 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 45 Grave — Row — Section 100F Division/Block 42

Grave space & Care Fund Pre-Paid (1949) 0

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 45.00

Sales taxes 3.30

Total Due 253.30

Paid receipt number 41136 253.30

Balance due 0

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

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

Signature of recorded holder of deed

Work Order # E 9578
PY-583 (REV. 8-85)

Invoice #

Acct. #

Miller-Jones
1501 W. Florida Ave
Hemet 92543

X Bonnie Canfield
Signature
X 3839 Brockton Ave
Address
X Riverside CA. 92501
State
X (714) 686-8363 Zip Code
Telephone

1318 E9578 129867 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) Irene		1B. MIDDLE ---	1C. LAST (FAMILY) Cravenor		2. DATE OF BIRTH MONTH: 21 , DAY: 1968	3. DATE OF DEATH MONTH: July , DAY: 14 , YEAR: 1991	4. SEX F	
5A. CITY OF DEATH Riverside		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Riverside			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT West Coast Conservator 3839 Brockton Ave. Riverside, CA 92501			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Miller-Jones Mortuary & Crematory 1501 W. Florida Ave., Hemet, CA				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 1288				
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such Patricia Knudsen		8B. DATE SIGNED 7-17-91				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 7-17-91		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Dale B. Sparks, MD		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Statistics PO BOX 7600, Riverside, CA		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								
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				
				FOR CORONER'S USE ONLY <input type="checkbox"/> 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 8-19-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY Miller-Jones Mortuary & Crematory 1501 W. Florida Ave., Hemet, CA		12B. DATE CREMATED 7-18-91		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION W.J. Searles	
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A 45-100F-Blk 42 Ash Vault		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION 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 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

 E9578
 No 41136
Date: 7-17, 1971From: 11246 - 1st Address: 1301 W. Florida Ave. San Diego, Calif.Dollars (\$ 253.30)In Payment of Balance of Trust (Cremation - 1st)Lot 45 Grave 1 Row 1 Section 100F Division Block 42

Invoice No. _____

Acct. No. _____

W.O. E-2578BALANCE DUE 4Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>253</u>	<u>30</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-19-91

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

of JOSEPH A. ESTES

in a DBL-CRYPT Funeral, date, time MON 7/22 2:00 P.M.

Church, Chapel, Graveside Chapel + Graveside ROGS DAB Mortuary.

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

✓ Lot 4556 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 895⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 350⁰⁰

Burial Container 330⁰⁰

Handling Fees 320⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 45⁰⁰

Sales taxes 27²³

Total Due 1967²³

Paid receipt number #41013 1967²³

Balance due 0

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

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

Signature of record holder of deed _____

Signature Addie Estes

Address 1805 Bula St

State Calif 91950 Zip Code

Telephone 264 9829

Work Order # E 9579

PY-593 (REV. 8-95)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9579

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPH		1B. MIDDLE ARTHUR		1C. LAST (FAMILY) ESTES		2. DATE OF BIRTH MONTH DAY YEAR 6-19-16		3. DATE OF DEATH MONTH DAY YEAR 7-17-91		4. SEX M	
5A. CITY OF DEATH National City				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Middle Estes - Wife 1805 Beta St. National City, CA 91950			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Debbie Williams</i>		8B. DATE SIGNED 7/19/91			
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 22 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames, M.D.</i>	
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA				11B. DATE INTERRED 7-22-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Torgue</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A 4556 - 10 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

E9579

No 41013

Date: 7-19-91

From: ELLIE ESTES Address: 1105 BETH ST SAN DIEGO 92104

Dollars (\$ 1967.03)

In: Full Payment of: Services for the Joseph A. Estes

Lot 456 Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9579

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	199.00
80% Sales	100	
of Lots	77184	716.00
Opening/	100	
Closing	77181	350.00
Burial	100	
Containers	77182	820.00
	100	
Handling Fee	77185	24.00
Recording &	100	
Misc. Fees	77183	45.00
Pre-Need	63003	
Trust	9022	
Sales Tax	60101	82.00
	78390	
TOTAL PAID	\$	1967.03

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 19, 1991

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

of James Hockney P.A. # 1115405

in a Liner Funeral, date, time MON, 7/22 11:30 AM

Church, Chapel, Graveside DELIVERY ONLY; Heckley-Mitchell Mortuary.

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

✓ Lot 138 Grave 5B Row 8B Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 297.00

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** 9580

NY-593 (REV. 8-85)

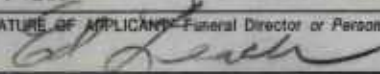
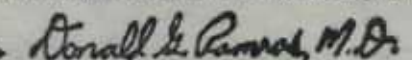
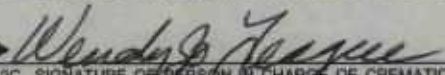
Invoice # 162575

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9580

1A. NAME OF DECEDENT—FIRST (GIVEN) JAMES		1B. MIDDLE DEAN		1C. LAST (FAMILY) HACKNEY		2. DATE OF BIRTH MONTH DAY YEAR MAR 24, 1956		3. DATE OF DEATH MONTH DAY YEAR JUL 9, 1991		4. SEX MALE	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MARJORIE HACKNEY, MOTHER 5308 MONROE AVENUE SAN DIEGO, CA 92115			
7A. NAME AND ADDRESS OF PERMANENT HOME OF PERSON ACTING AS SUCH MARILEE MITCHELL HORTON, 3695 FIFTH AVENUE, SAN DIEGO, CA 92103						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 JUL 22, 1991			
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 22 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 	
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS											
INTERMENT		11A. NAME AND ADDRESS OF CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA				11B. DATE INTERRED 7-22-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT 			
CREMATION		12A. NAME AND ADDRESS OF CREMATORY RESURDO 135 ST-1-12				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 7-19-91

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

in a T.S. Vault Funeral, date, time Tues, 7/23 10:00 AM

Church, Chapel, Graveside Chapel + Grave - Ragdale Mortuary, Side

All Funeral cars must 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 Will Arrive At 11:00 AM Per Mark Ragdale

Lot 1481 Grave — Row — Section — Division 10

Grave space & Care Fund 795.00

Additional spaces and care fund —

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 16.50

Total Due 1581.50

Paid receipt number 41023 400.00

Balance Due 1181.50

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

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

Signature of recorded holder of deed

Marjorie Holmes
Signature 3120 T Street
Address San Diego, California 92113
City 619-262-0306 Zip Code
Telephone

Work Order # E 9581

Invoice # 162503

Acct. # 067154

MT. HOPE CEMETERY

W.O. # E-9581

NOTE

\$ 1181.50 San Diego, California 7-22 1991

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 Eighty One & 50/100 DOLLARS with interest from August 23, 1991 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 GEORGE J. SHINANT JR. SIGNATURE George J. Shinant Jr.
ADDRESS 3920 "T" ST. SAN DIEGO CA. 92113
CALIFORNIA DRIVER LICENSE NUMBER C150 6742 SSN # 498-44-4661

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9581

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

1A. NAME OF DECEDENT—FIRST (GIVEN) BARBARA		1B. MIDDLE DEHRONE	1C. LAST (FAMILY) BAKER	2. DATE OF BIRTH 1-9-43 YEAR	3. DATE OF DEATH 7-17-91 YEAR	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Marjorie Holmes - Daughter 3920 "T" St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 3050 Federal Blvd. San Diego, CA				7B. CALIFORNIA LICENSE NUMBER 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 <i>Rebecca Williams</i>		8B. DATE SIGNED 7/19/91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 22 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA				
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING						
FOR CORONER'S USE ONLY						
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA		11B. DATE INTERRED 7-23-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. League</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 781-10 META/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 <u>DISTRICT</u> OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

E9581

Nº 41023

Date: 7-22, 1991

From: San Diego Address: 372 - 11th St

For shipment Dollars (\$ 400.00)

In Payment of Balance for 20% Sales

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9581

BALANCE DUE 77181.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

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

ISSUED BY J. A. [Signature]

CREDIT	67007	
20% Sales Cam	77184	
80% Sales	100	<u>400.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>400.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-19-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DEANIS O. JAY (X)

in a NA Vault/Liner Funeral, date, time AYD 9-4-91

Church, Chapel, Graveside DELIVERY Mortuary, MERLEY MITCHELL

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

Lot 349 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 215.00

Additional spaces and care fund 105.00

Opening/Closing & Setup 105.00

Burial Container 105.00

Handling Fees 105.00

Flower vases 105.00

Recording & filing fee 45.00

Sales taxes 45.00

Total Due 490.00

Paid receipt number 41017 490.00

Balance due 0

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

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

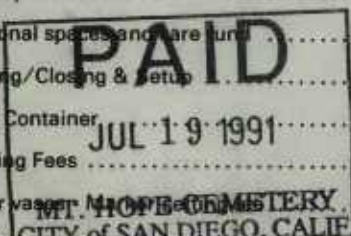
Signature of recorded holder of deed

Work Order # E 9582

PY-893 (REV. 8-88)

Invoice # _____

Acct. # _____



Lawrence S. Jay
LAWRENCE S. JAY
258 CALLE NAVARRO
AMARILLO CA 93020
(805) 987-9940

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9582

1A. NAME OF DECEDENT—FIRST (GIVEN) DENNIS		1B. MIDDLE OLIVER	1C. LAST (FAMILY) JAY		2. DATE OF BIRTH MONTH DAY YEAR OCT 29, 1946	3. DATE OF DEATH MONTH DAY YEAR JUN 28, 1991	4. SEX MALE
5A. CITY OF DEATH UNK		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE WEST GERMANY			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE LAWRENCE S. JAY, BROTHER 258 CALLE NAVARRO CAVRILLO, CA 93010		
7A. PERMITS REQUIRED FOR FUNERAL—NAME, ADDRESS AND PHONE NUMBER, AS SUCH BLVD, SAN DIEGO, CA 92107				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-818			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Ed Leach</i>		8B. DATE SIGNED AUG 29, 1991
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 29 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>	
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 92185-5222		
10. TYPE OF DISPOSITION(S) AUTHORIZED: CHECK <u>ALL</u> APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING			
FOR CORONER'S USE ONLY							
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT HOME CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		11B. DATE INTERRED 8/30/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Robert J. Jones</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 349 — 4 — 8		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

 E 7582
 No 41017

Date: 7-19-1991

 From: LAWRENCE S. JAY Address: 258 CALLE NAVARRO, CAMARILLO, CA 93010
 Four hundred ninety dollars and $\frac{00}{100}$ Dollars (\$ 490.00)

 In FULL Payment of GRAVESPACE & INTERMENT FEES FOR
 DENNIS O. JAY

Lot 349 Grave _____ Row _____ Section 4 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E 9582

BALANCE DUE 0

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

CREDIT	67007		
20% Sales Care	77184	43	-
80% Sales	100	172	-
of Lots	77184		
Opening/	100	105	-
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100	17045	-
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	490	-

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

2326

ISSUED BY WJ League

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-19-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wanda Chambers #1115499

in a F.S. Vault Funeral, date, time Fri 7/26 2:00 P.M.
Church, Chapel, Graveside DEPT ONLY Rapidate Mortuary.

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

Lot 115 Grave 3 Row — Section 2 Division 11

Grave space & Care Fund 126.00 595.00

Additional spaces and care fund

Opening/Closing & Setup 121.00 350.00

Burial Container 50.00 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 16.50

Total Due 1381.50

Paid receipt number

Balance due

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

Wanda Green
Signature
8460 Noeline Ave
Address
San Diego Ca 92114
State
475-2971
Telephone

Work Order #

E 9583

NY-593 (REV. 8-85)

Invoice # 162753

Acct. # 000952

MT. HOPE CEMETERY

W.O. # E-9583

NOTE

\$ 1381.50 San Diego, California 7-19 1991

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order
3751 Market Street, San Diego, CA 92101, the sum of Thirteen Eight One 50/100 DOLLARS
with interest from 8-23-91 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 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

~~Wanda Green~~ Wanda Green

SIGNATURE

Wanda Green

ADDRESS

8460 Noeline Ave

CALIFORNIA DRIVER LICENSE NUMBER

37D 24163 NM

SSN #

585-81-6462

E9583

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9583

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WANDA	1B. MIDDLE LOUISE	1C. LAST (FAMILY) CHAMBERS	2. DATE OF BIRTH MONTH DAY YEAR 10-12-51	3. DATE OF DEATH MONTH DAY YEAR 7-11-91	4. SEX F
5A. CITY OF DEATH San Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE DE INTERMANT Wanda J. Green - Sister 8460 Noeline Ave. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FEDERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; San Diego, CA			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the disposition authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Federal Director or Person Acting as Such <i>Wanda J. Green</i>	8B. DATE SIGNED 7/23/91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 24 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ragsdale, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 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 Mt. Hope Cemetery, 3751 Market St. San Diego, CA	11B. DATE INTERRED 7-26-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Pressed Wood Cardboard Box / LINEN	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 7/22/91

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

of MARGRET T. ESTRADA

in a LINER Funeral, date, time 7/25 Thur 1:00 P.M.

Church, Chapel, Graveside GRAVESIDE : Humphrey Mortuary.

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

Lot 97 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 1297.38

Paid receipt number #41021 200.00

Balance due 1097.38

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 _____

Josephine E. Peña
Signature
147 E. Prospect St.
Address
Chula Vista, Ca 91911
State
691-0738 Zip Code
Telephone

Work Order # E

9584 ✓

Invoice # 1162507

Acct. # 067166

MT. HOPE CEMETERY

W.O. # E 9584

NOTE

\$ 1097³⁸ San Diego, California 7-22 1991

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 NINETY SEVEN AND $\frac{38}{100}$ DOLLARS with interest from SEPT 3 1991 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

JOSEPHINE E. PEÑA

SIGNATURE

Josephine E. Peña

ADDRESS

147 E. Prospect St Chula Vista, Cal 91911

CALIFORNIA DRIVER LICENSE NUMBER

C2224732

SSN #

585-08-2671

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9584

1A. NAME OF DECEDENT—FIRST (GIVEN) MARGARET	1B. MIDDLE T.	1C. LAST (FAMILY) ESTRADA	2. DATE OF BIRTH MONTH DAY YEAR 03-29-1935	3. DATE OF DEATH MONTH DAY YEAR 07-22-1991	4. SEX F
5A. CITY OF DEATH Chula Vista	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Josephine E. Pena - Daughter 147 East Prospect Street Chula Vista, CA 91911		
7A. SENDER NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Josephine E. Pena Mortuary 855 Broadway Chula Vista, CA 91911			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE P-964		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Judith E. King</i>	8B. DATE SIGNED 7-23-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 24 1991
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 Vital Records P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Dorrell E. Ramos, M.D.</i>				

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

- | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> D. SCIENTIFIC USE |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> 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 7-25-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Is. Jorgue</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY NON SEA/ER 3197-2-1-12	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

E 9584

No 41021

Date: 7-22-19

From: [Signature] Address: 1425 [Signature] St. San Diego, CA 92104

Dollars (\$ 200.00)

In: [Signature] Payment of: [Signature] for MARGARET T. ESTRADA

Lot 97 Grave 2 Row Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-9584

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

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ 200.00

ISSUED BY [Signature]

E9584

162507 07/25/91 067166 JOSEPHINE PENA
E-9584
100 072
100 072
100 072
100 072
100 072
60101
67007

08/02/91 CK 1318
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

1,097.38
350.00
150.00
45.00
276.00
145.00
12.38
119.00

1,097.38 0.00
PAID IN FULL

E-9585

Not in proper place on 2/10/1995. Attached
are receipts and ledger card. Jane Rauch

NAME Edwards, Thelma

ADDRESS 1107 W. 158th St. #1C, Gardena, CA 90247

1-800-438-8723
ACCT. NO. 90247
RATING LIMIT

E-9585



DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
5-22-91	Credit Lot Opened				
	Lot 2367, Div. 10	795.00			795.00
9-10-91	Coupon #2 & 1 Receipt #41235			58.00	737.00
11-13-91	Coupon #3 & 4 Receipt #41508			58.00	679.00
5-8-92	Coupon 9 & 10, Receipt #42223			58.-	621.00
7-10-92	Coupon 11 & 12 Receipt #42509			58.-	563.-
9-11-92	Receipt #42745			58.-	505.00
11-13-92	Rec #1 (dup), Rec #42990			58.00	447.00
1-13-93	Coupon 3 & 4 (dup), Rec #43236			58.00	389.00
3-11-93	Coupon 5 & 6 Rec #43480			58.00	331.00
5-12-93	Coupon 7 & 8 Rec #43700			58.-	273.00
7-12-93	Coupons 9 & 10, Rec #43911			58.00	215.00
					157.00
9-12-93	Coupon 11 & 12			87	128.00

Pd In full



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11926

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Thelma Edwards for the sum of \$ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2367, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9585

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 Teague

Cemetery Manager

J. T. [Signature]

Property Director



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11933

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Thelma Edwards for the sum of \$ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2367; Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9585

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

Wendy J. Trague

Cemetery Manager

J. T. [Signature]

Property Director



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

E9585

November 19, 1993

Thelma Edwards
1107 W. 158th Street, #1 C
Gardena, Calif. 90247

Dear Thelma:

This will confirm that you have paid in full for
Lot 2367, Division 10 at Mt. Hope Cemetery.

All other charges for the burial are not paid at
this time and will be due at the time of the burial
or they may be paid in advance.

Enclosed is your deed to the lot. If we can be of any
further assistance to you, please let us know.

Sincerely,

JoAnn Waits,
Administrative Aide II

enclosure



DIVERSITY
BRINGS US ALL TOGETHER

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44124

Date: Sept. 17, 19 93From: Melba Edwards Address: 1107 W. 15th St. #10, Gardena, CA
Eighty Seven Dollars (\$ 87.00)
In _____ Payment of Plot Needs Fee
 Lot 2367 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F-9585

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>87</u>	<u>00</u>
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>87</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

43911

Date: 7-12, 1993From: Helma Edwards Address: 1107 W 15th St, #10, San Diego, CA
Fifty-eight Dollars (\$ 58.00)
In Pre-Need Lot Payment of
 Lot 2367 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9585

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 SPACEISSUED BY J. J. J. J.

CREDIT	62007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
Handling Fee	77185
Recording & Misc. Fees	77183
Pre-Need Trust	63033
Sales Tax	9022
	80101
	78390
TOTAL PAID	\$ <u>58.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

43700

Date: 5-12, 19 93From: Thelma Edwards Address: 1107 W. 158th St. H 1 C Gardena, CA
~~Fifty-eight and x/100~~ Dollars (\$ 58.-)
In part Payment of preneed lot
 Lot 2367 Grave 1 Row Section Division Block 10
Invoice No. Acct. No. W.O. E 9585BALANCE DUE 273.-Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

4673

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

OFFICIAL RECEIPT



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

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

No 42223

From: Helma Edwards Address: 1107 W. 15th St. #1C, Graceland
Fifty Eight 7/10/10 Date: 5-8, 19 93
In Payment of Pre Need Not Dollars (\$ 52.)

Lot 2367 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9585

BALANCE DUE _____

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

AC-212 (Rev. 1-83)

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

ISSUED BY Jubert

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41235

Date: Sept. 10, 19 91
 From: THELMA EDWARDS Address: 1107 W. 158th ST. #1C, CHANDLER CA 90247
Fifty Eight 00/100 Dollars (\$ 58.00)

 In part Payment of CREDIT LOT

 Lot 2367 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9585

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 # 3651
 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	100	58	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	58	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42990

 Date: 11-13, 1992
 From: John Edwards Address: 1107 W. 15th St #10, San Diego, CA
After-Estate Mo/W Dollars (\$ 580)
 In _____ Payment of Pre-Need Lot

 Lot 2367 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9585

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 JEAT

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>58 W</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>58 W</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

43480

Date: 3-11, 1993
 From: Thelma Edwards Address: 1107 W 13th Gardens ca 90247
Fifty-eight Dollars (\$ 58.00)

 In part Payment of Pre Need Lot

 Lot 2367 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9585BALANCE DUE \$33400Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	58	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	58	00

4444

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
N^o 41508Date: 11-13, 1991From: Thelma Edwards Address: 1107 W. 159th St Santee, CA 90247
Fifty eight and 00/100 Dollars (\$ 58.00)
In Part Payment of Credit for
 Lot 2367 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9585

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

OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400
N^o 42509Date 7-10- 1992From Thelma Edwards Address: 1107 W. 158th St. No. 1CFifty-eight and xx/100 Dollars (\$ 58.00)In part Payment of Preneed Lot Coupon 11 & 12Lot 2367 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 9585BALANCE DUE 563Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

4108

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY W. J. Targue

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
N^o 43236Date: 1-13, 1993From: Melina Edwards Address: 1107 W. 15th St. #1-C, Garnerville, CA
Gift - \$150.00 Dollars (\$ 58.00)
In Payment of Pre-Need Lot
 Lot 2367 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9585

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.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>58</u>
of Lots	77184	<u>W</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>58</u>

ISSUED BY [Signature]

4364

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42745

Date: 7/16, 1992From: Helma Edwards Address: 1107 W. 15th St #1C, Pasadena, CA
Fifty-Eight Dollars (\$ 58.00)
In _____ Payment of Pre-Need Bot
 Lot 2367 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9585

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 SPACEISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	<u>58</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78393		
TOTAL PAID	\$	<u>58</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot*

E-9585

Thelma Edwards


1107 W. 158th St., Unit #1-C

Gardenia, Ca. 90247

Month and Day Due Indicated Below

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

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

\$ *29.00*

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot* *E-9585*

Thelma Edwards

1107 W. 158th Street, Unit #1-C
Gardenia, Ca. 90247

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

\$ 29.00

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. **Pre-Need Lot**

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

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~~ 29⁰⁰

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

\$ _____

\$ _____

Amount Received

\$ 29⁰⁰

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
										19	

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



\$ ~~58.00~~

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



\$ 29.00

\$ _____

Amount Received

\$ 29.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot**

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK


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~~ 29.00

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

 \$ _____

\$ _____

Amount Received \$ 29.00

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. **Pre-Need Lot**

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Cal. 90247

(2367 - 10) DUPLICATE BOOK

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
										19	

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



\$ **~~58.00~~**

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



\$ **29.00**

\$ _____

Amount Received

\$ **29.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 1107-158-1107

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

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~~ 29.00

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



\$ _____

\$ _____

Amount Received \$ 29.00

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. **PRE-RESD 100**

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

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.

\$ 29.00

\$ _____

Amount Received **\$ 29.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot**

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

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~~ 29.00

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



\$ _____

\$ _____

Amount Received

\$ 29.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Head Lot**

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

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.



\$ **58.00**

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



\$ **29.00**

\$ _____

Amount Received \$ **29.00**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-PAID LOT**

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

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.

\$ 511.00 29.00

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

\$ 87.00

FINAL PAYMENT

\$ _____

Amount Received

\$ 87.00

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. **Pre-head Lot**

Inelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
										19	

Amount due when paid on or before
due date above.



~~\$ **58.00**~~

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



\$ **29.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Thelma Edwards

1107 W. 158th Street, #1-C


Gardena, Ca. 90247

(2367 - 10) DUPLICATE BOOK

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~~ 29⁰⁰

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

 \$ _____

\$ _____

Amount Received

\$ 29⁰⁰

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Thelma Edwards

1107 W. 158th Street, #1-C

Gardena, Ca. 90247

(2367 - 10) **DUPLICATE BOOK**


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.

 \$ 29.00

\$ _____

Amount Received

\$ 29.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot* E-9585*Thelma Edwards**1107 W. 158th Street, Unit #1-C*
Gardenia, Ca. 90247

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\$ 29.00Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ 29.00

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. *Credit Lot* E-9585*Thelma Edwards**1107 W. 158th St., Unit #1-C*
Gardenia, Ca. 90247

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\$ 29.00Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ 29.00

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. *Credit Lot*

E-9585

Theima Edwards

1107 W. 158th St., Unit #1-C

Gardenia, Ca. 90247

Month and Day Due Indicated Below

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

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

\$ *29.00*

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one Coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot* E-9585

Thelma Edwards

7107 W. 158th Street, Unit #1-C

Gardenia, Ca. 90247

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		<i>1</i>						<i>10</i>			

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

\$ *29.00*

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot*

E-9585

Thelma Edwards

1107 W. 158th St., Unit #1-C

Gardenia, Ca. 90247

Month and Day Due Indicated Below

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

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 \$ *29.00*

NAME *THELMA G. EDWARDS*

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. *Credit Lot E-9585*

Thelma Edwards

7107 W. 158th Street, Unit #1-C

Bardonia, Ca. 90247

Month and Day Due Indicated Below

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

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

\$ *29.00*

NAME *THELMA G. EDWARDS*

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARLESTER APPLETON PA#1115723 in a LINER Vault/Liner Funeral, date, time Fri 7/26 2:00 PM Church, Chapel, Graveside DEL ONLY : CARROLLS Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 135 Grave 8-T Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 121⁰⁰

Burial Container _____

Handling Fees 50⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 297⁰⁰

Paid receipt number _____

Balance due _____

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

9586 ✓

PY-593 (REV. 8-85)

Invoice # 162574

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9586

1A. NAME OF DECEDENT—FIRST (GIVEN) Carlester	1B. MIDDLE ---	1C. LAST (FAMILY) Appleton	2. DATE OF BIRTH 7705/1956	3. DATE OF DEATH 7718/1991	4. SEX M
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Public Administrator 5201-A Ruffin Rd San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 So Holliston Ave. - El Cajon, CA 92020			7B. CALIFORNIA LICENSE NUMBER FD-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 <i>[Signature]</i>	8B. DATE SIGNED 7/25/91
-----------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	-----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 26 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P O Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> 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 7-26-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A cardboard box 135-8T-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	*SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-91

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

of WILLIS JONES

in a T.S. VAULT Funeral, date, time 7/24 WED 11:00 A.M.

Church, Chapel, Graveside CHAPEL GRAVESIDE, PACIFIC Mortuary,

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

Lot 95 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund X DEEP 1937 0-3899 Ø

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350⁰⁰

Burial Container _____ 200⁰⁰

Handling Fees _____ 175⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45⁰⁰

Sales taxes _____ 16⁵⁰

Total Due _____ 786⁵⁰

Paid receipt number #41024 786⁵⁰

Balance due Ø

I hereby certify I am the god 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 agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

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

Signature of recorded holder of deed _____

Signature

Address

State

Telephone

Zip Code

Work Order # E 9587 ✓

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9587

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIS	1B. MIDDLE JONES	1C. LAST (FAMILY) JONES	2. DATE OF BIRTH MONTH DAY, YEAR 7-9-16	3. DATE OF DEATH MONTH DAY, YEAR 7-18-91	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Maria Jennings - Friend 1935 Burroughs St. San Diego, CA 92111			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Andersen - Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1329			

ACKNOWLEDGMENT OF APPLICANT PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Hubert Williams</i>	8B. DATE SIGNED 7/22/91
	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 23 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
		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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

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 7-24-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY METAL Sealsp. 95-6-1-11	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
 264-3151
N^o 41024Date: 7/92, 1991
 From: WILLIAM J. LOGAN Address: 1504 JACKSON ST. #209 SAN DIEGO CA 92104
SEVENT HUNDRED FIFTY SIX AND 00/100 Dollars (\$ 756.50)
In Full Payment of SERVICES FOR WILLIAM J. LOGAN
 Lot 95 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9587

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

CREDIT	67057	
20% Sales Comm	77194	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 796.50ISSUED BY APL NUNAN

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-91

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

of DWAYNE GILBERT A

in a LINER Funeral, date, time 7/24 WED 12:00 PM.

Church, Chapel, Graveside CHapel/GRAVESIDE ; PARADE Mortuary.

All Funeral cars must 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 166 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 495⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 150⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 12³⁸

Total Due 1197³⁸

Paid receipt number #41025 300³⁸

Balance due 897³⁸

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

Joann Blacet
Signature
3733 Acacia St
Address
San Diego, Calif
City
239-3786
Telephone

Work Order # E 9588
PY-683 (REV. 8-85)

Invoice # 162566
Acct. # 067217

MT. HOPE CEMETERY

W.O. # 5-9588

NOTE

\$ 89738 San Diego, California 7-23- 1991

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order
3751 Market Street, San Diego, CA 92101, the sum of Eight Hundred Ninety Seven and 35/100 DOLLARS
with interest from Sept 5, 1991 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

JOANN B. BLACET

SIGNATURE

Joann B. Blacet

ADDRESS

3733 Acacia Street San Diego, Calif 92113

CALIFORNIA DRIVER LICENSE NUMBER

SSN #

560-76-0743

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41025

Date: 7-29-11, 19

From: Mount Hope Cemetery Address: 2703 Mount Hope St

Dollars (\$ 300.00)

In Payment of: Burial Fee for Duwayne Gilchrist Jr.

Lot 166 Grave 7 Row Section Division Block 12

Invoice No.

Acct. No.

W.O. E-9588

BALANCE DUE

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

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	30
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	30
TOTAL PAID	\$	30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9588

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DWAYNE	1B. MIDDLE ANTHONY	1C. LAST (FAMILY) GILBERT	2. DATE OF BIRTH 7-18-80 YEAR	3. DATE OF DEATH 7-18-91 YEAR	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Sonya Y. Smith 60Mother 3733 Acacia St. San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; San Diego, CA 5050 Federal Blvd.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 7/2/91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 24 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 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 IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING	
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Harbkt St. San Diego, CA	11B. DATE INTERRED 7-24-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A METAL SEALER 166-9-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

CITY OF SAN DIEGO, CALIFORNIA,
CITY TREASURER

E9588

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

E9588

067217

CUSTOMER ACCOUNT NO. _____

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE

2-20-92

PAID BY (CIRCLE ONE):

CA

CK

NF

PAYMENT REFERENCE NUMBER

68 749459

AMOUNT PAID

\$897.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

J. L. Blacet

PAYOR NAME

State of Calif.

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS

J. L. Blacet - MS#72

CASHIER

INV. NO.

162566



STATE OF CALIFORNIA

SACRAMENTO

WARRANT NUMBER

68749459

90-1342
1211

THE TREASURER OF THE STATE WILL PAY OUT OF THE
FUND NO. FUND NAME

E9588

H 214 RESTITUTION FUND

8700 02 20 92 68749459

TO

MOUNT HOPE CEMETARY
CITY OF SAN DIEGO
3751 MARKET ST
SAN DIEGO CA 92102-4527

219679

IDENTIFICATION NO.

DOLLARS	CENTS
\$*****897	38



Gray Davis

GRAY DAVIS
STATE CONTROLLER

1211134231 68749459211

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

68749459

PATIENT ACCOUNT NUMBER: 2 INDIVIDUAL S
CLAIMANT NAME: SONYA SMITH SSN: 571 13 2131

THE ENCLOSED CHECK FOR \$ 897.38 IS FOR THE
FOLLOWING SERVICES PROVIDED BY YOU:

FROM DATE	BILLED AMOUNT	VERIFIED AMOUNT	OWED BY CLAIMANT	TOTAL REIMBURSED	PAID BY BOC
07/23/91	1197.38	1197.38	0.00	300.00	897.38

TOTAL PAID ON THIS HEARING FOR THIS CLAIM:

897.38

FOR INQUIRIES PLEASE QUOTE CLAIM NUMBER: 219679

STATE BOARD OF CONTROL

VICTIMS OF CRIME PROGRAM

PO BOX 3036, SACRAMENTO, CA 95812-3036

PHONE: (916) 322-4426

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/23/91

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

of FRANCIS MILLER F. PA#1115847

in a LINER Funeral, date, time AYD WED. 7/24 1:00 PM

Church, Chapel, Graveside DEL ONLY ; BURG DOBOTS Mortuary.

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

Lot 135 Grave 8T Row 1 Section 1 Division/Block 12

Grave space & Care Fund 26.00

Additional spaces and care fund 0.00

Opening/Closing & Setup 21.00

Burial Container 50.00

Handling Fees 0.00

Flower vases - Marker setting fee 0.00

Recording and filing fee 0.00

Sales taxes 0.00

Total Due 297.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

9589

PY-593 (REV. 8-86)

Grave Size
18X16
17 X 15

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/23/91

INFANT Jacquinn Burnside

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JACQUIAN L. BURNSIDE P.A.# 1115960

in a _____ Vault/Liner Funeral, date, time Fri 7/26 230 P.M.

Church, Chapel, Graveside DEL. ONLY ; 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 79 Grave 18 Row _____ Section 5 Division/Block 7

Grave space & Care Fund 90.00

Additional spaces and care fund

Opening/Closing & Setup 64.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 154.00

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 9590 ✓
PV-593 (REV. 8-85)

Invoice # 162635

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9590

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JACUINN		1B. MIDDLE LEVEALT	1C. LAST (FAMILY) BURNSIDE		2. DATE OF BIRTH MONTH DAY YEAR 2-5-91	3. DATE OF DEATH MONTH DAY YEAR 7-20-91	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Johnny L. Burnside - Father 3311 Menlo Ave. San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mott, 5050 Federal Blvd. San Diego, CA				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1329			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10279 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Heather Williams</i>		8B. DATE SIGNED 7/24/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 25 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>	
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 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 IN CALIFORNIA		
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA							
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;">FOR CORONER'S USE ONLY</div>							
<input type="checkbox"/> 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 7-26-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Teague</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A			12B. DATE CREMATED 79-18-5-7	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 7-24-91

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

of NEELY M. HOLEMAN, (MARDELLA)

in a T.S. VAULT Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 94 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 350⁰⁰

Burial Container 200⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee 45⁰⁰

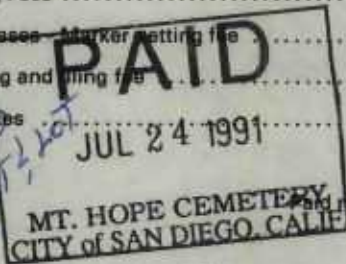
Recording and filing fee _____

Sales taxes 165⁰⁰

Total Due 1381⁵⁰

and receipt number #41030 1381⁵⁰

Balance due 0



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

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

Signature of recorded holder of deed _____

Signature John T. McAffee
Address 6374 ELMHURST AVE
SAN DIEGO CA 92120
State 582-8090 Zip Code _____
Telephone _____

Work Order # E 9591

PY-003 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 N^o 41030
Date: 7-24, 1971From: WALTER T MC AFEA Address: 1374 E. HUNTER DR. S.D. 92108
Ten Thousand Eighty Nine and 50/100 Dollars (\$ 1281.50)
In Full Payment of Pre-Need Trust + Lot
 Lot 44 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9591BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>119.00</u>
80% Sales	100	<u>476.50</u>
of Lots	77184	
Opening/	100	<u>35.00</u>
Closing	77181	
Burial	100	<u>20.00</u>
Containers	77182	
	100	<u>175.00</u>
Handling Fee	77185	<u>4.50</u>
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	<u>16.50</u>
	76390	

TOTAL PAID \$ 1331.50ISSUED BY K. J. [Signature]

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/24/91

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

of GARY TIMMEY PA # 1115782 Mon. 7/29

in a Linear Vault/Liner Funeral, date, time Thurs 2:00 P.M.

Church, Chapel, Graveside DEL-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 NO

Lot 115 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 121⁰⁰

Burial Container _____

Handling Fees 50⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 297⁰⁰

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 9592 ✓

Invoice # 1162636

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 9592

1A. NAME OF DECEDENT—FIRST (GIVEN) GARY	1B. MIDDLE GENE	1C. LAST (FAMILY) TIMME	2. DATE OF BIRTH MONTH DAY YEAR 09-11-1931	3. DATE OF DEATH MONTH DAY YEAR 07-18-1991	4. SEX M
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Public Administrator Indigent Burial Officer 5201-A Ruffin Road San Diego, CA 92123	
7A. NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Donna E. King 855 Broadway Chula Vista, CA 91911			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Judith E. King</i>	8B. DATE SIGNED 7-26-91
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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 \$7.00	9B. DATE PERMIT ISSUED JUL 29 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rios, M.D. R</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Ht. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 7-29-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED 115-2-2-11	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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-25-91

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

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 4822 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE-NEED - D-14.54 0

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 16.50

Total Due 786.50

Paid receipt number #41033 786.50

Balance due 0

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

JAMES L. POTTER

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

Signature

Address

State

Telephone

James L. Potter

853 MANOR

HANFORD, CA 93230

(209)-584-6360

Zip Code

Signature of recorded holder of deed

Work Order #

E

9593

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151
Date: 7-25-, 1991From: JOHN L. HILLER Address: 153 MARCEIn Full Payment of PCF-NEED TRUST Dollars (\$ 786.30)Lot 123 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9592BALANCE DUE 7Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACEISSUED BY KAT JENSEN

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>711.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-25-91

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

of TINA DANIELE
in a Double Depth Vault/liner Funeral, date, time Tues, 7/30, 11:00AM

Church, Chapel, Graveside Chapel + Grave - Calif Burial Order Mortuary.

All Funeral cars must 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 4695 Grave Row Section Division 10

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 27.23

Total Due 1967.23

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Helen Harris
Signature 4545 Colwood Bl. #7
Address SANDIEGO CA 92115
State 287-6893 Zip Code
Telephone

Work Order #

E 9594

PI-893 (REV. 5-89)

Invoice #

1162633

Acct. #

067252

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9594

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

1A. NAME OF DECEDENT—FIRST (GIVEN) TINA	1B. MIDDLE EVERETTE	1C. LAST (FAMILY) DANIELE	2. DATE OF BIRTH MONTH DAY YEAR 6/15/64	3. DATE OF DEATH MONTH DAY YEAR 7/23/91	4. SEX F
5A. CITY OF DEATH CARLSBAD		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INDEMNITY HELEN M. HARRIS-MOTHER 4545 OLLWOOD APT. 7 SAN DIEGO, CA 92115	
7A. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 5602 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-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 <i>[Signature]</i>	8B. DATE SIGNED 7/29/91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 29 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA	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:

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> 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 7-30-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4695-10 METAL SECTOR	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ---	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ---	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ---	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-25-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald Des Jardins

in a Double Depth Vault/Case Funeral, date, time Tues, 7/30, 10:30 AM

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 136 Grave 5 Row - Section 1 Division/Block 11

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 2 @ 350.00 700.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 2 @ 45.00 90.00

Sales taxes 27.23

Total Due 2162.23

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Alberta Des Jardins
Signature
4457 Hamilton
Address
San Diego Calif
State
69201490 Zip Code
Telephone

Work Order # E

9595

Invoice # 162634

Acct. # 067251

MT. HOPE CEMETERY

W.O. # E-9595

NOTE

\$ 2162.23 San Diego, California 7-25 1991

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 Twenty-one Hundred Sixty-Two ²³/₁₀₀ DOLLARS with interest from August 30, 1991 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 ALBERT A DESJARDIN SIGNATURE Alberta Desjardins

ADDRESS 4615 Hamilton

CALIFORNIA DRIVER LICENSE NUMBER Y1276241 SSN # 364-01-6289

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9595

1A. NAME OF DECEDENT—FIRST (GIVEN) GERALD		1B. MIDDLE ARNOLD	1C. LAST (FAMILY) DES JARDINS		2. DATE OF BIRTH MONTH DAY YEAR 08-10-1914	3. DATE OF DEATH MONTH DAY YEAR 07-24-1991	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INDEEDMAN Alberta M. Des Jardins - Wife 4615 Hamilton Street San Diego, CA 92116		
7A. NAME AND ADDRESS OF APPLICANT—REGISTERED REGISTRAR OR PERSON ACTING AS SUCH Hamilton Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE R-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— Registrar Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 7-25-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 26 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS:							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> F. DISINTERMENT		FOR CORONER'S USE ONLY			
				<input type="checkbox"/> 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 7-30-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY ARON SEALER 136-5-1-11	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

7/25/91

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

in a LINER Funeral, date, time TUE 7/30 1:00 PM

Church, Chapel, Graveside GRAVESIDE Dilay Brothers Mortuary.

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

Lot 2846 Grave Row Section Division/Block 10

Grave space & Care Fund P2-NEED C-0703 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 12.38

Call in by MR PAUL RYBACK F.D. #HUNTINGTON BEACH CA. 702.38

TELE 1-714-842-7711 THE FAMILY WILL 702.38

SIGN INTERMENT ORDER Total Due 410.43 702.38

UPON ARRIVAL DATE Paid receipt number 702.38

THE MORTUARY WILL BRING "BLACK" 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 dead.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Invoice #

Acct. #

Work Order # E 9596
PY-593 (REV. 8-85)

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E 9596

No 41043

Date: 1-21-19

From: William B. Thomas Address: 244 200 1st St. San Diego, CA 92101

In: \$112.22 Dollars (\$ 712.22)

In: Payment of: Service Fee

Lot: 256 Grave: Row: Section: Division Block: 10

Invoice No.:

Acct. No.:

W.O. E-9596

BALANCE DUE \$

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

AC-212 (Rev. 10-87)

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

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	25
Closing	77181	
Burial	100	12
Containers	77182	
	100	14
Handling Fee	77185	
Recording &	100	9
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	12
	78390	
TOTAL PAID	\$	712.22

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E9596

1A. NAME OF DECEDENT—FIRST (GIVEN) MORRIS		1B. MIDDLE SHEPHARD		1C. LAST (FAMILY) GROVE		2. DATE OF BIRTH MONTH DAY, YEAR AUG 29, 1911		3. DATE OF DEATH MONTH DAY, YEAR JUL 28, 1991		4. SEX M	
5A. CITY OF DEATH HUNTINGTON BEACH				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE ORANGE				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ROSANNE BENTER-WEINER, DAUGHTER 18312 GUMTREE LANE HUNTINGTON BEACH, CA 92646			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH DILDAY BROTHERS MORTUARY HUNTINGTON BEACH, CA						7B. CALIFORNIA LICENSE NUMBER 181193					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>				8B. DATE SIGNED 7-26-91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED 7-26-91		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L. REX EHRLING, MD			
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 355 SANTA ANA, CA 92702				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							
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEM(S)											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA											
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; display: inline-block;">FOR CORONER'S USE ONLY</div>											
<input type="checkbox"/> I. DISPOSITION PENDING											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET, SAN DIEGO, CA				11B. DATE INTERRED 7-30-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY METAL DEALER 2846-10				12B. DATE CREMATED ---		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ---				13B. DATE RECEIVED ---		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ---		
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---				14B. DATE SHIPPED ---		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ---		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ---				15B. DATE OF DISPOSITION ---		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ---		
								15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE ---			

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-26-91

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

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 20 Grave 1 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund PRE NEED C-6844 Ø

Additional spaces and care fund _____

Opening/Closing & Setup 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 45⁰⁰

Sales taxes 33⁰⁰

Total Due 253³⁰

Paid receipt number #41036 253³⁰

Balance due Ø

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

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

Signature of recorded holder of deed

James D. Deem
Signature
328 SO. MERIDIAN AVE
Address
ALHAMBRA, CALIF 91801
City
(818) 281-3829
Telephone
Zip Code

Work Order #

E 9597

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41036

Date: 7-26-19

From: 127-400 Catherine Address: 2150 Avenue No 1200 San Diego, CA 92104

Dollars (\$) 253.30

In Payment of Pre-Need Trust

Lot 22 Grave 1 Row Section 17 Division Block 1

Invoice No.

Acct. No.

W.O. 9597

BALANCE DUE

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

AC-212 (Rev 10-87)

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

CITY AUDITOR

AUG 01 1991

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closure	77184	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	253.30

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-26-91

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

of Edna Rueger
in a TS Vault Funeral, date, time Tue, 7/30 10:30 AM

Church, Chapel, Graveside Chapel + Grave Site : Humphrey Mortuary. (GREG)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

✓ Lot 17 Grave 4 Row - Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pu-Need (D-7727) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 16.50

Total Due 786.50

Paid receipt number 41037 786.50

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

H. R. Jude - Son-in-Law
21 Bonita Rd
Ca 91910-3043
619-422-3182 Zip Code

Work Order # E 9598

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E 9598
 NE 41037
Date: 7-29, 1991From: White Address: 31 S. La Jolla Village Rd. #100 San Diego, CA 92161Dollars (\$ 726.00)In Payment of Enterance FeeLot 17 Grave 4 Row 1 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 9598

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 SPACEISSUED BY White

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	<u>950.00</u>
Closing	77181	
Burial	100	<u>20.00</u>
Containers	77182	
	100	<u>125.00</u>
Handling Fee	77185	
Recording &	100	<u>45.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>16.00</u>
	78390	
TOTAL PAID	\$	<u>726.00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9598

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EDNA		1B. MIDDLE ALPHA		1C. LAST (FAMILY) RUBGER		2. DATE OF BIRTH MONTH DAY YEAR 09-23-1899		3. DATE OF DEATH MONTH DAY YEAR 07-26-1991		4. SEX F	
5A. CITY OF DEATH Chula Vista				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary J. Jude - Daughter 21 Bonita Road Chula Vista, CA 91910-3043			
7A. TYPE, NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 7-29-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 30 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery 3751 Market St. San Diego, CA				11B. DATE INTERRED 7-30-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A METAL SHELTER 17-4-3-12				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

1/17/1977



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

8750
E 9598

OWNERSHIP AND INTERMENT PRIVILEGES

TO Edna A. Rueger for the sum of \$ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 17 Gr 4 Sec 3 Div 12

AS DESCRIBED ON PURCHASE ORDER NUMBER D-7727

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. L. Schme
Cemetery Manager

W. L. MacFarlane
Property Director

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-91

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

in a Ash Vault Vault/Urner Funeral, date, time Wed, 7/31, 2:30 pm
Church, Chapel, Graveside Graveside GREENWOOD Mortuary.
(Felicia)

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

Lot 141 Grave 1 Row 1 Section 1 Division/Block 12

Grave space & Care Fund PR-NEED E-1502 0

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 45.00

Sales taxes 3.30

Total Due 253.30

Paid receipt number # 41038 253.30

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

Address

State

Telephone

Zip Code

Work Order #

E

9599

PY-593 (REV. 8-85)

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 9599

1A. NAME OF DECEDENT—FIRST (GIVEN) Bruno		1B. MIDDLE C.	1C. LAST (FAMILY) Palomo	2. DATE OF BIRTH MONTH DAY YEAR 10-06-1912	3. DATE OF DEATH MONTH DAY YEAR 07-27-1991	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Fernando Palomo: Son 3776 Oceanview Blvd.#3 San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY 1-805 & IMPERIAL AVE. SAN DIEGO, CA.				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 7-845		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 7-30-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED JUL 31 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA						
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>						
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA		11B. DATE INTERRED 7-31-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY 1-805 & IMPERIAL AVE. SAN DIEGO, CA.		12B. DATE CREMATED 7-31-91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS 141-1-1-12		13B. DATE RECEIVED	13C. SIGNATURE OF 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 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 **41038**
E9599
Date: 7-22, 1991From: Edward Kober Address: 3775 Camino del Rio S. #1212Two Hundred Fifty Three and 25/100 Dollars (\$ 253.25)In Full Payment of Services - 21 Burial PackageLot 141 Grave 1 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9599BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY Kurt Jones

CREDIT	67007	
20% Sales Cam	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>253.25</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phillip Meister, PA # 1116053

in a Linco Vault/Liner Funeral, date, time Tue, 7/30 11:30 AM

Church, Chapel, Graveside Del Norte : Oceanside Mortuary.

All Funeral cars must 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 37 Grave 7 Row - Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes PA Fee

Total Due 297.00

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

9600 ✓

Invoice #

162637

Acct. #

000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9600

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

1A. NAME OF DECEDENT—FIRST (GIVEN) PHILLIP		1B. MIDDLE D.	1C. LAST (FAMILY) MEISTER		2. DATE OF BIRTH MONTH DAY YEAR 11-3-48	3. DATE OF DEATH MONTH DAY YEAR 7-25-91	4. SEX M
5A. CITY OF DEATH OCEANSIDE		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT LEE JAMIE - PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92138		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH OCEANSIDE MORTUARY P.O. BOX 542, OCEANSIDE, CA 92053		7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE FD 253		8. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Decker Price</i>			
*ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 30 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT			
				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY SAN DIEGO, CALIFORNIA		11B. DATE INTERRED 7-30-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy De La Cruz</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Non Sealer DT-7-12</i>		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

CC# 91-1534

Date 7-27-91

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

of Buenett, James PA# 1116207

In a Liner Funeral, date, time Wed, 7/31 11:30 AM

Church, Chapel, Graveside Del. Only; Paris-Fred Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 37 Grave 7T Row Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297.00

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 9601
PY-593 (REV. 8-88)

Invoice # 162665
Acct. # 000952

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) JAMES		1B. MIDDLE ROBERT		1C. LAST (FAMILY) BURNETT		2. DATE OF BIRTH MONTH DAY YEAR 4-19-41		3. DATE OF DEATH MONTH DAY YEAR 7-28-91		4. SEX M	
5A. CITY OF DEATH El Cajon				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Katheryn Howard— Administrator 3201 Ruffin Road San Diego, CA 92123			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL HOME, MORTUARY, PERSON ACTING AS SUCH Paris-Frederick Mortuary—El Cajon, CA 92020						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>				8B. DATE SIGNED 7-27-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED JUL 30 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 3831 Rossier St. 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 <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS											
INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, California				11B. DATE INTERRED 7-31-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
CREMATION		12A. NAME AND ADDRESS OF CREMATORY 37-77-1-12 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

11:05 A.M.

Date 7/30/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARA JONES J

in a LINER Vault/Liner Funeral, date, time SAT 8/3 11:00 A.M.

Church, Chapel, Graveside Church & Graveside; RAGS DALE Mortuary.

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

✓ Lot 112 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund PR-NEED E-7024 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 150.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee O.T. 5077 0.3. 1991 480.00

Recording and filing fee _____ 45.00

Sales taxes _____ 12.38

PERMISSION ARRIVED AT Total Due 1182.38

11:05 A.M. SS2 Paid receipt number Auxiliary Invoice 1182.38

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 Sally Lee Jones
Address 4964 Carolina Place
City SA. Zip Code 92102
State 264-1637
Telephone

Work Order # E 9602 ✓
PY-883 (REV. 8-85)

Invoice # 164994
Acct. # 067284

E-9602

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) CLARA	1B. MIDDLE JEANETTE	1C. LAST (FAMILY) JONES	2. DATE OF BIRTH MONTH DAY YEAR 11-19-30	3. DATE OF DEATH MONTH DAY YEAR 7-29-92	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Soboy L. Jones - Husband 4964 Carolina Place San Diego, CA 92102	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Pagadale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-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 <i>Debbie Williams</i>	8B. DATE SIGNED 7/30/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 01 1991
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rames, M.D.</i>	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA		

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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> I. DISPOSITION PENDING

COMPOSITE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 8-3-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy S. Hayes</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY WETA/SEA/ER 112-17-2-11	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

COPY 2 IS RETAINED BY 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-9602

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/06/91

DATE: 09/06/91
TIME: 203545
PAGE: 32

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
164994	08/05/91	357284	BOBBY JONES				09/03/91	CK		1,182.38	1,182.38	0.00
			100 072		77181	000072				350.00		
			100 072		77182	000072				150.00		
			100 072		77183	000072				525.00		
			100 072		77185	000072				145.00		
			60101		78390					12.38		

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-30-91

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

of Richard James Koschier (Infant)
in a NONE Funeral, date, time Mon 8-5 11:00 AM

Church, Chapel, Graveside Graveside; Fatheringill Mortuary.

All Funeral cars must 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 3252 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.-

Additional spaces and care fund _____

Opening/Closing & Setup 75.-

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.-

Sales taxes _____

Total Due 220.00

Paid receipt number 41067 220.00

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.

Richard Valentin Koschier
Signature of recorded holder of deed

Richard Valentin Koschier
Signature

425 E BRADLEY #180
Address

EL CAJON, CA 92021
State

258-6279 Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 9603 ✓

E-9603

In
Loving
Memory



God hath not promised skies
always blue,
Flowers strewn pathways all
our lives through;
God hath not promised sun
without rain,
Joy without sorrow, peace
without pain.
But God hath promised strength
for the day.
Rest for the labor, light for the way,
Grace for the trials, help
from above,
Unfailing sympathy Undying
Love...

9603

IN MEMORY OF
RICHARD JAMES KOSCHIER

BORN
San Diego, California
February 18, 1990

PASSED AWAY
La Mesa, California
July 29, 1991

SERVICES AT
Mt. Hope Cemetery
August 5, 1991 11:00 a.m.

OFFICIATING
Father Dennis

Featheringill Mortuary Directing

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E-9603
 No 41069
Date: 8-5, 19 91From: Richard Keshman Address: 425 E. Bradley Ave. #123
Two Hundred Twenty Dollars (\$ 220.00)
In _____ Payment of Service for Richard Keshman
 Lot 3252 Grave _____ Row _____ Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-9603BALANCE DUE 6Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales	100	<u>20.00</u>
of Lots	77184	
Opening/	100	<u>45.00</u>
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	<u>45.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	

AC-212 (Rev. 10-87) 4724348ISSUED BY [Signature]TOTAL PAID \$ 220.00

E-9603

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) RICHARD		1B. MIDDLE JAMES		1C. LAST (FAMILY) KOSCHIER		2. DATE OF BIRTH MONTH DAY YEAR 2/18/1990		3. DATE OF DEATH MONTH DAY YEAR 7/29/1991		4. SEX M	
5A. CITY OF DEATH La Mesa				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Richard V. Koschier, father 425 E. Bradley, #180 El Cajon, CA 92021			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd San Diego, CA 92115						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 8-1-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 02 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P. O. Box 85222, San Diego CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, California				11B. DATE INTERRED 8-5-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/31/91

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

of MARY J OGDEN

in a LINER Funeral, date, time Fri Aug 2 2:00 PM

Church, Chapel, Graveside DEL CNY; Humphrey Mortuary.

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

✓ Lot 68 Grave _____ Row _____ Section 100F Division/Block 5

Grave space & Care Fund PRE-NEED - E - 4849 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 150.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 12.38

Family will be in to make arrangements

Total Due _____ 702.38

Paid receipt number #41053 702.38

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

9604 ✓

PY-683 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E-9604
 No 41053
Date: 1/1/19From: Kathleen M. Butler Address: P.O. Box 1452, San Diego, CA 92101In Full Payment of Services for Mary J. Ogden Dollars (\$ 702.38)Lot 62 Grave _____ Row _____ Section 100F Division Block 5A-5

Invoice No. _____

Acct. No. _____

W.O. E-9604BALANCE DUE 4Pre-Need Lot ☐ At 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	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>350</u>
Burial	100	
Containers	77182	<u>150</u>
	100	
Handling Fee	77185	<u>145</u>
Recording &	100	
Misc. Fees	77183	<u>45</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>12</u>
	78390	
TOTAL PAID	\$	<u>702.38</u>

204

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9604

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

1. NAME OF DECEDENT—FIRST (GIVEN) MARY		1B. MIDDLE J.	1C. LAST (FAMILY) OGDEN	2. DATE OF BIRTH MONTH DAY YEAR 05-08-1900	3. DATE OF DEATH MONTH DAY YEAR 07-31-1991	4. SEX F
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Roseanne Butler - Step-daughter P.O. Box 453 Jamal, CA 91935		
7A. SIGNED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeral Chapel Vista Mortuary 855 Broadway Chula Vista, CA 91911		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Judith E. King</i>		8B. DATE SIGNED 8-1-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 2 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramez, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS						
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> I. DISPOSITION PENDING						
FOR CORONER'S USE ONLY						
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery 3751 Market St. San Diego, CA		11B. DATE INTERRED 8-2-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Yergue</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A NDN SEALKER 68-100F-5		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 7-31-91

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

of Thomas Morris, PA #1115952

in a Linex Funeral, date, time Thurs, 8-1-91

Church, Chapel, Graveside Nel. Bely Mortuary Mayer

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 71 Grave 8-B Row _____ Section 1 Division 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297.00

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 9605

Invoice # 162695

Acct. # 000952

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) Thomas		1B. MIDDLE Floyd	1C. LAST (FAMILY) Morris	2. DATE OF BIRTH MONTH DAY YEAR 5-1-62	3. DATE OF DEATH MONTH DAY YEAR 7-19-91	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA.			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>John Mayer</i>		8B. DATE SIGNED 7-31-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUL 31 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rannoch, M.D.</i>	
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 P.O. Box 85222 San Diego, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS						
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> B. CREMATION			<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY			<input type="checkbox"/> F. DISINTERMENT		FOR CORONER'S USE ONLY	
					<input type="checkbox"/> I. DISPOSITION PENDING	
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA.		11B. DATE INTERRED 8-1-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A NON SEPARATE 71-88-1-12		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 8/1/91

PRE-NEED TRUST

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

of RUPERT LEYBA & ISABEL M. LEYBA

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 25 Grave 7 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 2 AT 45⁰⁰ 90⁰⁰

Sales taxes _____

Total Due 90⁰⁰

Paid receipt number #41051 90⁰⁰

Balance due 0

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

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

Signature of recorded holder of deed _____

Rupert Leyba
Signature

24126 ST
Address

CA 92115
State

234-5045
Telephone

Zip Code

Work Order # E 9606
PY-583 (REV. 8-80)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E-9606
N^o 41051

Date: 8/1/, 199

From: ROBERT P. LEYBA Address: 5412 2 ST San Diego, CA 92116

NINETY AND 2/100 Dollars (\$ 90.00)

In Full Payment of PRE-NEED TRUST

Lot 25 Grave 7 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 11-5522-E9606

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>90.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/1/91

Dushkov

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

of EUGENI DUSHAKOV PA1116282

in a LINER Vault/Liner Funeral, date, time 8/6 Tue 11:00 AM

Church, Chapel, Graveside DEL ONLY; CLAIROMONT Mortuary.

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

Lot 66 Grave 8T Row Section 1 Division/Block 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297⁰⁰

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.

Signatures of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Work Order #

E

9607

PR-683 (REV. 8-88)

Invoice #

1165131

Acct. #

000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-9607

1A. NAME OF DECEDENT—FIRST (GIVEN) EUGENI		1B. MIDDLE —	1C. LAST (FAMILY) DUSHKOV		2. DATE OF BIRTH MONTH DAY YEAR 11-1-1950	3. DATE OF DEATH MONTH DAY YEAR 7-29-1991	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT KATHERINE HOWARD, PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAREMONT MORTUARY, 4245 MT. ABERNATHY AVENUE SAN DIEGO, CA 92117				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-1126			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 8-5-1991			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 05 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS.							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		FOR CORONER'S USE ONLY			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> F. DISINTERMENT					
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. ROPE CEMETERY, 3850 MARKET STREET SAN DIEGO, CA		11B. DATE INTERRED 8-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY NON SEA/ER 66-81-1-12		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-1-91

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

in a T.S. Vault Funeral, date, time Wed. Aug 7 2:00 p.m.
Church, Chapel, Graveside Church & Home - Ragsdale Mortuary.

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

Lot 40 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 16.50

Sales taxes 1481.50

Total Due 1481.50

Paid receipt number 41052 1481.50

Balance due, 0

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

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

Signature of recorded holder of deed

Milton Freeman
Signature 2958 Webster St
Address San Diego Ca
State Calif Zip Code 92113
Telephone 239-1878

Work Order #

E 9608

PY-693 (REV. 8-86)

Invoice #

165318

Acct. #

067522

Ragsdale in
after 3:30

Please "sock it
to them for
Overtime"
(Bill Undersigned)
H.W.

Calvary
Baptist Church
Eating at
3:30 for
125

Julia + Crosby

3:00 PM

E - 9608

GRANITE

MARBLE

BRONZE

Seaman-Poe Monument Co.

3893 IMPERIAL AVENUE
SAN DIEGO, CALIF. 92119

EDWARD POE

PHONE 264-1933

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E-9608
 No 41052
Date: 9-1, 1971From: Mr. & Mrs. [illegible] Address: 2751 W. [illegible]
[illegible] Dollars (\$) 14.50
In Payment of [illegible]
 Lot 40 Grave 5 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9608BALANCE DUE [illegible]Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	<u>139.00</u>
80% Sales	100	<u>556.00</u>
of Lots	77184	
Opening/	100	<u>350.00</u>
Closing	77181	
Burial	100	<u>200.00</u>
Containers	77182	
	100	<u>175.00</u>
Handling Fee	77185	
Recording &	100	<u>45.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	<u>16.50</u>
	78390	
TOTAL PAID	\$	<u>1471.50</u>

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) SEBOLIA		1B. MIDDLE ---		1C. LAST (FAMILY) FREEMAN		2. DATE OF BIRTH 2-25-17 MONTH DAY YEAR		3. DATE OF DEATH 8-1-91 MONTH DAY YEAR		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Milton Freeman - Husband 2958 Webster St. San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Baggett Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Heather Williams</i>				8B. DATE SIGNED 8/2/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 06 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Barnes, M.D.</i>			
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 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 IN CALIFORNIA					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY <input type="checkbox"/> 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 8-8-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>			
CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A 40-5-1-12 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/1/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GREGORY DEAN HOLMES

in a T.S. VAULT Funeral, date, time Mon 8/5 2:00 P.M.

Church, Chapel, Graveside Church of Jesus Christ of Latter-day Saints; Pass Day Mortuary.

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

✓ Lot 90 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales tax 16.00

Total Due 1481.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature

Address

State

Telephone

Zip Code

Work Order #

E 9609

Invoice #

Acct. #

MT. HOPE CEMETERY

W.O. # E-9609

NOTE

\$ 1481⁵⁰ San Diego, California 8/11 1991

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 FOURTEEN HUNDRED EIGHTY ONE AND ⁵⁰/₁₀₀ DOLLARS

with interest from SEPT 1, 1991 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

Lessie M. Holmes

SIGNATURE

Ms Lessie M. Holmes

ADDRESS

5269 Reynolds Street

CALIFORNIA DRIVER LICENSE NUMBER

H0341162

SSN #

436-20-3092

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) GREGORY	1B. MIDDLE DEAN	1C. LAST (FAMILY) HOLMES	2. DATE OF BIRTH MONTH DAY YEAR 7-5-51	3. DATE OF DEATH MONTH DAY YEAR 7-29-91	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Leslie M. Holmes - Mother 5269 Reynolds St. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT— 5090 Federal Blvd. Anderson-Pagadale Mort., San Diego, CA			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 7-1329		

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 <i>Debbie Williams</i>	8B. DATE SIGNED 8/1/91
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	----------------------------------

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 05 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ransom, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA		

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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> D. SCIENTIFIC USE
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> 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 8-5-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A (vault) 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

COPY 2 IS RETAINED BY 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-9609

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/09/91

DATE: 09/09/91
TIME: 210835
PAGE: 18

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
165130	08/08/91	067337	LESSIE HOLMES				09/05/91	CK	396	1,481.50	1,481.50	0.00
			100 072		77181	000072				350.00		
			100 072		77182	000072				200.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				556.00		
			100 072		77185	000072				175.00		
			60101		78390					16.50		
			67007		77184					139.00		

E-9609

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date

8/1/91

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

of RANDAL Bailey

in a T.S. VAULT Funeral, date, time TUE 8/6 2:00 P.M.

Church, Chapel, Graveside CHapel; Graveside INGSDALE Mortuary.

All Funeral cars must 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 79 Grave 7 Row Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 200⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 16⁵⁰

Total Due 1381⁰⁰

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature Matthew S. Wilson

Address 278 47th St #102

City San Diego CA 92102

State 522-0344 Zip Code

Telephone

Work Order # E 9610

Invoice # 1165128

Acct. # 067339

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-9610

1A. NAME OF DECEDENT—FIRST (GIVEN) RANDAL		1B. MIDDLE	1C. LAST (FAMILY) BAILLY	2. DATE OF BIRTH MONTH DAY YEAR 2-27-59	3. DATE OF DEATH MONTH DAY YEAR 7-27-91	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mattie Wilson - Mother 278 47th St. #3 San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL HOME, PERSON OR PERSON ACTING AS SUCH Anderson-Bagsdale Mortuary; 3050 Federal Blvd. San Diego, CA				7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE R-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 <i>Bebbie Williams</i>		8B. DATE SIGNED 7/31/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 01 1991	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					

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

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> D. SCIENTIFIC USE
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> I. DISPOSITION PENDING </div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery, 3751 Market St. San Diego, CA	11B. DATE INTERRED 8-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Teague</i>	
	12A. NAME AND ADDRESS OF CREMATORY N/A NON SEALED 79-7-1-12	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

W.O. # E-9610

NOTE

\$ 1381.50 San Diego, California 8/1/1991

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 THREE HUNDRED EIGHTY ONE ⁵⁰/₁₀₀ DOLLARS with interest from SEPT 3 1991 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 MATTIE Wilson SIGNATURE Mattie Jean Wilson
ADDRESS 278-47th St #B SAN DIEGO 92102
CALIFORNIA DRIVER LICENSE NUMBER E0736123 SSN # 369-24-7790

E-9610



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE
- LATE NOTICE

WHITE - CUSTOMER
YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2388
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

DEB
DEB

MATTIE WILSON
278 47TH STREET
SAN DIEGO

CA 92102

ACCT NO
067339

-----TREASURERS USE ONLY-----

DOB
DOB

PAYMENT DATE 10-7-91
BY: CA CC IF HD

PAYMENT REF NO #8140 AMT PAID: 1381.50

INVOICE DATE 03/08/91 PAYMENT DUE 09/07/91 PERIOD COVERED JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-9610
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DEB
DEB

-----DESCRIPTION OF CHARGES AMOUNT-----

RANDAL BAILEY SERVICE
LOT 79; GR 7; SEC 1; DIV 12 595.00
OPENING/CLOSING 350.00
T. S. VAULT 200.00
HANDLING FEE 175.00
RECORDING FEE 45.00
TAX ON VAULT 16.50

DEB
DEB

PAYMENTS RECEIVED TO DATE
REMAINING TOTAL DUE 1,381.50
PROTECT YOUR CREDIT. UNPAID INVOICES WILL BE
REFERRED TO COLLECTIONS. THIS COULD RESULT IN
ADDITIONAL CHARGES AND A DEROGATORY LISTING WITH
TRW AND OTHER CREDIT REPORTING AGENCIES.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 2 1991

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

of EVA M WESSMAN

in a LINGER Vault/Urner Funeral, date, time MON. Aug 5 2:00 PM.

Church, Chapel, Graveside GRAVESIDE ONLY MERKLEY MITHEN Mortuary.

All Funeral cars must 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. 1974

✓ Lot 24 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED - D-2766 Ø

Additional spaces and care fund _____

Opening/Closing & Setup PRE-NEED D-2766 Ø

Burial Container PRE-NEED D-2766 Ø

Handling Fees PRE-NEED D-2766 Ø

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes PRE-NEED D-2766 Ø

Total Due Ø

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

City

Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E

9611 ✓

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) TVA		1B. MIDDLE MAE		1C. LAST (FAMILY) MESSMAN		2. DATE OF BIRTH AUG 14, 1909		3. DATE OF DEATH AUG 1, 1991		4. SEX FEMALE	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE SELF—PRE-NEED RECORDS & MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103			
7. NAME, ADDRESS, CITY, STATE, ZIP CODE OF PERSON ACTING AS SUCH HERKLEY-HITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-119		8A. SIGNATURE OF APPLICANT—Federal Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED AUG 5, 1991	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 DISPOSITION OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 05 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY MY HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA				11B. DATE INTERRED 8-5-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY <i>liner particle board</i>				12B. DATE CREMATED 24-6-1-11		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

8/2/91

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

of TSEGAI BELETE PA#1116339

in a liner Vault/Liner Funeral, date, time Tue 8/6 11:00 AM.

Church, Chapel, Graveside DEL ONLY ; 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 66 Grave 8B Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 297⁰⁰

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

9612 ✓

Invoice #

1165132

Acct. #

000952

E-9612

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) TEREAI		1B. MIDDLE DESTA	1C. LAST (FAMILY) BELETE		2. DATE OF BIRTH MONTH DAY YEAR 1-1-43	3. DATE OF DEATH MONTH DAY YEAR 7-30-91	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Tegetu Tebeje - Wife 5415 Bayview Hts. Place #6 San Diego, CA 92105			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagsdale Mort., 3030 Federal Blvd., San Diego, CA				7B. CALIFORNIA LICENSE NUMBER FE1329			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Debbie Williams</i>		8B. DATE SIGNED 8/2/91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 06 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rames, M.D.</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING							
FOR CORONER'S USE ONLY							
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Ac. Hope Cemetery, 3751 Market St. San Diego, CA		11B. DATE INTERRED 8-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A NON SEALER 66-8B-1-12		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 8-29-91

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

of Robert Richmond, PA #1115987

in a Liner Funeral, date, time 8/5 Mon 2:30 P.M.

Church, Chapel, Graveside Del. Only; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 41 Grave 8T Row — Section 1 Division 12

Grave space & Care Fund 126.00

Additional spaces and care fund —

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees —

Flower vases - Marker setting fee —

Recording and filing fee —

Sales taxes —

Total Due 297.00

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 9613

Invoice # 1165134

Acct. # 000952

E-9613

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) ROBERT		1B. MIDDLE EARL		1C. LAST (FAMILY) REEDMOND		2. DATE OF BIRTH MONTH DAY YEAR 05-03-1937		3. DATE OF DEATH MONTH DAY YEAR 07-23-1991		4. SEX M	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT BARBARA HOWARD - PUBLIC ADMIN. 5201 'A' RUFFIN RD SAN DIEGO, CA 92123			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Banbough 3051 El Cajon Blvd. San Diego, CA 92104						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-480		8. DATE SIGNED 08-05-1991			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 08-05-1991	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 05 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA --					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> 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 8-5-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A NONSEATER 71-87-1-12				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

8-2-91

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

of EDNA WEIRICK

in a LINER Funeral, date, time Tues, 8/6 10:00 AM

Church, Chapel, Graveside Chapel + 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

Lot 25 Grave 4 Row — Section 4 Division/Block 6

Grave space & Care Fund Pre-Paid (B-9417)

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 12.38

Total Due

#702.38
Paid receipt number #41067 702.38

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

State

Telephone

11440 Camino Arroyo
San Diego, CA 92131
619 566 4231

Zip Code

Work Order #

E

9614

PY-593 (REV. 8-85)

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E-9614
 No 41067
Date: 7 — — — —, 1991From: Notre Dame Address: 4619 Loma Ave. S.D. CA. 92116
Seven Hundred Two and 38/100 Dollars (\$ 702³⁸)
In Full Payment of Services for Edgar Weis
 Lot 25 Grave 4 Row Section 4 Division Block 6
Invoice No. Acct. No. W.O. E-9614BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 10-87) #1615NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY K. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	300
Closing	77181	
Burial	100	150
Containers	77182	
	100	145
Handling Fee	77185	
Recording &	100	45
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	12
	78390	35
TOTAL PAID	\$	702 ³⁸

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9614

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EDNA	1B. MIDDLE VIOLA	1C. LAST (FAMILY) WEIRICK	2. DATE OF BIRTH MONTH DAY YEAR 12-27-1889	3. DATE OF DEATH MONTH DAY YEAR 08-01-1991	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBLE A. GAY - NEPHEW 11440 CAMINITO ARMIDA SAN DIEGO, CA 92131	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis, Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-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 <i>[Signature]</i>	8B. DATE SIGNED 08-05-1991
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 05 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA —		

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

☐ A. BURIAL (INCLUDES ENTOMBMENT)

☐ B. CREMATION

☐ D. SCIENTIFIC USE

☐ E. TEMPORARY ENVAULTMENT

☐ G. SHIP IN TO CALIFORNIA

☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY

☐ F. DISINTERMENT

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 8-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 25-4-4-6 motor sector	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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-2-91

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

in a LIVER Funeral, date, time Tue, 8/6/91 11:00 AM

Church, Chapel, Graveside Church - Grave - Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran NO

Lot 3404 Grave Row Section Division/10

Grave space & Care Fund Pre-Need (1973)

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 702.38

Paid receipt number #41085 702.38

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

Work Order # E 9615

PR-582 (REV. 9-86)



OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E-9615
 No 41085
Date: 8/6/71, 1971From: Anderson, Ronald Address: 5051 Federal Blvd. SD. 92102
Seven Hundred Two and 3/4 Dollars (\$ 702.75)
In full Payment of Service Fee Golden Smith
 Lot 2404 Grave 2 Row 1 Section 10 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9615BALANCE DUE 0Pre-Need Lot ☐ At 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	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	<u>350</u>
Closing	77181	
Burial	100	<u>150</u>
Containers	77182	
	100	<u>145</u>
Handling Fee	77185	
Recording &	100	<u>45</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>12</u>
	78390	
TOTAL PAID	\$	<u>702.75</u>

E-9615

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) GOLDIE	1B. MIDDLE C.	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH DAY YEAR 8-7-10	3. DATE OF DEATH MONTH DAY YEAR 8-1-91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INDEMNANT Stanley R. Renfro - Nephew 707 Norman Rd. San Bernadino, CA 92408	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FEDERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Pagdale Mort. 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 7-1329		

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—Federal Director or Person Acting as Such <i>Debbie Williams</i>	8B. DATE SIGNED 8/2/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 05 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Renard, M.D.</i>
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 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 IN CALIFORNIA	

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

- | | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> F. DISINTERMENT | |

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 8-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A cloth - liner	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 8-2-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Selva PA # 1116347 (TWIN-A)

in a _____ Funeral, date, time Tues, 8/6, 12:30pm

Church, Chapel, Graveside Del Only; 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 No CASKET SIZE 29X14X14

✓ Lot 79 Grave 20 Row _____ Section 5 Division/7

Grave space & Care Fund 90.00

Additional spaces and care fund _____

Opening/Closing & Setup 64.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 154.00

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 9616 ✓

Invoice # 145133

Acct. # 000952

E-9616

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) MARIA		1B. MIDDLE ESQUIVEL	1C. LAST (FAMILY) SILVA	2. DATE OF BIRTH MONTH DAY YEAR 7/15/1991	3. DATE OF DEATH MONTH DAY YEAR 7/16/1991	4. SEX F	
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mrs. Josefina Silva-Mother 1519 Orchard Lane San Juan, CA 92036			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY National City, CA 607 National City Blvd.			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>[Signature]</i>			8B. DATE SIGNED 8/2/91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 5 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING							
FOR CORONER'S USE ONLY							
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA		11B. DATE INTERRED 8-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Non Smoke 74-28-5-7		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 8-5-91

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

of Edward Pearson

in a T.S. Vault Funeral, date, time Wed, 8/7 2:30 pm

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 No

Lot 30 Row 9 Section 2 Division 2

Grave space & Care Fund Pre-Need (B4111) 0

Additional spaces and care fund

Opening, Closing & Setup PAID 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee Disinterment Chg 210.00

Recording 45.00

Sales taxes 16.50 15.00

Ashes interred 2' from head Total Due 996.50

ly plot. No Vault. Paid receipt number 41071 996.50

Balance due 0

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

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

Signature of recorded holder of deed

Ed Pearson
Signature
4221 Blackton Dr.
Address
La Mesa, CA. 91941
State Zip Code
463-1741
Telephone

Work Order # E 9617
PR-583 (REV. 8-88)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E-9617

Nº 41071

 From: Charles Pearson Address: 4221 Blue Hill Ave, Apt 11, San Diego, CA 92116
Date: 8-15, 1988
Two thousand & thirty five Dollars (\$ 2350)

 In _____ Payment of Balance for Edward Pearson

 Lot 1 Grave 30 Row 9 Section 2 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-9617BALANCE DUE 2350Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>300</u>
Burial	100	
Containers	77182	<u>200</u>
	100	
Handling Fee	77185	<u>175</u>
Recording &	100	
Misc. Fees	77183	<u>250</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>16 50</u>
	78390	
TOTAL PAID	\$	<u>2350 50</u>

ISSUED BY [Signature]

E-9617

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) EDWARD	1B. MIDDLE JAMES	1C. LAST (FAMILY) PEARSON	2. DATE OF BIRTH MONTH DAY YEAR 12-21-1952	3. DATE OF DEATH MONTH DAY YEAR 8-4-1991	4. SEX M
5A. CITY OF DEATH La Mesa	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Eric Pearson [brother] 4221 Blackton Drive La Mesa, CA 91941		
7A. NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeral Home 5027 El Cajon Blvd., San Diego, CA 92115		7B. CALIFORNIA LICENSE NUMBER 70790			

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Peggy Y. United</i>	8B. DATE SIGNED 8/6/91
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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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 07 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rames, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 5222 San Diego, CA 92186-5222	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

- ☒ 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 8-7-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Trague</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY NON SEALER CLOTH COVERED/LINER 80-9-2-2	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.

ROW 9 GR. 25 thru 30 SEC. 2 DIV. 2

GR.	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REMARKS
25	McCLAIN, Cora B.	McClain, Ira R.	10/10/55	60.00	10/11/55	A-9162	air seal vault
26	McCLAIN, Ira R.	" "	10/10/55	60.00	6/23/1976	D-7098 A-9162	Greenwood Vault
27	SMITH, Minnie C.	Smith, T.L. & Minnie C.	6/3/54	60.00	6/6/1962	B-8582 A-7258	
28	SMITH THOMAS L.	" " "	6/3/54	60.00	6/29/56	B 649 A-7258	
29	CLARK, Joseph Elmer	Clark, John S.	12-30-1947	\$35.00	12-31-1947	10362	Deed #5521
30	EARNEST, Lucy E. 2	EARNEST, Lester E.	12/18/1958	90.00	12/30/1958	B-4111	

E-9617



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

Property Department
264-3151Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

8 '91
MONTH YEAR

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

Lucy Elizabeth Earnest

from Lot — Grave 30 Section 2 Row 9 Block — Division 2
and to remove the same to and reinter said remains in Lot 30 Grave 30
Section 2 Row 9 Block — Division 2 Cemetery Mt. Hope

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.

Lela E. Carson Daughter 4608 Vista St
Nell E. Wheeler Daughter 4608 Vista St. San Diego Ca

Signature

Relation to deceased

Address

I hereby authorize the above disinterment:

Lela E. Carson
(Lot owner must sign if not legal custodian)

8-5-91
Date

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/5/91

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

of BOISY BOWEN

in a LINER Funeral, date, time 8/7 WED 10:00 AM.

Church, Chapel, Graveside RAGSDALE Mortuary.

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

Lot 7B Grave 1 Row Section 1 Division/Block 12

Grave space & Care Fund	595 ⁰⁰
Additional spaces and care fund	
Opening/Closing & Setup	350 ⁰⁰
Burial Container	150 ⁰⁰
Handling Fees	145 ⁰⁰
Flower vases - Marker setting fee	
Recording and filing fee	45 ⁰⁰
Sales taxes	12 ³⁸
Total Due	1297 ³⁸

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Work Order #

E

9618

PR-503 (REV. 9-85)

Signature

Address

State

Telephone

Invoice #

Acct. #

Boisy Bowen
5764 Old Memory Ln
SAN DIEGO, CA 92114
264-1038

165129
067338

MT. HOPE CEMETERY

W.O. # E-9618

NOTE

\$ 1297³⁸ San Diego, California 8-5- 1991

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 NINETY SEVEN AND ³⁸/₁₀₀ DOLLARS with interest from SEPT 6, 1991 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 Robert Ek Bowen SIGNATURE [Signature]
ADDRESS 5764 Old Memory Ln San Diego, CA 92114
CALIFORNIA DRIVER LICENSE NUMBER C3080506 SSN # 553-71-3717

E-9618

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) BOISY		1B. MIDDLE HUGH	1C. LAST (FAMILY) BOWEN		2. DATE OF BIRTH MONTH DAY YEAR 6-3-16	3. DATE OF DEATH MONTH DAY YEAR 8-2-91	4. SEX M
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert Bowen - Son 5764 Old Memory Lane San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Pagdale Mort.; San Diego, CA 5050 Federal Blvd.					7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Debbie Williams</i>		8B. DATE SIGNED 8/5/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 06 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames, M.D.</i>	
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 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 IN CALIFORNIA			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT			
				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; text-align: center;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mc. Hope Cemetery, 3751 Market St. San Diego, CA			11B. DATE INTERRED 8-7-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy's League</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A LINDER/CLOTH 78-1-1-12 COVERED			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 8/5/91

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

in a LINER Funeral, date, time Thur 8/8 2:00 P.M.

Church, Chapel, Graveside Church/Graveside, RANSDALE Mortuary.

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

Lot 83 Grave 5 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund PRE-NEED - 5-8316 Ø

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 12.38

Sales taxes 12.38

Total Due 702.38

Paid receipt number 41070 702.38

Balance due Ø

I hereby certify I am the Hudson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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. Logon
257 Vermont St.
San Diego 92114
2627826 Zip Code

Work Order # E 9619

Invoice # 165320
Acct. # 067523

Flowers arrive 3:37
RAGS " 4:40

Bill the undersigned
an additional
\$150.00 O.T.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E-9619
Nº 41070

 Date: August 5, 1991

 From: Tulius Lopez Address: 257 Velma Terrace SD 9214
Seven hundred-twenty 38/100 Dollars (\$ 102.38)

 In full Payment of Interment of Tulius Lopez

 Lot 83 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9619BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CREDIT	67007		
20% Sales Tax	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>350</u>	<u>00</u>
Closing	77181		
Burial	100	<u>150</u>	<u>00</u>
Containers	77182		
	100	<u>150</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	8022		
Sales Tax	60101	<u>12</u>	<u>38</u>
	78390		
TOTAL PAID	\$	<u>102</u>	<u>38</u>

ISSUED BY K.L. [Signature]

E-9619

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) LEOLA		1B. MIDDLE —		1C. LAST (FAMILY) LOGAN		2. DATE OF BIRTH MONTH, DAY, YEAR 10-31-24		3. DATE OF DEATH MONTH, DAY, YEAR 8-2-91		4. SEX F			
5A. CITY OF DEATH National City				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Julius Logan - Husband 5257 Velma Barrene San Diego, CA 92114					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagnale Mort., 5050 Federal Blvd., San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1389		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Hebbie Williams</i>				8B. DATE SIGNED 8/6/91	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 \$7.00		9B. DATE PERMIT ISSUED AUG 07 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Harold L. Ransom, M.D.</i>			
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 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 IN CALIFORNIA							
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT													
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 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 8-8-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>				
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A BEAKER 83-5-2-12				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-9619

165320 08/13/91 067523 JULIUS LOGAN
E-9619 100 072

77183 000072 08/29/91 067523

150.00
150.00

150.00 0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-91

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

in a ASH VAULT ☒ Funeral, date, time THUR 8/8 11:00 AM

Church, Chapel, Graveside ; WILSON ALHISA Mortuary.
ESCONDIDO

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

Lot 10 Grave 5 Row _____ Section MHS Division/Block L

Grave space & Care Fund PRE-NEED C-9736 ☒

Additional spaces and care fund _____

Opening/Closing & Setup PRE-NEED C-9736 ☒

Burial Container PRE-NEED C-9736 _____

Handling Fees PRE-NEED C-9736 ☒

Flower vases - Marker setting fee _____

Recording and filing fee PRE-NEED C-9736 ☒

Sales taxes PRE-NEED C-9736 ☒

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 recipient holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 9620

PY-553 (REV. 9-88)

Invoice # _____

Acct. # _____

ashes
placed
4 ft. in
front of
stone

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-9620

#16143

1A. NAME OF DECEDENT—FIRST (GIVEN) Dolores	1B. MIDDLE Kila	1C. LAST (FAMILY) Flint	2. DATE OF BIRTH MONTH DAY YEAR 8-18-1890	3. DATE OF DEATH MONTH DAY YEAR 8-2-91	4. SEX F
5A. CITY OF DEATH Escondido		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Hazel M. Underwood - Daughter 3615 Ryan Drive Escondido, CA 92025	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Albiter-Wilson 225 S Broadway Escondido, CA 92025			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 8/11/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 06 1991
	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>		
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 P.O. Box 86222 San Diego, CA 92186	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

- ☒ 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 St. Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE INTERRED 8-8-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Eternal Hills Crematory 1999 El Camino Real, Oceanside, CA	12B. DATE CREMATED 8-7-91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/5/91

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

of FRED DOUGLAS LEWIS

in a LINER Funeral, date, time Thurs 8/8 12:00 AM.

Church, Chapel, Graveside TRUSSDALE Mortuary.

All Funeral cars must 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 723 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-1821 P.E.-NEED 0

Additional spaces and care fund _____

Opening/Closing & Setup E-2364 P.E.-NEED 0

Burial Container _____ 150.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____

Sales taxes _____ 12.38

Total Due 352.38

Paid receipt number #41075 352.38

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 _____

Mrs. Linda Daniel
Signature
335 W. Kinross St.
Address
CA
State
264-8951
Telephone
92114
Zip Code

Work Order # E 9621
PY-583 (REV. 8-85)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E-9621

N^o 41075Date: 8/51, 1991
 From: GENEV DANIEL Address: 335 WINEWOOD ST S.D. CA 92114
Three Hundred Fifty Two and 38/100 Dollars (\$ 352³⁸)

 In Full Payment of Services For Fred W. Daniel

 Lot 723 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9621BALANCE DUE 0Pre-Need Lot ☐ At 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	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>352³⁸</u>

302

E-9621

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) FRED		1B. MIDDLE DOUGLAS		1C. LAST (FAMILY) LEWIS		2. DATE OF BIRTH MONTH DAY YEAR 3-7-07		3. DATE OF DEATH MONTH DAY YEAR 8-3-91		4. SEX M	
5A. CITY OF DEATH National City				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mildred Lewis - Daughter 712 S. 44th St. San Diego, CA 92102			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagsdale Mort. 5050 Federal Blvd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-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 <i>Debbie Williams</i>						8B. DATE SIGNED 8/6/91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 07 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Parnell, M.D.</i>	
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 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 IN CALIFORNIA					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA											
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
<input type="checkbox"/> 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 8-8-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. League</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A METAL SEALER 83-5-2-12				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 8/5/91

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

of JOE LOUIS MINOR

in a DBI Crypt Funeral, date, time Fri 8/9 1:00 PM.

Church, Chapel, Graveside; Resdale Mortuary.

All Funeral cars must arrive 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 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 550⁰⁰

Burial Container 330⁰⁰

Handling Fees 320⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 45⁰⁰

Sales taxes 27²³

Total Due 1667²³

Paid receipt number #41216 1667²³

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Louis Minor

Address 7226 Jacman Ave.

San Diego Ca. 92114

State 263-4399

Zip Code 263-4399

Telephone _____

Work Order # E

9622 ✓

Invoice # 165317

Acct. # 067521

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

 E - 9622
 No 41216
Date: 8-6-, 1991From: LILLIE MINOR Address: 7224 JACARIL AVE S.D. 92114
ONE THOUSAND SIX HUNDRED SIXTY SEVEN AND 23/100 Dollars (\$ 1667.23)
In Full Payment of SERVICES FOR JOE L. MINOR
 Lot 89 Grave 30 Row _____ Section 1 Division Block 12
Invoice No. #165317Acct. No. #067521W.O. E-9622BALANCE DUE \$Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 10-87) #1598NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY JOE L. MINOR

CREDIT	67007	
20% Sales Care	77184	119.00
80% Sales	100	776.00
of Lots	77184	
Opening/ Closing	100	250.00
Burial	77181	
Containers	100	230.00
	77182	
	100	22.00
Handling Fee	77185	
Recording & Misc. Fees	100	43.00
	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	27.23
	78390	
TOTAL PAID	\$	1667.23

E-9622

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) JOE		1B. MIDDLE LOUIS		1C. LAST (FAMILY) MINOR		2. DATE OF BIRTH MONTH DAY YEAR 4-17-40		3. DATE OF DEATH MONTH DAY YEAR 8-2-91		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Lillie Minor - Wife 7226 Jacamar Ave. San Diego, CA 92114			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagdale Mort., 5050 Federal Blvd., San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Debbie Williams</i>				8B. DATE SIGNED 8/5/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 06 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i>	
CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA											
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; width: fit-content;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA				11B. DATE INTERRED 8-9-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A Sealer 89-3-1-12				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 41216

Date: 9-6-1991

From: Lillie Minor Address: 7226 JAC. MAR AVE S.D., CA 92114
ONE THOUSAND SIX HUNDRED SIXTY SEVEN AND 23/100 Dollars (\$ 1667.23)
In Full Payment of SERVICES FOR JOE L. MINOR

Lot 89 Grave 3 Row Section 1 Division 12
Invoice No #165317
Acct. No #067521
W.O. E-9622
BALANCE DUE \$

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

AC-212 (Rev. 10-87) #1598

NOT VALID FOR REFUND OR CREDIT UNLESS STAMPED
"PAID" IN THIS SPACE
PAID
SEP 06 1991
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	119.00
80% Sales	100	476.00
of Lots	77184	
Opening/	100	350.00
Closing	77181	
Burial	100	330.00
Containers	77182	
	100	320.00
Handling Fee	77185	43.00
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	27.23
	78390	
TOTAL PAID		\$ 1667.23

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/5/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOE LOUIS MINOR in a DBL crypt Funeral, date, time Fri 8/4 1:00 PM. Church, Chapel, Graveside Mortuary, Graveside
All Funeral cars must arrive 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 3 Row Section 1 Division/Block 12
Grave space & Care Fund 595.00
Additional spaces and care fund 350.00
Opening/Closing & Setup 330.00
Burial Container 320.00
Handling Fees 45.00
Flower vases - Marker setting fee 27.23
Recording and filing fee 1667.23
Sales taxes 1667.23
Total Due #41216
Paid receipt number #41216
Balance due \$

PAID
SEP 06 1991
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 1 hold under deed.

Signature Lillie Minor
Address 7226 Jacomar Ave.
City San Diego Ca Zip Code 92114
State 263 Telephone 4399

Invoice # 165317
Acct. # 067521

E 9622

Work Order #

PT-553 (REV. 8-85)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/6/91

Pre-Need trust 1/2 DBI Crypt

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

of MADELINE M. RANDALL

in a DBI-Crypt Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 24 Grave 546 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund PRE-NEED D-8150 0

Additional spaces and care fund _____

Opening/Closing & Setup 350⁰⁰

Burial Container 330⁰⁰

Handling Fees 320⁰⁰

Flower vases - Marker setting _____

Recording and filing fee 45⁰⁰

Sales taxes 27²³

PAID
AUG 09 1991
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1072²³

Crypt number #41109 1072²³

Balance due 0

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

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

Signature of recorded holder of deed _____

Madeline M. Randall
Signature

8354 Lakeview Highway
Address

San Diego, CA 92119
State

461-6970
Telephone

Zip Code

Work Order # **E** 9623
FY-593 (REV. 6-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E-9623
NS 41109

Date: 8/17/19

From: Marceline M. ... Address: 851 ...

... Dollars (\$ 1072.33)

In ... Payment of ...

Lot 24 Grave 5+6 Row ... Section 2 Division Block 12

Invoice No. ...

Acct. No. ...

W.O. E-9623

BALANCE DUE ...

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1072.33</u>

ISSUED BY ...

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-6-91

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

of Donna Hudson-Bozic
in a Liner Funeral, date, time Fri 8/9 10:30 AM

Church, Chapel, ^{Vault/Liner}Graveside Church + G S. Featheringill Mortuary.

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

Lot 62 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E9470) 0

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Need (E9470) 0

Burial Container Pre-Need (E9470) 0

Handling Fees Pre-Need (E9470) 0

Flower vases - Marker setting fee Pre-Need (E9470) 0

Recording and filing fee Pre-Need (E9470) 0

Sales taxes Pre-Need (E9470) 0

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** 9624
PY-593 (REV. 5-88)

Invoice # _____

Acct. # _____

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) DONNA		1B. MIDDLE HUDSON	1C. LAST (FAMILY) BOZIC		2. DATE OF BIRTH MONTH DAY YEAR 6/28/1930	3. DATE OF DEATH MONTH DAY YEAR 8/6/1991	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT David A. Smith brother 1054 Nugent Ct. El Cajon, CA 92020		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. SD				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 1003			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Charles Fe...</i>			8B. DATE SIGNED 8-7-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED AUG 08 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. ...</i>			
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 P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. MODE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT			
				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; text-align: center;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 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 8-9-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a NONSENER 62-10-2-12		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 8-8-91

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

of Nicolasa Balane

in a Liner ^{Vault/Case} Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 125 Grave 2 Row — Section 2 Division 12

Grave space & Care Fund Pre-Deed (E-1517 7/80) 8

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 702.38

Paid receipt number 41096 176.00

Balance due 526.38

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

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

Signature of recorded holder of deed _____

Nicolasa Balane
Signature 5881 Ava Place
Address San Diego CA 92114
State CA Zip Code
(619) 470-9329
Telephone

Work Order # E 9625
PY-593 (REV. 8-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


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

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

No 42310

Date: June 4, 1992
 From Nicolasa Balane Address: 218 EAST PAISLEY St. Chula Vista
Four hundred sixteen and 38/100 Dollars (\$ 416.38)
 in Full Payment of Pierced Trust

 Lot 125 Grave 2 Row Section 2 Division Block 12
Invoice No. Acct. No. W.O. E 9625BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77154		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	416	38
Trust	9022		
Sales Tax	80101		
	78390		

ISSUED BY

TOTAL PAID

\$ 416 38

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 41452

Date: 11-9-, 1991From: BALANCE NICOLASA Address: 5881 AUA PLACE S.D. CA. 92114
ONE HUNDRED TEN AND 00/100 Dollars (\$ 110.00)
In PART Payment of PRE-NEED TRUST
 Lot 125 Grave 2 Row - Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9625BALANCE DUE 416.33Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>110.00</u>
	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 110.00ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Nº 41096

From: Nicholas Balade Address: 5881 Aven Place, #12114
One Hundred Twenty Six Dollars (\$ 176.00)
In _____ Payment of Pre-Need Trust

Lot 125 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9625

BALANCE DUE 6526 38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

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

ISSUED BY J. V. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>176.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>176.00</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Trust* *E-9625*

Nicolasa Balane

5881 Ava 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



\$ 22.00

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



\$ _____

\$ _____

NAME *Mrs. Nicolasa Balane* Amount Received \$ _____

ADDRESS *5881 Ava Place*

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. *Pre-Need Trust* E-9625

Nicolasa Balane

5881 Ava 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.



\$ 22.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Trust*

E-9625

*Nicolasa Balane**5881 Ava 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.\$ 22.00Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new addressSend or bring one coupon with each remittance**COUPON****3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Trust*

E-9625

*Nicolasa Balane**5881 Ava 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.\$ 22.00Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Trust*

E-9625

Nicolasa Balane

5881 Ave Place

San Diego, Ca. 92114

Month and Day Due Indicated Below

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

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



\$ *22.00*

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/9/91

PRE-NEED TRUST 3 LOTS

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

of CARMEN HUELTO & ANA BEATRIZ HUELTO

in a LINERS Funeral, date, time _____

Vault/Urns

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 46 Grave 56 Row _____ Section 2 Division/Block 12

47 Grave space & Care Fund 3 lots @ \$795.00 2 12 2585.00

Additional spaces and care fund _____

Opening/Closing & Setup 3 @ \$350.00 1050.00

Burial Container 3 @ \$150.00 450.00

Handling Fees 3 @ \$145.00 435.00

Flower vases - Marker setting fee _____

Recording and filing fee 3 @ \$45.00 135.00

Sales taxes _____ 37.14

Total Due 4672.14

Paid receipt number # 41110 150.14

Balance due 4542.00

9/6/91 # 41219 200.00
4742.00

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

Telephone

Ana Beatriz Huelto

Carmen Huelto

738 Hickory Court, I.B.

CA. 91932

575-4537 Zip Code

Work Order #

E 9626

Invoice # _____

Acct. # _____

Bal 4342.00

10/3/91 200.00 #41323

~~10/3/91~~ 4142.00

1/10/92 200.00 #41752

3942.00

* 12/6/91 200.00 #41583

3742.00

* 1/18/91 200.00 #41482

3542.00

* 2-7-92 200.00 #41844

3342.00

OFFICIAL RECEIPT


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

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

No 43075

Date: 12-4, 1992
 From: Carmen Kuego Address: 738 Hickory Court, I.B. 91932
Two hundred and 00/100 Dollars (\$ 200.00)

 In paid Payment of preneed trust

 Lot 4/b Grave 546 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 9626BALANCE DUE 200.00Pre-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.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>200</u>
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>200</u>

ISSUED BY W. J. Teague

OFFICIAL RECEIPT


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

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

No 42947

Date: 11-6, 1992From Carmen Huero Address: 738 Hickory Ct, I.B.Two Hundred Dollars (\$ 200 -)In _____ Payment of Pre-Need Lot + TrustLot 46 Grave 5+6 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE \$400 -Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-81)

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

ISSUED BY

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>200</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>200</u>

OFFICIAL RECEIPT


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

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

No 41583

Date: 12-6, 19 91From: CARIN HUEZO Address: 738 Hickory Ct. F.B 91732In Two Hundred Dollars (\$ 200.00)Payment of Pre-Need Plot + Trust
 Lot 46 Grave 516 Row 1 Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9626

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 Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>200.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>200.00</u>

OFFICIAL RECEIPT


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

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

No 42280

Date: 5-23, 1992From: Carna & Ana Lopez Address: 738 Hickory Ct, J.B. 91932
Two Hundred 710/100 Dollars (\$ 200.00)
In _____ Payment of Pre-Need Lot & Trust
 Lot 46 47 Grave 5-6 Row _____ Section 2 Division Block 12 12

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE \$1242Pre-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	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>200</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>200</u> <u>00</u>

OFFICIAL RECEIPT


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

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

No 42497

Date: 4-9, 1992From Carmen Lopez Address: 728 Hickory Ct, I.B. 9532
Two Hundred Dollars (\$ 200)
In _____ Payment of Pre-Need Lot + Trust
 Lot 46 + 47 Grave 516 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE 51042Pre-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 SPACEISSUED BY Wait

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>200 00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>200 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

No 41752

Date: 1-10, 1992From: Carmen Huevo Address: 738 Hickory Ct., F.B. 91932Two Hundred 700/100 Dollars (\$ 200⁰⁰)In _____ Payment of Pre-Need Lot & Trust

Lot 46 47 Grave 5, 6 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-7626BALANCE DUE \$3942.⁰⁰Pre-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

CITY AUDITOR

JAN 21 1992

007868

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>200 W</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>200 W</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42692

Date: 9-4, 1992

From: Carmen + Ana Hugo Address: 738 Hickory Ct, I.B.
Two Hundred 710/110 Dollars (\$ 200.-)

In 47 Payment of Pre-Need Lot + Trust

Lot 46 Grave 5 E 6 Row 1 Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE \$600 -Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>200 00</u>
Trust	9022	
Sales Tax	60101	
	78300	
TOTAL PAID	\$	<u>200 00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42077

Date: 4/3, 1992From: Carmen & Ana Huerzo Address: 738 Hickory Ct, I.R. 91532In Fifteen Hundred Dollars (\$ 1500.00)
Payment of Pre-Need Lot & TrustLot 46 Grave 1546 Row 2 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE \$1642.00Pre-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.

CITY AUDITOR
APR 06 1992

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
60% Sales	100	<u>1035.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	600	
Misc. Fees	77186	
Pre-Need	83033	<u>445.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1500.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 42228

Date: May 8, 1992From: Ana Huevo Address: 738 Hickory Ct. I.B. 91932In Two Hundred : 00/100 Dollars (\$ 200.00)In Pact Payment of Pre-need 10' x 9' TrustLot 46 : 47 Grave 5/6 : 1 Row _____ Section 2 Division Block 18

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE 1442.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
PAID IN THIS SPACE

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>200.00</u>
Trust	9022	
Sales Tax	80101	
	78390	

ISSUED BY K.L. HandfieldTOTAL PAID \$ 200.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42566

Date: 7-31, 19 92
 From: Carmen Ana Huevo Address: 138 Hickory Ct. I.B. 9/1932
Two hundred forty-two; 00/100 Dollars (\$ 242.00)

 In Part Payment of Pre need lot/trust

 Lot 46; 47 Grave 5-6-1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE 200.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Cars	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>200.00</u>
Trust	9022	
Sales Tax	80101	
	78390	

ISSUED BY [Signature]TOTAL PAID \$ 200.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41987

Date: 3-6- 1992
 From: COLUMBIA/ANA HOELS Address: 76 HICKORY COURT, I.B. 91922
TWO HUNDRED AND 00/100 Dollars (\$ 200.00)

 In PMT Payment of Prepaid lots and Trusts

 Lot 46 Grave 546 Row 2 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 9626BALANCE DUE 3142.-
 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

CITY AUDITOR

MAR 13 1992

ISSUED BY

Wendy J. Trapp

CREDIT

20% Sales Care

80% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77185

100

77183

63033

9022

60101

78390

\$

200

009880

200

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

 9626
 No 41844

 Date: 2-7, 1992

 From: CARMEN HUEZO Address: _____
Two hundred dollars and 00/100 Dollars (\$ 200.00)
 In PART Payment of CREDIT LOTS

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-81)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY

W. J. Teague

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>200</u> —
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>200</u> —

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 41110

Date: 8/9/91, 1991

From: CARMEN HUEZO, ANA BEATRIZ HUEZO Address: 138 HICKORY COURT J.R. CA. 91932

ONE HUNDRED FIFTY AND 10/100 Dollars (\$ 150.10)

In PAY Payment of PRE-NEED TRUST PLTS

Lot 46747 Grave 1556 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9656

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pfe-need Trust ☒ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>150.10</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 150.10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41323

Date: 10-3, 1991From Carmen Lopez Address: 738 Hick (4, I.B. 91732In Two Hundred and 00/100 Dollars (\$ 200.00)Payment of Pre-Need Trust & FeesLot 47 Grave 5-6 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE 04142.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY J. Ant

CREDIT	67007	
20% Sales Com.	77184	
80% Sales	100	<u>200.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>200.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41217

Date: 9-6-, 1971From: MARVIN HARTO Address: 732 Hickory CT. T.B. CA. 91932
TWO HUNDRED AND 00/100 Dollars (\$ 200⁰⁰)
In PART Payment of PRE-NEED TRUST 1/2 LOTS
 Lot 46:47 Grave 154 Row — Section A Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9626

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.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	300 ⁰⁰
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 43208

Date: 1-7, 1993
 From: Carmen Maria Huesos Address: 738 Hickory Court I.B 91932
Two hundred 00 Dollars (\$ 200.00)

 In _____ Payment of Pre-Need Lot & Trust

 Lot 46 Grave 5 # 6 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9626BALANCE DUE QPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-81)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Cere	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>200</u>	<u>00</u>
Trust	9022		
Sales Tax	80101		
	76300		
TOTAL PAID		<u>200</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Lots & Trust*

Carmen & Ana Huevo

E-9626


728 Hickory Court

Imperial Beach, Ca. 91932

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								<i>10</i>			

Amount due when paid on, or before,
due date above

 \$ *189.00*

Amount due if paid more than _____ days
after due date above.

 \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-9626
11852



OWNERSHIP AND INTERMENT PRIVILEGES

TO Carmen Huezo & Ana Beatriz Huezo for the sum of \$ \$1590.00 (DOLLARS)

LEGAL DESCRIPTION Lot 46, Graves 5 & 6, section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9626

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

12 x 24 FLAT MEMORIAL MARKER ONLY

Wendy Jo Teague
Cemetery Manager
PY-584 (Rev. 12-92)

J. T. Jacobs
Property Director



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11851



OWNERSHIP AND INTERMENT PRIVILEGES

TO Carmen Huezo & Ana Beatriz Huezo for the sum of \$ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 47, Grave 1, Section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9626

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

12 x 24 FLAT MEMORIAL MARKER ONLY

Wendy Jo Teague
Cemetery Manager
PY-584 (Rev. 12-92)

J. T. Jacobs
Property Director

MT. HOPE CEMETERY
INTERMENT ORDER

City: San Diego

Date

8/12/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary E Payne

in a LINER Vault/Liner Funeral, date, time Thurs 8/15 10:30 AM

Church, Chapel, Graveside Chapel G-5 Lewy 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 21 Grave 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund PRE-NEED-E-9008 0

Additional spaces and care fund _____

Opening/Closing & Setup PRE-NEED-E-9008 0

Burial Container PRE-NEED-E-9008 0

Handling Fees PRE-NEED-E-9008 0

Flower vases - Marker setting fee _____

Recording and filing fee PRE-NEED-E-9008 0

Sales taxes PRE-NEED-E-9008 0

Due _____

Paid receipt num: _____

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 _____

Willie L. Payne
Signature
4920 Palms St
Address
S.D. Calif.
State
284-5620
Telephone
Zip Code

Work Order #

E 9627

PY-683 (REV. 8-85)

Invoice # _____

Acct. # _____

NAME PAYNE, Willie L., Sr.

ACCT. NO.

9627

ADDRESS 4229 Chamoune Ave, #121, S.D. 92115

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
10-10-90	Pre-Need Trust & Credit Lot:				
	21 Lot 225, gr 3, sec 2, div 12 (Changed Lots) 4-10-91 OK per Wendy	495.00			
	Opening/closing; liner, handling fee, recording fee; tax on liner	607.25			1102.25
10-10-90	Receipt #39828			600.00	502.25
	Receipt #39928			100.00	402.25
12-10-90	receipt #40045 coupon #1			21.00	381.25
1-7-91	receipt 40154 coupon #2			21	360.25
2-7-91	Coupon #3, receipt 40288			21.00	339.25
3-8-91	Coupon #4 receipt 40425			21.25	318.00
4-11-91	Coupon #5 receipt #40557			21-	297.00
5-3-91	Coupon #6, receipt 40645			42.00	255.00
6-3-91	Coupons 8, 9, 10 receipt 40777			63.00	192.00
7-22-91	No coupon receipt #41020			42	150.00
8-12-91	No coupon receipt #41114			150.00	150.00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-9627
46313Date: 6-6, 1995From: CA Burial Address: 5880 El Cajon Bl., SD 92115One hundred twenty-five & no/100 Dollars (\$ 125.00)In _____ Payment of Marker installation fee - Mary E. PayneLot 21 Grave 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9627BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

8601

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>125 00</u>
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41127

E-9627

 From: Margaret Morgan Address: 2701 NK Ave Berkeley, CA 94703
Morton Shubert Esq by Co Dollars (\$ 1200.00)
 In: _____ Payment of Service for Nelson Foster

 Lot 104 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9627BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	<u>119.00</u>
80% Sales	100	
of Lots	77184	<u>496.00</u>
Opening/	100	
Closing	77181	<u>350.00</u>
Burial	100	
Containers	77182	<u>200.00</u>
	100	
Handling Fee	77185	<u>175.00</u>
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	<u>16.50</u>
	78390	
TOTAL PAID	\$	<u>1381.50</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E - 9627

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY		1B. MIDDLE ELLEN		1C. LAST (FAMILY) PAYNE		2. DATE OF BIRTH MONTH DAY YEAR 02-17-1927		3. DATE OF DEATH MONTH DAY YEAR 08-09-1991		4. SEX F	
5A. CITY OF DEATH NATIONAL CITY				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT WILLIE L. PAYNE - HUSBAND 4229 CHAMOUNE AVE SAN DIEGO, CA 92115			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Benbough 3051 W. Canyon Blvd. San Diego, CA 92104						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-486					
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>			8B. DATE SIGNED 08-15-1991		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 15 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IS DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. Box 85222 San Diego, CA 92138-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <i>[Signature]</i>					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY <input type="checkbox"/> 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 8-15-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A METAL SEALER 21-3-2-11				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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-12-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Magdalene Lind
in a Liner Funeral, date, time Thurs 8/15 12:30

Church, Chapel, Graveside Graveside Only Lewis Colonial Mortuary.
(Jerry)

All Funeral cars must 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 105 Grave Row Section 1 Division/Block 8

Grave space & Care Fund Pre-Need (1956)

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee 23.83

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 726.21

Paid receipt number 41120 181.50

41133 Balance due 544.71
544.71

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

Ruylo Lally
Signature 1538 Granada Ave
Address San Diego, Ca 92102
State 2324893 Zip Code
Telephone

Work Order # E 9628
PY-593 (REV. 8-85)

Invoice #
Acct. #

MT. HOPE CEMETERY

W.O. # E-9628

NOTE

\$ 544.71 San Diego, California 8-13 1981

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 Five Hundred Forty Four 3/4 DOLLARS with interest from Sept 15, 1981 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.

PAID
AUG 16 1981
MT. HOPE CEMETERY

Part II, Chapter I, Article 2, Paragraph 75501 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

Twylla Talley

SIGNATURE

Twylla Talley

ADDRESS

1538 Granada Ave San Diego, Ca 92107

CALIFORNIA DRIVER LICENSE NUMBER

M0826563

SSN #

564 56 5737

LOT OWNER

B 367

B 176

LIND, Magdalene A. 4457 Long Branch SD 7

NAME

ADDRESS

LOT 104 and 105 Section 1 Division 8

E 9628

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9628
 No 41120
Date: 9/12/71, 1971From: Raylla Talley Address: 1538 GRANADA AVE
One Hundred Eighty One and 50/100 Dollars (\$ 181.50)
In _____ Payment of Margaret's Final Service
 Lot 105 Grave _____ Row _____ Section 1 Division 8 Block 8

Invoice No. _____

Acct. No. _____

W.O. E-9628BALANCE DUE \$544.71Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>181.50</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 181.50ISSUED BY [Signature]

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9628
 No 41133

 From: Twylla Talley Address: 1538 Granada Ave, S.D. CA 92102 Date: 8-16, 19 91
 Dollars (\$ 544.71)

 In Full Payment of Magdalene Lind Service

 Lot 105 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E9628BALANCE DUE 0Pre-Need Lot ☐ At 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	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>1168 00</u>
Burial	100	
Containers	77182	<u>160 00</u>
	100	<u>158.25 00</u>
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>45 00</u>
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	<u>13 21</u>
	78390	
TOTAL PAID	\$	<u>544 71</u>

E - 9628

1A. NAME OF DECEDENT—FIRST (GIVEN) MARDALENE		1B. MIDDLE A.		1C. LAST (FAMILY) LIND		2. DATE OF BIRTH MONTH DAY YEAR 11-27-1901		3. DATE OF DEATH MONTH DAY YEAR 08-11-1991		4. SEX F	
5A. CITY OF DEATH EL CAJON				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT TWILLA TALLEY - DAUGHTER 1538 GRANADA AVE SAN DIEGO, CA 92102			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104						7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD-480		8B. DATE SIGNED 08-13-1991			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 13 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA ---					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 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 8-15-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
		CREMATION				12A. NAME AND ADDRESS OF CREMATORY N/A <i>[Signature]</i>		12B. DATE CREMATED 12-5-1-8		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
		SCIENTIFIC USE				13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
		TRANSIT				14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
		SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-12-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dennis S. Gross

in a Liner Funeral, date, time Fri. 8/16 1:00 PM

Church, Chapel, Graveside Church/G.S.; Requiem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran NO

Lot 145 Grave 2 Row Section 1 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee 31.65 *temporary marker*

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 1329.03

Paid receipt number 41119 300.00

Balance due 1029.03

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

State

Telephone

Invoice #

Acct. #

Work Order #

PR-883 (REV. 8-88)

E 9629

Silvia Gross
152 Buellman Ave
San Diego Calif.
264-8842 92114

166577

067796

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-2629
 No 41119
Date: Aug 12, 1991From: Dorothy McCray Address: 3181 Monroes Dr. S.D. CA 92139
Three hundred and 00/100 Dollars (\$ 300.00)
In part Payment of interment of Dennis G. Goss
 Lot 145 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9629BALANCE DUE 1029.03Pre-Need Lot ☐ At 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	100	
of Lots	77184	<u>300.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>300.00</u>

MT. HOPE CEMETERY

W.O. # E-9629

NOTE

\$ 1029.03 San Diego, California Aug. 12 1991

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-nine⁰³/₁₀₀ DOLLARS with interest from Sept. 16 1991 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 SILAS CROSS SIGNATURE Silas Cross
ADDRESS 152 Buccaneer Dr., San Diego, CA 92114
CALIFORNIA DRIVER LICENSE NUMBER NONE SSN # 435-20-2927

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) EMERIS		1B. MIDDLE SCOTT		1C. LAST (FAMILY) GROSS		2. DATE OF BIRTH MONTH, DAY, YEAR 7-13-64		3. DATE OF DEATH MONTH, DAY, YEAR 8-18-91		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Elizabeth Gross - Wife 725 Washington Hts. Bl. #11 El Cajon, CA 92019			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagatella Mort., San Diego, CA 5050 Federal Blvd.						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 2-1328					
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Debbie Williams</i>		8B. DATE SIGNED 8/14/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 14 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ransom, M.D.</i>			
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 Vital Records P.O. Box 88222 San Diego, CA				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

☒ 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 8-16-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A METAL SERVED 145-2-1-12		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 8/14/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melvin Foster

in a T.S. Vault Funeral, date, time Tue 8/14 2:00 P.M.

Church, Chapel, Graveside Chapel G.S. ; PASSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 104 Grave 10 Row — Section 3 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund 350.00

Opening/Closing & Setup 200.00

Burial Container 175.00

Handling Fees 45.00

Flower vases - Marker setting fee 16.50

Recording and filing fee 1381.50

Sales taxes 1381.50

Total Due 1381.50

Paid receipt number 41127 1381.50

Balance due 0

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Margaret K. Morgan
2701 MC GEE AVE
Berkeley CA 94703
(415) 843-1310

Zip Code

Work Order #

E 9630

Invoice #

Acct. #

E-9630

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) MELVIN		1B. MIDDLE --	1C. LAST (FAMILY) FOSTER		2. DATE OF BIRTH MONTH, DAY, YEAR 9-26-28	3. DATE OF DEATH MONTH, DAY, YEAR 8-2-91	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Billy Foster - Son 210 Catania St. #D San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Indefatigable Mort., San Diego, CA 5050 Federal Blvd.		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1328		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 8/14/91	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 16 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA			

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

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 8-20-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A METAL SEAKER 104-10-3-12	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 8/14/91

~~PRE-NEED~~ LOT
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARJORIE J. HACKNEY

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran _____

Lot 135 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

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 595⁰⁰

Paid receipt number #41131 595⁰⁰

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 _____

Marquitta R. Strank
Signature
11754 Shadow Valley Rd.
Address
El Cajon, CA 92020
State
(619) 447-0523 Zip Code
Telephone

Work Order # E 9631
PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9031
 No 41131
Date: 8/14/91, 1991From: Marguerite R. Stone Address: 11757 Shadow Lake Dr. Elgin, IL 60120
Five Hundred Ninety Five and 00/100 Dollars (\$ 595.00)
In Full Payment of Credit Lot
 Lot 135 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9031BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>119.00</u>
80% Sales	100	<u>476.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 595.00AC-212 (Rev. 10-87) # 2939

ISSUED BY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-15-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARK - ROYSDALE

in a _____ Vault/Urner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot _____ 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 50.00

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

Same

Telephone

Invoice #

Acct. #

Work Order #

PY-583 (REV. 8-85)

E

9632

Anderson/Roydsdale
Mark Jenkins
5080 Federal Blvd
San Diego Ca. 92102
263-3141
146 579
067798

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-15-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth Moore

in a Liner Funeral, date, time Mon, 8/19 12:00 AM

Church, Chapel, Graveside Chapel & S. ; CLAREMONT Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 643 Grave 0- Row - Section 10 Division/Block 7

Grave space & Care Fund Pre-need (B-5420 1959) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Market setting fee

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 402.38

IN # 166875 Paid receipt number 067795 702.38

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 Ernest E. Moore
Address 5843 Lombard Dr.
San Diego CA. 92120
Phone 286-3220
Zip Code 92120
Telephone

Work Order # E 9633

PR-593 (REV. 8-85)

Invoice # 166575
Acct. # 067795

MT. HOPE CEMETERY

W.O. # E-9633

NOTE

\$ 702³⁸ San Diego, California 8/16/ 1991

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Two and 38/100 DOLLARS with interest from 9/16/91 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 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 ERNEST E. MOORE SIGNATURE [Signature]
ADDRESS 5843 LOMOND DR. San Diego, CA. 92120
CALIFORNIA DRIVER LICENSE NUMBER H0496694 SSN # _____

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) Ruth	1B. MIDDLE Caroline	1C. LAST (FAMILY) Moore	2. DATE OF BIRTH MONTH DAY YEAR 11-23-07	3. DATE OF DEATH MONTH DAY YEAR 8-14-91	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Ernest Moore - Son 5843 Lomond Dr San Diego, Ca 92120	
7A. TYPE NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Chapman Mortuary, 4200 NE Abernathy Ave, San Diego, Ca			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 741120		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 8-16-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED AUG 16 1991
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 P.O. Box 85222, San Diego, Ca 92186-5222	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING.

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 3800 Imperial Ave, San Diego, Ca 92113 <i>3751 Market St</i>	11B. DATE INTERRED 8-19-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>643-10-7</i> <i>metal (sealer) liner</i>	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

COPY 2 IS RETAINED BY 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-9633

166575 08/23/91 067795 ERNEST MOORE

100 072
100 072
100 072
100 072
60101

77181 000072
77182 000072
77183 000072
77185 000072
78390

08/22/91 CK 106

702.38
350.00
150.00
45.00
145.00
12.38

702.38 0.00
PAID IN FULL

E-9633

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Prop. Transfer
from: Whitley Agency Date 8/15/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: James or Louise Love

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 97 Grave 1/2 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee PROPERTY TRANSFER 45.00

Sales taxes _____

Total Due 45.00

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 _____

Sharon Eschick
Signature 294 Shasta St.
Address Chula Vista, CA 91910
State 45-4860 Zip Code
Telephone _____

Work Order # **E** 9634
PY-683 (REV. 8-86)

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-9634
No 11614

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene E. Whatley for the sum of \$ (DOLLARS)
LEGAL DESCRIPTION Lot 97, Graves 1 & 2, Section 1, Division 11 (VETERANS ONLY)
AS DESCRIBED ON PURCHASE ORDER NUMBER E-8014

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 12" x 24" x 3"

Robert Steller
Cemetery Manager

Arthur B. Zuercher
Property Director

GENE E. WHATLEY AGENCY

E-9634

Cemetery Broker

P.O. BOX 178
BONTA, CALIFORNIA 91908

Telephone: 425-4860

TRANSFER INFO FORM

Please transfer the following property described as:

Lot 97, Graves 1 and 2, Section 1, Division 11
in Deed/Certificate number 11614 from Mount Hope Memorial Park
dated _____ to:

NEW OWNER

NAME: James A. or Louise E. Love
ADDRESS: c/o P.O. Box 178
CITY: Bonita STATE: CA ZIP: 91908

FROM ASSIGNOR

NAME: _____
by Gene E. Whatley, Attorney in Fact
ADDRESS: P.O. Box 178
CITY: Bonita STATE: CA ZIP: 91908
ACCOUNT NUMBER 801MH

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/19/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARY A MC ANINCH

in a DB/Crypt Funeral, date, time Fri 8/23 1:00 P.M.

Church, Chapel, Graveside Chapel & C.S. ; CLAIROMONT Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran N/A

Lot 139 Grave 5-4, Row — Section 2 Division/Block 12

Grave space & Care Fund 1390.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 27.23

Total Due 2462.23

Paid receipt number

Balance due

I hereby certify I am the SPOUSE of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Frank J. McAninch

Address 3366 PARK RIM COURT

City SAN DIEGO CA 92117

State 272-9221 Zip Code

Telephone

Invoice # 170379

Acct. # 068093

Work Order # E 9635

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-9635

NOTE

\$ 2462²³ San Diego, California 9-10-1991

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 TWENTY FOUR HUNDRED SIXTY TWO AND ²³/₁₀₀ DOLLARS with interest from OCTOBER 12, 1991 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 McANINCH SIGNATURE Frank L McAninch
ADDRESS 3366 PARK RIM COURT, SAN DIEGO, CA 92117
CALIFORNIA DRIVER LICENSE NUMBER B1778183 SSN # 508-26-9141

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) Mary		1B. MIDDLE A.	1C. LAST (FAMILY) McAninch	2. DATE OF BIRTH 10-11-17 YEAR	3. DATE OF DEATH 8-19-91 MONTH DAY, YEAR	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Frank L. McAninch - Husband 3366 Park Rim Ct. San Diego, Ca 92117		
7A. TYPE, NAME AND ADDRESS OF APPLICANT—FURNER, DIRECTOR OR PERSON ACTING AS SUCH City of San Diego, 92117				7B. CALIFORNIA LICENSE NUMBER F-1728 CABLE		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 8-20-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED AUG 22 1991	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 95222, San Diego, Ca 92186-5222			
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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 3850 Imperial Ave, San Diego, Ca 92113	11B. DATE INTERRED 8-23-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>[Signature]</i>	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-19-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lillian Kennedy

in a Liner Funeral, date, time Wed, 8/21 1:00pm

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

Lot 14 Grave - Row 13 Section 1 Division/Block 5

Grave space & Care Fund Pre-Paid (8/49) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 702.38

Paid receipt number 44144 702.38

Balance due 0

I hereby certify I am the Daughter of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

I hereby authorize the interment in lot I

hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # **E** 9636

PI-583 (REV. 8-85)

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9636
 No 41144
Date: 8-21, 1991From: Michelle Franklin Address: 326 Lincoln Ave, St 75104
Seven Hundred Two 30/100 Dollars (\$ 702.35)
In Payment of Funeral ServiceLot 14 Grave - Row 13 Section 1 Division Block 5Invoice No. Acct. No. W.O. E-9636BALANCE DUE Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	<u>350.00</u>
Closing	77181	
Burial	100	<u>150.00</u>
Containers	77182	
	100	<u>145.00</u>
Handling Fee	77185	
Recording &	100	<u>45.00</u>
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	<u>12.35</u>
	78390	
TOTAL PAID	\$	<u>402.35</u>

ISSUED BY [Signature]

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9636

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1. NAME OF DECEDENT—FIRST (GIVEN) LILLIAN		1B. MIDDLE MAUD	1C. LAST (FAMILY) KENNEDY	2. DATE OF BIRTH MONTH DAY YEAR 10-14-1901	3. DATE OF DEATH MONTH DAY YEAR 08-17-1991	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT MARCELLE FRANKEN-DAUGHTER 1721 CONO DRIVE EL CAJON, CA 92020	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Beaugh 3051 El Cajon Blvd San Diego, CA 92104				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-480		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 08-19-1991

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 19 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 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 MOUNT ROSE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE INTERRED 8-21-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 14 - Box 13-1-5 Metal Saker	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/19/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TROY JOSEPHUS RIVERS

in a LINER Vault/Liner Funeral, date, time TUE 8/20 2:30 PM.

Church, Chapel, Graveside GRAVESIDE CAL-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 143 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund 350⁰⁰

Opening/Closing & Setup 150⁰⁰

Burial Container 145⁰⁰

Handling Fees 45⁰⁰

Flower vases - Marker setting fee 12³⁸

Recording and filing fee 1297³⁸

Sales taxes 0

Total Due 1297³⁸

Paid receipt number Any Invoice 1297.38

Balance due 0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Cecelia Y. Jones
Signature
528 ENCINITAS AVE
Address
CALIFORNIA
State
464-5096
Telephone
92114
Zip Code

Work Order # E 9637
PY-583 (REV. 8-85)

Invoice # 166578
Acct. # 067797

MT. HOPE CEMETERY

W.O. # E-9637

NOTE

\$ 1297³⁸ San Diego, California 8/19/1991

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 NINETY SEVEN AND ³⁸100 DOLLARS with interest from Sept 19, 1991 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 CECELIA THOMAS SIGNATURE X Cecelia Y. Thomas

ADDRESS 528 Encinitas Ave. SD CA. 92014

CALIFORNIA DRIVER LICENSE NUMBER ND910893 SSN # 261-68-1928

wp 1-6-94

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9637
 No 41267

Date: 9-18-1991

 From: CECELIA Y. THOMAS Address: 528 ENCINITAS AVE.
thirty-one dollars and 65/100 Dollars (\$) 31.65
 In Full Payment of temporary marker TROY RIVERS

 Lot 143 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9637BALANCE DUE 0
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

ISSUED BY

W.J. Yeague

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	20 =
Containers	77182	
	100	10 =
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	1 65
	76390	
TOTAL PAID	\$	31 65

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9637

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) TROY	1B. MIDDLE JOSEPHUS	1C. LAST (FAMILY) RIVERS	2. DATE OF BIRTH MONTH DAY YEAR 1-29-1964	3. DATE OF DEATH MONTH DAY YEAR 8-13-1991	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT CELIA Y. THOMAS - MOTHER 528 ENCINITAS AVE. SAN DIEGO, CA. 92114	
7A. CURRENT ADDRESS OF PERSON ACTING AS SUCH 5002 EL CAJON BLVD. SAN DIEGO, CA. 92115			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE P 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 <i>[Signature]</i>	8B. DATE SIGNED 8-16-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 16 1991
		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA.	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

- ☐ 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. HOLY CEMETERY 3751 MARQUET ST. SAN DIEGO, CA.	11B. DATE INTERRED 8-20-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY META/SEAKER 143-9-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	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 <i>[Signature]</i>	
	SCATTERING AT SEA OR 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 <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 067799

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-14-91

PAID BY (CIRCLE ONE):

CA

CK

NF

PAYMENT REFERENCE NUMBER 3627

AMOUNT PAID \$1297.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Cecelia Thomas

PAYOR NAME Calif. Cremation Chapel

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5602 El Cajon Blvd

SD 92115

REMARKS Jan - MSH 72

CASHIER _____

INV. NO. 166578

TR-1561 (2-82)

CALIFORNIA CREMATION
AND BURIAL CHAPEL

5602 EL CAJON BLVD. PH. 818-234-3272
SAN DIEGO, CA 92115

SAN DIEGO TRUST & SAVINGS BANK
MISSION HILLS-HILLCREST OFFICE
SAN DIEGO, CA 92103-1834
80-52-1222

PAY TO THE ORDER OF:

MT HOPE CEMETERY
3751 MARKET ST.
SAN DIEGO, CA 92102

DATE

OCT. 14, 1991

AMOUNT

****\$1,297.38****

\$1,297 and 38 cts

[Signature]

⑈003627⑈ ⑈122200526⑈ ⑈5006583⑈

166578

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/19/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EDNA MARY DORTON

in a LINER Funeral, date, time Fri, 8/23 11:00AM

Church, Chapel, Graveside Chapel + grave Pacific Road Mortuary.

All Funeral cars must 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 401 Grave — Row — Section 3 Division 8

Grave space & Care Fund Pre-Need (1783)

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 702.38

Paid receipt number 41541 702.38

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

Address

State

Telephone

Zip Code

Work Order #

PY-593 (REV. 8-85)

E

9638

Invoice #

Acct. #

1169260

068094

MT. HOPE CEMETERY

W.O. # E 9638

NOTE

\$ 702.38 San Diego, California AUGUST 23 1991

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 two and $\frac{38}{100}$ DOLLARS with interest from SEPTEMBER 23, 1991 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 Leonard M Horton SIGNATURE Leonard M Horton
ADDRESS 1760 Chico ST SAN DIEGO
CALIFORNIA DRIVER LICENSE NUMBER G0546254 SSN # 567 52 2261

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) EDNA		1B. MIDDLE MARY		1C. LAST (FAMILY) HORTON		2. DATE OF BIRTH MONTH, DAY, YEAR 7/7/1908		3. DATE OF DEATH MONTH, DAY, YEAR 8/17/1991		4. SEX FEM.			
5A. CITY OF DEATH LAS VEGAS		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE NEVADA				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT EDWARD HORTON—SON 4 HUNTINGBIRD LANE HENDERSON, NV 89014							
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY—4710 CASS ST. SAN DIEGO, CA 92109						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 815		8. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>				8B. DATE SIGNED 8/20/91	
-ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 20 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				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 92186-5222					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS													
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA					
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING					
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY—3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO CO.				11B. DATE INTERRED 8/23/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i> OCF					
		12A. NAME AND ADDRESS OF CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT					
		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8-19-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Betty Lloyd (X) 8/21

in a Ash Vault Funeral, date, time Wed, 8/21, 4:00

Church, Chapel, Graveside Del Only; Duggan's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No Ashes in office

Lot 2706 Grave - Row - Section - Division 10

Grave space & Care Fund Pre-Paid (11/70) 8

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 45.00

Sales taxes 3.30

Total Due 253.30

Paid receipt number 41137 253.30

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

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

9639

PY-603 (REV. 8-85)

LOT OWNER

C-9339

LLOYD, Betty - 3783 Vermont St., S.D. Calif.

NAME

ADDRESS

LOT 2706 GR. Div 10

E 9639

996-2247-CLARK
Hurdley

407-996

3455

Duggan's Chapel

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 No **E-9639**
41137
Date: 9-17, 1991From: Clark Handley Address: 635 4th St Apt 57, San DiegoIn Two Hundred Fifty Three and 3/4 Dollars (\$ 253.75)
 Lot 2906 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9639BALANCE DUE 253.75Pre-Need Lot ☐ At 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. R. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	105	
Closing	77181		
Burial	100	40	
Containers	77182		
	100	60	
Handling Fee	77185		
Recording &	100	45	
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	3	
	78390		
TOTAL PAID	\$	253	75

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) Betty		1B. MIDDLE Jane	1C. LAST (FAMILY) Lloyd	2. DATE OF BIRTH MONTH, DAY, YEAR 1-12-1919	3. DATE OF DEATH MONTH, DAY, YEAR 8-1-1991	4. SEX F	
5A. CITY OF DEATH Sanoma		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Sanoma			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Clark Bentley - (brother) 77 International Blvd. Sanoma, CA. 95476		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Deanna's Mission Chapel, Sanoma			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 77-923		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such Therese D. Caselli		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 8/91					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID		9B. DATE PERMIT ISSUED 8-2-91		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT George R. Flores, MD	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 3313 Chamato Rd., Santa Rosa, CA.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Dept. of Health, Rm 506, Vital Records 1700 Pacific Hwy., San Diego, CA. 92101					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input checked="" type="checkbox"/> B. CREMATION		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> F. DISINTERMENT		FOR CORONER'S USE ONLY			
				<input type="checkbox"/> I. DISPOSITION PENDING			

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Rita Cemetery, San Diego, CA.	11B. DATE INTERRED 8-21-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy J. Teague
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Mission Cremation Service 525 West Riga St., Sanoma, CA. 95476	12B. DATE CREMATED 8-2-91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Therese D. Caselli
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION 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 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/20/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GILBERTO TORRES PAT#117076

in a LINER Funeral, date, time TUES 8/21 11:00 AM

Church, Chapel, Graveside Cal-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 NR

Lot 61 Grave 8-B Row 1 Division/~~Block~~ 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund 121⁰⁰

Opening/Closing & Setup 50⁰⁰

Burial Container 50⁰⁰

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297⁰⁰

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 9640

Invoice # 146576

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9640

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) GILBERTO		1B. MIDDLE —	1C. LAST (FAMILY) TORRES		2. DATE OF BIRTH MONTH DAY YEAR UNK	3. DATE OF DEATH MONTH DAY YEAR 12-25-90	4. SEX MALE	
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR—KIM WHITE 5201-A RUFFIN ROAD SAN DIEGO, CA. 92123			
7A. FUNERAL HOME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5602 EL CAJON BLVD., SAN DIEGO, CA. 92115				7B. CALIFORNIA LICENSE NUMBER — IF APPLICABLE F 1357				
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge to applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10374 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Rodriguez R. [Signature]</i>		8B. DATE SIGNED 8-20-91				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 20 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. [Signature]</i>		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA.		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								
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT				
				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; text-align: center;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 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 8-21-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo [Signature]</i>	
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY CARD BOARD / LINEX 61-88-1-12		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 8/24/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FREDERICK G. KENNEDY

in a LINER Funeral, date, time SAT 8/24 2:00 P.M.

Church, Chapel, Graveside Chapel G.S.; Peace Bearer Mortuary.

All Funeral cars must 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. D.I.P. 1975

Lot 67 Grave 1 Row — Section 1 Division/Block 11

Grave space & Care Fund P.R.E.-NEED (D.I.P. D-6202) 1975 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vase—Marker setting fee O.T. SAT 580.00

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 1282.38

Paid receipt number

Balance due

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Robert Turner
Signature 4349 TAOS DR
Address SD CA 92117
State 276-5690 Zip Code
Telephone

Work Order #
PY-883 (REV. 8-85)

E 9641

Invoice # 169261

Acct. # 068095

MT. HOPE CEMETERY

W.O. # E-9641

NOTE

\$ 1282³⁸ San Diego, California 8/21/ 1991

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 EIGHTY TWO AND 38/100 DOLLARS with interest from 9/27/91 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 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 Robert Kennedy SIGNATURE Robert Kennedy
ADDRESS 4349 TAOS DR SD CA 92117
CALIFORNIA DRIVER LICENSE NUMBER N6267429 SSN # 564-13-2112

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1. NAME OF DECEDENT—FIRST (GIVEN) FREDERICK		1B. MIDDLE GERONIMO	1C. LAST (FAMILY) KENNEDY	2. DATE OF BIRTH MONTH, DAY, YEAR 9/14/1922	3. DATE OF DEATH MONTH, DAY, YEAR 8/20/1991	4. SEX MALE
5A. CITY OF DEATH LA JOLLA		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT G. KENNEDY—SON 4349 TAOS DR. SAN DIEGO, CA 92117		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY—4710 CASS ST. SAN DIEGO, CA 92109				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 8/22/91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 22 1991		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P. O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <i>[Signature]</i>				

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 — SAN DIEGO CO.	11B. DATE INTERRED 8/24/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruby SULLIVAN

in a T.S. Vault Funeral, date, time Fri, 8/23, 1:00pm

Church, Chapel, Graveside Chapel - Grace - Humphrey Mortuary. one

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot — Grave 2 Row 5 Section 9 Division/— 7

Grave space & Care Fund Pre-Need (12/58) 0

Additional spaces and care fund —

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 16.50

Total Due 786.50

Paid receipt number 44143 786.50

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Donator
Signature of recorded holder of deed

Louise R. Zimmerman
Signature
4013 Hidden Meadows Dr
Address
Arnold, MO 63010 (Missouri)
State
(314) 292-3101
Telephone
Zip Code

Work Order # E 9642
PV-593 (REV. 8-85)

Invoice # —
Acct. # —

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9642
 N^o 41143
Date: 8-21, 1991From: Lucia L. L. L. Address: 1107 West St. S.C. 1107In Severance and Eighty Six Dollars (\$ 716.50)Payment of Interment & Ruby SullivanLot 1 Grave 2 Row 5 Section 9 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-9642BALANCE DUE ✓Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CITY AUDITOR

AUG. 27 1991
002429ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	350.00
Closing	77181	
Grav. Containers	100	200.00
	77182	
	100	175.00
Handling Fee	77185	
Recording &	100	45.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	16.50
	78390	
TOTAL PAID	\$	716.50

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) RUBY		1B. MIDDLE ERIE		1C. LAST (FAMILY) SULLIVAN		2. DATE OF BIRTH MONTH DAY YEAR 05-19-1916		3. DATE OF DEATH MONTH DAY YEAR 08-21-1991		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Loneta D. Zimmarly- Daughter 4013 Hidden Meadows Drive Arnold, MO 63010			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Samuel Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Spudith E. King</i>		8B. DATE SIGNED 8-21-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 22 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>			
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 Vital Records P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

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		11B. DATE INTERRED 8-23-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Leager</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-91

152531

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raed Hamdi

in a LID DBL CRYPT Funeral, date, time FRI. 8/23 1:30 2 PM

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 No

Lot _____ Grave 87 Row _____ Section _____ Division/MUSLIM

Grave space & Care Fund pre need

Additional spaces and care fund _____

Opening/Closing & Setup 400.00

Burial Container (DBL CRYPT) Lid. 60.00

Handling Fees 100.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.95

Total Due 609.95

Paid receipt number _____

Balance due _____

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

09-04-2008 contacted
collections 619-744-3100
no record of payment
received. Paul

Work Order # E 9643

PR-693 (REV. 8-86)

Signature G. Hamdi

Address 168 Santa Barbara

State CA.

Telephone 945-7765

Invoice # 1169294

Acct. # 068139

Zip Code 92083

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9643

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Raed		1B. MIDDLE Nabeel	1C. LAST (FAMILY) Hamdi	2. DATE OF BIRTH 07-25-1978	3. DATE OF DEATH 08-20-1991	4. SEX M
5A. CITY OF DEATH La Jolla		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Naji Hamdi: Uncle 168 Santa Barbara Way Vista, CA 92083		
7A. TYPED NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary, 11-805 Imperial Avenue San Diego, CA			7B. CALIFORNIA LICENSE NUMBER P-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 <i>Kimberly Jones</i>		8B. DATE SIGNED 8-23-91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED AUG 23 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ransom, M.D.</i>		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>						
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA		11B. DATE INTERRED 8-23-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Tague</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 87-MUSLIM NON SEALED		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 8/23/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of REVA J FLINN

in a T.S. Vault Vault/Liner Funeral, date, time SAT 8/24 11:00 A.M.

Church, Chapel, Graveside Chapel & G.S.; Requiem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran AW

Lot 80 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 675.00

Additional spaces and care fund 350.00

Opening/Closing & Setup 200.00

Burial Container 175.00

Handling Fees 480.00

Flower vases - Marker setting fee 45.00

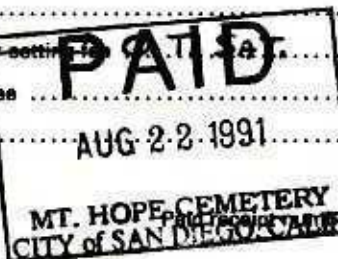
Recording and filing fee 16.50

Sales taxes 1961.50

Total Due 1961.50

41146 1961.50

Balance due 0



I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Work Order #

E 9644

PR-593 (REV. 8-88)

Invoice # _____

Acct. # _____

Harvey Flinn
Signature
12921 SADDLEHILL LANE
Address
(CONCORD, CA. 94521)
City
415-687-7822
Telephone
Zip Code

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9644
 No 41146
Date: 8/22/91, 1991From: HARVEY FLINN Address: 1292 SADDLE HILL CEMETERY CA. 92151
NINETEEN HUNDRED SIXTY ONE AND 50/100 Dollars (\$ 1961.50)
In Full Payment of Services for REVA J. FLINN
 Lot 90 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

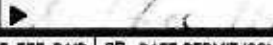




Acct. No. _____

W.O. E-9644BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 10-87) # 426NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY Kabat-jones

CREDIT	67007		
20% Sales Care	77184	<u>139</u>	<u>00</u>
80% Sales	100	<u>556</u>	<u>00</u>
of Lots	77184	<u>250</u>	<u>00</u>
Opening/	100		
Closing	77181	<u>200</u>	<u>00</u>
Burial	100	<u>175</u>	<u>00</u>
Containers	77182	<u>525</u>	<u>00</u>
Handling Fee	100		
Recording &	77185		
Misc. Fees	100		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101	<u>16</u>	<u>00</u>
	78390		
TOTAL PAID	\$	<u>1961</u>	<u>50</u>

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) REVA		1B. MIDDLE JEAN		1C. LAST (FAMILY) FLINN		2. DATE OF BIRTH MONTH DAY YEAR 12-28-36		3. DATE OF DEATH MONTH DAY YEAR 8-19-91		4. SEX F																							
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Regina Jones - Daughter 126 N. Royal Oaks Dr. San Diego, CA 92114																									
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Amerson-Bagsdale Mort.; 3030 Federal Blvd.; San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 AUG 23 1991																							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 23 1991		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—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA																											
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS																																	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> I. DISPOSITION PENDING																																	
FOR CORONER'S USE ONLY																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">COMPLETE ALL APPLICABLE ITEMS</td> <td style="width: 10%;">INTERMENT</td> <td style="width: 40%;">11A. NAME AND ADDRESS OF CEMETERY Mc. Hope Cemetery; 3751 Market St.; San Diego, CA</td> <td style="width: 15%;">11B. DATE INTERRED 8/24/91</td> <td style="width: 35%;">11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT </td> </tr> <tr> <td>CREMATION</td> <td>12A. NAME AND ADDRESS OF CREMATORY N/A</td> <td>12B. DATE CREMATED</td> <td>12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION</td> </tr> <tr> <td>SCIENTIFIC USE</td> <td>13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A</td> <td>13B. DATE RECEIVED</td> <td>13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY</td> </tr> <tr> <td>TRANSIT</td> <td>14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A</td> <td>14B. DATE SHIPPED</td> <td>14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT</td> </tr> <tr> <td>SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY</td> <td>15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A</td> <td>15B. DATE OF DISPOSITION</td> <td>15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION</td> <td>15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE</td> </tr> </table>												COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mc. Hope Cemetery; 3751 Market St.; San Diego, CA	11B. DATE INTERRED 8/24/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT 	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
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mc. Hope Cemetery; 3751 Market St.; San Diego, CA	11B. DATE INTERRED 8/24/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT 																													
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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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug. 22, 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Unknown body parts/10th Mt. Pleasant P.A.#111335 in a Liner Vault/Liner Funeral, date, time Fri. 8/23 10:00AM Church, Chapel, Graveside Delivery Only; Hayer Mortuary. All Funeral cars must 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 61 Grave 870 Row _____ Section 1 Division Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297.00

CC# 91-0561 H.O.
91-0570

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 9645

FD-583 (REV. 9-86)

Invoice #

169221

Acct. #

000952

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) Unknown body parts		1B. MIDDLE Otay Mountain Plane Crash	1C. LAST (FAMILY) (10) 91-0561 thru 91-0570	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
5A. CITY OF DEATH Jamul		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT San Diego County Medical Examiner 5555 Overland Avenue San Diego, California 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Medical Examiner's Office, San Diego County			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE		88. DATE SIGNED 6-6-91	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such Charlotte Pratto				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED AUG 13 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Brown, M.D.		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222-3851 Rosecrans St., San Diego, California 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

☒ A. BURIAL (INCLUDES ENTOMBMENT)

☐ D. SCIENTIFIC USE

☐ G. SHIP IN TO CALIFORNIA

☐ B. CREMATION

☐ E. TEMPORARY ENVAULTMENT

☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY

☐ F. DISINTERMENT

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 8-23-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy J. Teague
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/23/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of SUSIE FRANKLIN
in a Lider Funeral, date, time Mon, 8/26 1:30pm

Church, Chapel, Graveside Graveside; Ragdale Mortuary.

All Funeral cars must arrive before 7:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran NO Be Ready by 12:30

Lot 165 Grave 3 Row — Section 1 Division/12

Grave space & Care Fund 495.00

Additional spaces and care fund —

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 12.38

30 Day note Total Due 1197.38

Paid receipt number 10879 Paid 1197.00

Balance due .38

I hereby certify I am the neice of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order #

PR-593 (REV. 8-86)

E

9646

1155 S 36th St

San Diego 92113

262-3655

1169262

068096

MT. HOPE CEMETERY

W.O. # E-9646

NOTE

\$ 1197.38 San Diego, California 8-23 19 91

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 Ninety Seven ³⁸/₁₀₀ DOLLARS with interest from Sept 26, 1991 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 Katherine Ray SIGNATURE Katherine RayADDRESS 1155 36th St San Diego 92113CALIFORNIA DRIVER LICENSE NUMBER 70211718 SSN # 453-40-3919

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) SUTER	1B. MIDDLE _____	1C. LAST (FAMILY) FRANKLIN	2. DATE OF BIRTH MONTH DAY YEAR 2/6/14	3. DATE OF DEATH MONTH DAY YEAR 8/19/91	4. SEX F
5A. CITY OF DEATH Spring Valley		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF REGISTAR Richard Ray - Niece 1155 South 36th Street San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagdale Mort., 5050 Federal St., CA			7B. CALIFORNIA LICENSE NUMBER — IF APPLICABLE F-1123		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 8/27/91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED AUG 23 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Donald L. Ramos, M.D.]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION IF DEATH OCCURRED IN CALIFORNIA Vital Records, POB 5222, San Diego, CA 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS			<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING		

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery, San Diego, CA	11B. DATE INTERRED 8/26/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature: Robert Jones]</i>
	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

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.

E-9646

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURERACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORMCUSTOMER ACCOUNT NO. 068096

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-8-91 HD

PAID BY (CIRCLE ONE):

CA

☒ CK

NF

PAYMENT REFERENCE NUMBER 8216AMOUNT PAID 1197.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Katherine RoyPAYOR NAME Anderson - Raggsdale

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5050 Federal BlvdSt, Calif 92102REMARKS Plunk WaitMS#72

CASHIER

INV. NO. 1169262

TR-1861 (2-82)

E-9646

ANDERSON-RAGSDALE
MORTUARY5050 FEDERAL BLVD. 818-263-3141
SAN DIEGO, CA 92102

8216

90-3746
1222

October 8, 1991

PAY TO THE
ORDER OF

Mt. Hope Cemetery

\$ 1197.00

DOLLARS

THE SAN DIEGO COUNTY

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS:

Grave for Susie Franklin

⑈008216⑈ ⑆122237463⑆ 122503950⑈

The Bank of San Diego
10th & G Street Office
P.O. Box 80637
San Diego, California 92136

01/1/91

Pre-Need Not

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-28-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nellie Taylor

in a _____ Vault/Line Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 160 Grave 5 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund 395.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 395.00

Paid receipt number 41413 395.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature P.O. Box 5135

Address S.D., Ca 92145

State _____ Zip Code _____

Telephone _____

Work Order # **E** 9647
PY-593 (REV. 9-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

 E-9647
 No 41413
Date: 10-22, 1991From: Ellie Taylor Address: P.O. Box 5135, SD 92165
Three Hundred Twenty-five Dollars (\$ 395.⁰⁰)
In _____ Payment of Pre-Need Lot
 Lot 160 Grave 5 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9647BALANCE DUE ✓Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
1104 042 8811
 AG-212 (Rev. 1-81)
NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY J. A. [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>79 00</u>
80% Sales	100	<u>316 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	50101	
	78390	
TOTAL PAID	\$	<u>395 00</u>

June 27, 1991

Mount Hope Cemetery
3751 Market St. S.D. 92101

Dear Jo Ann,
Thanks so very much for sending me all the papers, But at this time I do not feel it is wise for me to sign a contract to make payments for two years. However, I do want to nail down the grave next to Harry. So I am inclosing a money order for 395.00 to pay for my grave next to him. Perhaps at a later date I can make arrangements with you to pay for all the other services and fees over a period of 3 or 4 months. I hope so. In the meantime please send me the deed and any other papers I might need so I can get copies for my friend in case she would need to take over after I'm gone - not that I'm

expecting to go soon, JoAnn,
you are good in your work
and I will always treasure
your nice ways of helping.
Thank you dear girl.

Nellie I. Taylor
P.O. Box 5135
San Diego CA. 92165

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/26/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of IDA K. Smith

in a DOUBLE CRYPT ^{Vault/Line} Funeral, date, time FRI 8/30 1:00 P.M.

Church, Chapel, Graveside CHapel: G.S. PASSDALE Mortuary.

All Funeral cars must arrive before 1:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran NO

Lot 79 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup Two (2) @ 350.00 = 700.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee Two (2) @ 45.00 = 90.00

Sales taxes 27.33

Total Due 2062.33

Paid receipt number # 41148 1031.23

413462 Balance due 1031.00

Bal - 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.

Signatures of recorded holder of deed.

Signature

Address

State

Telephone

Henry A. Smith
1435 Cedar St
San Diego Ca 92114
479-2548

Zip Code

Work Order #

E

9648

Invoice #

Acct. #

068103

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

 E-9648
 No 41148

 Date: 8/26/ 1991

 From: HENRY A SMITH Address: 1485 AVE ST S.D. CA 92114
ONE THOUSAND THIRTY ONE AND 23/100 Dollars (\$ 1031.23)

 In PART Payment of SERVICES FOR IDA K. SMITH

 Lot 79 Grave 2 Row 1 Division Block 13

Invoice No. _____

Acct. No. _____

 W.O. E-9648

 BALANCE DUE 1031.23

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

 CITY AUDITOR
 SEP 03 1991

002612

 ISSUED BY Rick Jones

CREDIT	67007	
20% Sales Care	77184	114.00
80% Sales	100	
of Lots	77184	476.00
Opening/	100	
Closing	77181	476.23
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	1031.23

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

 E-9648
 No 41242
Date: 9/11, 1991From: HENRY A Smith Address: 1423 AVAL ST S.D. CA 92114
ONE THOUSAND THIRTY ONE AND 00/100 Dollars (\$ 1031⁰⁰)
In Full Payment of PRE-NEED TRUST
 Lot 79 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9648BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

#3603

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY Robt Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	263 ⁷⁷
Closing	77181	
Burial	100	330 ⁰⁰
Containers	77182	
	100	320 ⁰⁰
Handling Fee	77185	
Recording &	100	90 ⁰⁰
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	27 ²³
	78390	
TOTAL PAID	\$	1031 ⁰⁰

E-9648

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) IOLA	1B. MIDDLE KATHERINE	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH, DAY, YEAR AO-31-27	3. DATE OF DEATH MONTH, DAY, YEAR 8-24-91	4. SEX F
5A. CITY OF DEATH NATIONAL CITY	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT HENRY A. SMITH - HUSBAND 1435 AVA ST. SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT PERMIT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 8-27-91
AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 29 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<div>FOR CORONER'S USE ONLY</div> <input type="checkbox"/> I. DISPOSITION PENDING
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

☐ G. SHIP IN TO CALIFORNIA
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 79-2-1-18	11B. DATE INTERRED 8/30/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY METAL SEALER N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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 Aug. 26, 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ERICH KETZMANN @ ☒

in a ASH NICHE Vault/Liner Funeral, date, time THUR 8/29 2:30 P.M.

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 NO 6 CHAIRS

ASH NICHE
Lot _____ Grave 4 Row 3 Section 2 Division 9 Block 9

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup 75.00

Burial Container

Handling Fees

Flower vases - Marker setting fee Engraving fee 60.00

Recording and filing fee 45.00

Sales taxes

Total Due 430.00

30 day
note

Paid receipt number

Balance due

I hereby certify I am the WIFE of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

E 9649

PR-583 (REV. 5-85)

Invoice #

Acct. #

169268
068102

MT. HOPE CEMETERY

W.O. # E-9649

NOTE

\$ 430.00 San Diego, California Aug. 26 1991

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 thirty and 00/100 DOLLARS with interest from Sept. 30, 1991 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 EVA KIETZMANN SIGNATURE Eva Kietzmann
ADDRESS 1261-A NORTH MOHLISON AVE. EL CAJON, CA 92021
CALIFORNIA DRIVER LICENSE NUMBER 10# A3446386 SSN # 456-53-4156

E - 9649
INS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Erich		1B. MIDDLE Bruno		1C. LAST (FAMILY) Kietzmann		2. DATE OF BIRTH MONTH DAY YEAR 7-23-11		3. DATE OF DEATH MONTH DAY YEAR 8-25-91		4. SEX M	
5A. CITY OF DEATH La Mesa				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Eva Kietzmann - Wife 1261A N. Mollison Ave. El Cajon, CA. 92021			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA.						7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 1824					
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 				8B. DATE SIGNED 8-26-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED AUG 27 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA. 92186-5222						9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

9. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA.	11B. DATE INTERRED 8/29/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Robert J. [Signature]	
	12A. NAME AND ADDRESS OF CREMATORY Lantern Crematory 14065 Old Hwy 80 El Cajon, CA.	12B. DATE CREMATED 8/27/91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Paul Stevens	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS 4-3R-5-2-9	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]	
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 [Signature]	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS 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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Need
Lot + Trust*

Date 8/26/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Mae

in a Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 178 Grave 4 Row — Section 1 Division 12

Grave space & Care Fund 395.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 1002.00

Paid receipt number 41225 1002.00

Balance due 0

I hereby certify I am the CONSERVATOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Gregory A. Brown, Deputy
Public Guardian of the
Signature _____
Address 5201 A RUFFIN ROAD
SAN DIEGO, CA 92122
State _____ Zip Code _____
Telephone (619) 694-3508

Work Order # E 9650
PY-583 (REV. 8-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9650
 No 41225
Date: 9-9, 1991From: Public Hearing Address: 211 - 2nd Avenue, Ste 92123In the amount of Dollars (\$ 1002.00)In Payment of Pre-Need Trust - Trust
 Lot 177 Grave 4 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9650BALANCE DUE 1002.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY J. A. B.

CREDIT	67007	
20% Sales Care	77184	<u>79.00</u>
80% Sales	100	
of Lots	77184	<u>314.00</u>
Opening/	100	
Closing	77181	<u>322.00</u>
Burial	100	
Containers	77182	<u>100.00</u>
	100	
Handling Fee	77185	<u>145.00</u>
Recording &	100	
Misc. Fees	77183	<u>35.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>7.00</u>
	78390	
TOTAL PAID	\$	<u>1002.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

STEPHEN

Date 8/27/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ~~STEPHEN ENGELHORN~~ **ENGELHORN**

in a ASH VAULT Funeral, date, time Fri 8/30 2:00 PM

Church, Chapel, Graveside Graveside Ch. N. 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 262 Grave ✓ Row Section 1 Division/Block 8

Grave space & Care Fund Pix-N-Ed B. 7284 0

Additional spaces and care fund

Opening/Closing & Setup 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee 45⁰⁰

Recording and filing fee 33⁰⁰

Sales taxes

Total Due 253³⁰

Paid receipt number # 41164 253³⁰

Balance due 0

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Mary Engelman
Signature
629 Pennycuik Ave
Address
San Diego, Ca. 92103
City
619 298-9227
Telephone

Zip Code

Work Order #

E 9651

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 No **41164**

E-9651

Date: 8/20/91, 1991
 From: M. MITCHELL MCGUIRE Address: 109 PENNSYLVANIA AVE. D.C. 92103
Two Hundred Fifty Three and 00/100 Dollars (\$ 253⁰⁰)

 In Full Payment of SERVICE FOR STEVEN ENGLEHORN

 Lot 262 Grave Row Section 1 Division Block 8
Invoice No. Acct. No. W.O. E-9651BALANCE DUE 9Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 10-87) #11141
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	105 ⁰⁰
Burial	100	40 ⁰⁰
Containers	77182	60 ⁰⁰
Handling Fee	77185	45 ⁰⁰
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	2 ⁰⁰
	78390	
TOTAL PAID	\$	253 ⁰⁰

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9651

ⓧ

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) STEPHEN	1B. MIDDLE CLARK	1C. LAST (FAMILY) ENGELHORN	2. DATE OF BIRTH MONTH DAY YEAR FEB 5, 1940	3. DATE OF DEATH MONTH DAY YEAR AUG 26, 1991	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MARJORIE ENGELHORN, MOTHER 629 PENNSYLVANIA AVENUE SAN DIEGO, CA 92103	
7A. PRINTED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ARMLEY-MITCHELL MORTUARY, 3686 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 AUG 28, 1991
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 28 1991	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—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> I. DISPOSITION PENDING
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MY HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE INTERRED 8/30/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY, 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 262-1-8	12B. DATE CREMATED 8-29-91	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 <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER 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.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/27/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARTHA COOZEY
in a ASH CRYPT Vault/Line Funeral, date, time Fri 8/30 11:30 AM

Church, Chapel, Graveside GRAVESIDE; Palmer Ave. S.E. Mortuary.

All Funeral cars must 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 6 Grave 3 Row _____ Section 1 Division/Block 4

Grave space & Care Fund PRE-NEED D-9218

Additional spaces and care fund

Opening/Closing & Setup 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 3³⁰

Total Due 253³⁰

Paid receipt number # 41151 253³⁰

Balance due 0

*PLACE ARE LEFT
IN UPPER LEFT
CORNER OF GRAVE.*

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 _____

9' x 6 1/2' x 4 1/2'
Danna Ramiscal
5030X 5293
Gandiego ca
0830526
215 92165

Invoice # _____

Acct. # _____

Work Order # **E**

9652

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9652
 No 41151
Date: 8/27/1991
 From: DENNA RAMISCA Address: P.O. Box 5292 S.D. CA 92165
TWO HUNDRED FIFTY THREE AND 00/100 Dollars (\$ 253⁰⁰)

 In Full Payment of DEEDS OF MARTHA COOLEY

 Lot 6 Grave 3 Row _____ Section 1 Division Block 4

Invoice No. _____

Acct. No. _____

W.O. E-9652BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐AC-212 (Rev. 10-87) #16-24752
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
ISSUED BY Ruth Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>105⁰⁰</u>
Burial	100	
Containers	77182	<u>40⁰⁰</u>
	100	
	77185	<u>60⁰⁰</u>
Handling Fee	100	
Recording &	77183	<u>45⁰⁰</u>
Misc. Fees	63033	
Pre-Need	9022	
Trust	60101	<u>2⁰⁰</u>
Sales Tax	78390	
TOTAL PAID	\$	<u>253⁰⁰</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9652

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Martha		1B. MIDDLE Alice	1C. LAST (FAMILY) Cooze X		2. DATE OF BIRTH MONTH 3 DAY 10 YEAR 11	3. DATE OF DEATH MONTH 8 DAY 21 YEAR 91	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT self, pre-arranged		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Balboa Cremation Services 4658 30th St; San Diego, CA 92116				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD 1370			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Phyllis S. Kersian</i>			8B. DATE SIGNED 8-22-91		
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.		8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED AUG 23 1991	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Arnold L. Rinaldi, M.D.</i>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> I. DISPOSITION PENDING							
FOR CORONER'S USE ONLY							
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA		11B. DATE INTERRED 8/30/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Phyllis S. Kersian</i>		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda Inc. 14065 Olde Hwy. 80; El Cajon, CA 92021		12B. DATE CREMATED 8/25/91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Phyllis S. Kersian</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS 6-3-1-4		13B. DATE RECEIVED	13C. SIGNATURE OF 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 5/89)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/27/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JAMES DOE RA#1117440

in a LINER Funeral, date, time WED 8/28 10:30

Church, Chapel, Graveside NO SERVICE; 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 NO

Lot 57 Grave 88 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 297⁰⁰

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 9653

PY-583 (REV. 8-88)

Invoice #

Acct. #

11692166

000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Jane		1B. MIDDLE —	1C. LAST (FAMILY) Doe 91-1248	2. DATE OF BIRTH MONTH DAY, YEAR unk	3. DATE OF DEATH MONTH DAY, YEAR 8-17-91	4. SEX F
5A. CITY OF DEATH San Ysidro		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA.				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 8-27-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED AUG 28 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION OCCURS IN CALIFORNIA P.O. Box 85222 San Diego, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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 8/28/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CREMATORY NON SEALER 51-8B-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/27/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HARRY HARUO NENASHI

in a ASH VAULT Vault/Urner Funeral, date, time Fri 9/6 10:00 A.M.

Church, Chapel, Graveside GRAVESIDE : LEWIS CO. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran YES ☒

Lot 4874 Grave ✓ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 45⁰⁰

Sales taxes 3³⁰

Total Due 1148³⁰

Paid receipt number #41150 1148³⁰

Balance due 0

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Violet Zukerman

Address 2805 Mass. Ave

State Leavenworth Cal

Telephone 466-2812

Zip Code 91945

Work Order # E

9654

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-9654

No 41150

Date: 8/27/91, 19

 From: FRED FUKUSHIMA Address: 8405 MASSACHUSETTS AVE LEMONS GROVE CA 94546
ONE THOUSAND ONE HUNDRED EIGHTY AND 00/100 Dollars (\$ 1,148.00)

 In Full Payment of Service for Harry 4 Minashi

 Lot 4874 Grave _____ Row _____ Section _____ Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9654BALANCE DUE 0Pre-Need Lot ☐ At 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	179.00
80% Sales of Lots	100	716.00
Opening/Closing	77181	105.00
Burial Containers	100	40.00
Handling Fee	77182	60.00
Recording & Misc. Fees	77183	45.00
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	2.00
	78390	
TOTAL PAID	\$	1,148.00

#1135

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60892
Lewis Colonial

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HARRY	1B. MIDDLE EARUO	1C. LAST (FAMILY) HEMASHI	2. DATE OF BIRTH MONTH DAY YEAR 03-08-1924	3. DATE OF DEATH MONTH DAY YEAR 08-23-1991	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ART HEMASHI - BROTHER 6775 SPRINGFIELD STREET SAN DIEGO, CA. 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Banbough San Diego, CA 92104			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 7D-000		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 08-26-1991
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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 \$7.00	9B. DATE PERMIT ISSUED AUG 26 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
8D. 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 IN CALIFORNIA ---		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> D. SCIENTIFIC USE
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> 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 ROSE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE INTERRED 9/6/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i> W.C.S.
	CREMATION	12A. NAME AND ADDRESS OF CEMETERY CITYVIEW CEMETERY 3953 IMPERIAL AVENUE SAN DIEGO, CA	12B. DATE CREMATED 8-28-1991	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/28/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Binder G.

in a LINER Vault/Liner Funeral, date, time Fri 8/31 10:30 A.M.

Church, Chapel, Graveside GRAVESIDE ; POWAY BERNARD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ✓

Lot 49 Grave 12 Row ✓ Section 2 Division/Block 12

Grave space & Care Fund P.R.E.-NEEA-D-6401 0

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 12³⁸

Total Due 702³⁸

Paid receipt number #41156 702³⁸

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 deed

Carol J. Thomas
Signature
445 Chica St.
Address
Escondido, CA 92025
State
738-0356
Zip Code
Telephone

Work Order # E 9655
PY-563 (REV. 8-85)

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9655
 No 41156
Date: 8/22/91, 1991From: Carol J. Thomas Address: 445 Caro St Escondido Ca. 92025
Seven Hundred and 700 Dollars (\$ 702⁰⁰)
In Full Payment of Services for Mrs. G. R. Lind
 Lot 49 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9655BALANCE DUE \$Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
ISSUED BY R. J. Jones

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	<u>250⁰⁰</u>
Closing	77181	
Burial	100	<u>150⁰⁰</u>
Containers	77182	
	100	<u>140⁰⁰</u>
Handling Fee	77185	
Recording &	100	<u>45⁰⁰</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	<u>12²²</u>
	78390	
TOTAL PAID	\$	<u>702⁰⁰</u>

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) Charles		1B. MIDDLE Graves	1C. LAST (FAMILY) Binder	2. DATE OF BIRTH MONTH DAY YEAR 08/10/1904	3. DATE OF DEATH MONTH DAY YEAR 08/27/1991	4. SEX M
5A. CITY OF DEATH Poway		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Carol Thomas - Granddaughter 445 Cara St. Escondido, CA 92025		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Poway-Bernardo Mortuary, 13243 Poway Rd., Poway, CA				7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 7-1195		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 8/28/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 28 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222, San Diego, CA 92186-5222			9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

☒ A. BURIAL (INCLUDES ENTOMBMENT)

☐ D. SCIENTIFIC USE

☐ G. SHIP IN TO CALIFORNIA

☐ B. CREMATION

☐ E. TEMPORARY ENVAULTMENT

☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY

☐ F. DISINTERMENT

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 92101	11B. DATE INTERRED 8/30/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CREMATORY NON SEALED	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
CREMATION	NON SEALED 49-12-2-12			
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
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 <i>[Signature]</i>	
SCATTERING AT SEA OR 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 <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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 Aug 28, 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Tybra S. Beamon

in a liner (child #1) Funeral, date, time Fri Aug. 30 1:00 pm.

Church, Chapel, Graveside Church/Graveside, Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran no

Lot 92 Grave ✓ Row Section 3 Division/Block 9

Grave space & Care Fund 195.00

Additional spaces and care fund

Opening/Closing & Setup 195.00

Burial Container 75.00

Handling Fees 50.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 6.19

Total Due 556.19

Paid receipt number #41163 556.19

Balance due 0

I hereby certify I am the MORTICIAN of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Edward J. [Signature]
For Tybra S. Beamon
Address 4756 Logan Ave #2
City SAN DIEGO, CA Zip Code
Telephone

Work Order # E 9656
PY-553 (REV. 8-88)

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

 E-9656
 No 41163
Date: 2/30/, 1974From: Col. REMATION BURIAL Address: 5602 El Cajon Blvd S.D. CA 92115
FIVE HUNDRED SIXTY SIX AND 00/100 Dollars (\$) 566⁰⁰
In Full Payment of SERVICES FEE TYPKA G. LEANOR
 Lot 92 Grave 1 Row _____ Section _____ Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-9656BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>24⁰⁰</u>
80% Sales	100	<u>156⁰⁰</u>
of Lots	77184	
Opening/	100	<u>195⁰⁰</u>
Closing	77181	
Burial	100	<u>72⁰⁰</u>
Containers	77182	
	100	<u>50⁰⁰</u>
Handling Fee	77185	
Recording &	100	<u>45⁰⁰</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>6⁰⁰</u>
	78390	
TOTAL PAID	\$	<u>566⁰⁰</u>

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) TYIRA		1B. MIDDLE S.		1C. LAST (FAMILY) BEAMON		2. DATE OF BIRTH 6/25/84 MONTH DAY YEAR		3. DATE OF DEATH 8/25/91 MONTH DAY YEAR		4. SEX F	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE MILDRED L. HENDERSON—GRANDMOTHER			
7A. CALIFORNIA DOCUMENT IDENTIFYING PERSON ACTING AS SUCH 5602 EL CAJON BLVD. SAN DIEGO, CA 92115						7B. CALIFORNIA LICENSE NUMBER 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 <i>[Signature]</i>				8B. DATE SIGNED 8/28/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 28 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA				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											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; text-align: center;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 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 8/30/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY 92-3-9 Non Sealer				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/28/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ETHEL LEE VARNER

in a LINER Vault/Liner Funeral, date, time TUE 9/3 11:00 AM.
Church, Chapel, Graveside Church G.S. ; PAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran

Lot 89 Grave 8 Row Section 14 Division/Block 7

Grave space & Care Fund PRE-NEED F-1251 0

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

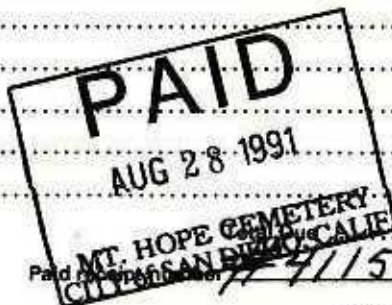
Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee 45⁰⁰

Recording and filing fee 12³⁸

Sales taxes 702³⁸



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

Chas H Varner
Signature 314 Southlook Av
Address SD CA 92113
State 264 6613 Zip Code
Telephone

Work Order # E 9657
PY-583 (REV. 8-86)

Invoice #
Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9657
 No 41155
Date: 8/28/91, 1991
 From: CLEAN H. WARNER Address: 314 Southwick Ave. SD CA 92112
SEVEN HUNDRED TWO AND 38/100 Dollars (\$ 702³⁸)
In Full Payment of Service for ETHEL LEE WARNER
 Lot 29 Grave 21 Row _____ Section 14 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-9657-E-1251BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

254

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Cam	77184	
80% Sales of Lots	100	
Opening/Closing	77181	850.00
Burial Containers	100	150.00
	77182	175.00
Handling Fee	100	45.00
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	12.38
	80101	
	78390	
TOTAL PAID	\$	702.38

E-9657

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) ETHEL		1B. MIDDLE LEE		1C. LAST (FAMILY) VARNER		2. DATE OF BIRTH MONTH, DAY, YEAR 10-9-1897		3. DATE OF DEATH MONTH, DAY, YEAR 8-27-91		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Glean Varner - Son 314 Southlook Ave. San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragedale Mort.; 3030 Federal Blvd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 2-1329					
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 <i>[Signature]</i>			8B. DATE SIGNED 9/28/91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED AUG 29 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT											
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; text-align: center;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 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 9/28/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	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 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-need
lot*

Date Aug 28, 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vivian Sims

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 3623 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 795.00

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 795.00

Paid receipt number 41158 200.00

Balance due 595.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Vivian C. Sims
Signature
1791 Mason St.
Address
San Diego, Calif. 92154
State Zip Code
423-4486
Telephone

Work Order # **E** 9658
PY-583 (REV. 9-85)

Invoice # _____

Acct. # _____

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot* *E-9658*

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

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

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. *Credit Lot*

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										X	

Amount due when paid on, or before,
due date above.



\$ *25.00*

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ *25.00*

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON**

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot* E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

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*

NAME *Vivian Simms* Amount Received \$ _____

ADDRESS *1791 Jason St.*

CITY *San Diego* STATE *Ca.* ZIP *92154*

☐ check (☒) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No.

Credit Lot

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
										X	

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

NAME

Vivian Simms

Amount Received

\$ _____

ADDRESS

1791 Jason St.

CITY

San Diego

STATE

Calif

ZIP

92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Let. E-9658*

Vivian Simms

1791 Jason Street

S.D., Ca. 92154


Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										10	

Amount due when paid on, or before,
due date above

 \$ 25.00

Amount due if paid more than _____ days
after due date above.

 \$ _____
\$ 25.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

☐ check (✓) if this is new ad

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Lot

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									<i>X</i>	<i>X</i>	

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*

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. *Credit Lot* *E-9658*

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										<i>10</i>	

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*

Amount Received \$ _____

NAME

Vivian C. Simms

ADDRESS

1791 Jason St.

CITY

San Diego

STATE

Calif ZIP *92154*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot*

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									<i>86</i>	<i>X</i>	

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*

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. *Credit Lot* *E-9658*

Vivian Simms
1791 Jason Street
S.D., Ca. 92154

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										<i>10</i>	

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*

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.

Credit Lot

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										X	

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

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. *Credit Lot* *E-9658*

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										<i>10</i>	

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*

Amount Received \$ _____

NAME

Vivian E. Simms

ADDRESS

1791 Jason St.

CITY

San Diego

STATE

Calif. ZIP *92154*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit For

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										X	

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

Amount Received

\$ _____

NAME

VIVIAN C SIMMS

ADDRESS

1791 JASON ST

CITY

SAN DIEGO

STATE

CALIF ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO.

Credit Unit

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
										X	

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

Amount Received \$

NAME VIVIAN SIMMSADDRESS 1791 JASON ST.CITY SAN DIEGO STATE CALIF ZIP 92154☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Unit

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca., 92154

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

Amount Received \$

NAME VIVIAN SIMMSADDRESS 1791 JASON STCITY SAN DIEGO STATE CALIF ZIP 92154☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 155

Credit Loc

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									17	X	

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

NAME VIVIAN SIMMS Amount Received \$ADDRESS 1791 JASON ST.CITY SAN DIEGO STATE CAL ZIP 92154☐ check (✓) if this is new addressSend or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 155

Credit Loc

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										10	

Amount due when paid on, or before,
due date above.

\$ 25.00

Amount due if paid more than _____ days
after due date above.

\$

\$ 25.00

NAME VIVIAN SIMMS Amount Received \$ADDRESS 1791 JASON ST.CITY SAN DIEGO STATE CAL ZIP 92154☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-9658

Vivian Simms


1791 Jason Street

S.D., Ca. 92154


Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										<u>10</u>	

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

NAME VIVIAN SIMMS Amount Received \$ _____

ADDRESS 1791 JASON ST.

CITY SAN DIEGO STATE CALIF ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Lot -- E-9058

VIVIAN SIMMS

1791 JASON STREET
S.D., Ca. 92154

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									6	X	

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

Amount Received \$

NAME

VIVIAN SIMMS

ADDRESS

1791 JASON ST.

CITY

SAN DIEGO

STATE

CALIF

ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Loc

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										X	

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

NAME VIVIAN C. SIMMS Amount Received \$ _____ADDRESS 1791 JASON ST.CITY SAN DIEGO STATE CALIF ZIP 92154☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Loc

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										10	

Amount due when paid on, or before,
due date above.

\$ 25.00

Amount due if paid more than _____ days
after due date above.

\$ 25.00

NAME VIVIAN C. SIMMS Amount Received \$ _____ADDRESS 1791 JASON ST.CITY SAN DIEGO STATE CALIF ZIP 92154☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Loc

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
										X	

Amount due when paid on, or before,
due date above.\$ ~~20.00~~ 20.00Amount due if paid more than _____ days
after due date above.

\$ _____

\$ 20.00

Amount Received \$ _____

NAME VIVIAN C. SIMMS

ADDRESS 1791 JASON ST.

CITY SAN DIEGO STATE CALIF ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Loc

E-9658

Vivian Simms

1791 Jason Street

S.D., Ca. 92154

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
										10	

Amount due when paid on, or before,
due date above.

\$ 25.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ 25.00

Amount Received \$ _____

NAME VIVIAN C. SIMMS

ADDRESS 1791 JASON ST.

CITY SAN DIEGO STATE CALIF ZIP 92154

☐ 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

44007

From: Vigyan SinkingAddress: 1791 Juniper St. SanDate: 8-12, 1993Dollars (\$ 45.⁰⁰)In Payment of Pre-Need LotLot 3623Grave -Row -Section -Division
Block 10

Invoice No. _____

Acct. No. _____

W.O. F-7658

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [Signature]
 CREDIT
 20% Sales Tax 77184
 80% Sales 100
 of Lots 77184
 Opening/
 Closing 77181
 Burial 100
 Containers 77182
 100
 Handling Fee 77186
 Recording &
 Misc. Fees 77183
 Pre-Need 63033
 Trust 9022
 Sales Tax 60101
 78390

TOTAL PAID

\$ 45.00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINN..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

48892

From:

Vivian Limpe

Address:

1791 Juan St. N

Date:

7-8, 1993

Dollars (\$

50⁰⁰)

In

Payment of

Pre-Need Lot

Lot

3623

Grave

Row

Section

Division
Block

10

Invoice No.

Acct. No.

W.O.

E 9658

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 1-91)

ISSUED BY

J. bit

CREDIT

20% Sales Tax

67007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77185

Recording &

100

Misc. Fees

77183

Pre-Need

53033

Trust

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
 527-3400

43665

Date: 5-5, 1993From: Verian Semine Address: 1791 Jason St.
 In Post Payment of Lefty Pre Need Lot Dollars (\$ 50.00)

 Lot 3623 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-9658BALANCE DUE \$120.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

2250

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	<u>11</u>
20% Sales Care	77184	
80% Sales	100	<u>39</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43278

Date: 1-25, 1993From: Vivian Jimenez Address: 1791 Juno Street, IL
Fifty Dollars (\$ 50.00)
In _____ Payment of Pre-Need Lot
 Lot 3623 Grave _____ Row _____ Section _____ Division Black 10

Invoice No. _____

Acct. No. _____

W.O. E-9658

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

2199NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

W. J. J. J.

CREDIT	67007		
20% Sales Cars	77184		
60% Sales	100	<u>50</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	8022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
N^o 41995Date: Mar. 6, 19 92
 From: VIVIAN SIMMS Address: 1791 JASON ST. S.D. CA 92154
TWENTY-FIVE AND 00/100 Dollars (\$ 25.00)

 In PART Payment of Pre-need lot

 Lot 3623 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9658BALANCE DUE \$470.00Pre-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 Com	77184	
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41534

Date: 11-18, 1991From: Vivian C. Linnes Address: 1791 JASON ST San Diego CA 92154Twenty five and ⁰⁰/₁₀₀ Dollars (\$ 25.00)In Part Payment of Credit RefLot 3623 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9658

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 1-84) #1976NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY Roland Jones

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 41607

 From: Kevian Simms Address: 1791 Jun St. SE 9254
Twenty-five Dollars (\$ 25.00)
 In _____ Payment of Credit Not

 Lot 363 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9658

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

1996

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41158

Date: 8/28/, 1991From: DIIVIAN C SIMMS Address: 1791 JASON ST SD CA 92154
TWO HUNDRED AND 00 Dollars (\$ 200⁰⁰)
In PART Payment of CREDIT LOT
 Lot 2623 Grave --- Row --- Section --- Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9658

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>200⁰⁰</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>300⁰⁰</u>

1948

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42457

 Date: 7-2, 19 92
 From: Vivian Simms Address: 1791 Jarr St. SD 92154
Twenty five by 770/100 Dollars (\$ 25.00)
 In _____ Payment of Pre-Need Lot, Coupon #9

 Lot 3623 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9658

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

2097NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fee	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	

TOTAL PAID \$ 25.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42581

 From: Vivian Simms Address: 1791 Ocean St., No 110
Twenty five Dollars (\$ 25)
 In _____ Payment of Pre-Need Fee
Date: 8-4, 1992
 Lot 3623 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9658

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>25 W</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

527-3400

No 42143

Date: 4-17, 19 92From: Vivian Simon Address: 1791 Jun St, SD
Twenty-five Dollars (\$ 25⁰⁰)
In Payment of Pre-Need Lot
 Lot 3623 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-9658

BALANCE DUE _____

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

 Pre-Need Lot ☒ At Need ☐ On Acct ☐
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25⁰⁰</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	
	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>25⁰⁰</u>

OFFICIAL RECEIPT


 WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 42224

 Date: 5-8 1992
 From: Vivian Sims Address: 1791 Jan St SE 92154
Twenty-five Dollars (\$ 25.00)
 In Payment of Pre-Need Lot

 Lot 3623 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-9658

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	
50% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

2012

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 41802

Date: 1-30-, 1992
 From: Simon C. Simons Address: 1791 Jason St. San Diego 92154
Twenty five and 00/100 Dollars (\$ 25.00)

 In cash Payment of Credit for

 Lot 3623 Grave Row Section Division Block 10
Invoice No. Acct. No. W.O. E-9658BALANCE DUE
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83093	
Trust	9022	
Sales Tax	80101	
	78390	

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

 # 2016
 AC-212 (Rev. 1-91)

ISSUED BY

Robt Jones

TOTAL PAID

 \$ 25.00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY

527-3400

No 42423

From: Vincent Ling Address: 1791 Jan St. #10 Date: 6-24, 1992
2000-fee Dollars (\$ 25.-)
 In _____ Payment of Pre-Need Lot

Lot 3623 Grave _____ Row _____ Section _____ Division 10
 Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9658

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.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25 W</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	

AC-212 (Rev. 1-81)

ISSUED BY

TOTAL PAID

\$

25 W

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41865

Date: 2-11, 19 92From: Vivian Simas Address: 1791 9th St. SE
Montezuma Ave 0770/100 Dollars (\$ 25.00)
In _____ Payment of Pre-Need Lot
 Lot 3623 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9658

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

2026NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Watts

CREDIT	57007	
20% Sales Care	77184	
50% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76360	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 42922

Date: 11-4, 1992

From: Vivian Lomas Address: 1791 Jason H., S.D. CA 92154

Twenty-five and 00/100 Dollars (\$ 25.00)

 In cash Payment of Balance Due

 Lot 3623 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E9658BALANCE DUE 320.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

264

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE
ISSUED BY W. J. T. Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	25
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	

TOTAL PAID \$ 25

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 43078

Date: 12-4-, 1992
 From: Kurian C. Sumers Address: 1791 Jason St.
Twenty five and 00/100 Dollars (\$ 25.00)

 In part Payment of preneed lot coupon 14

 Lot 3623 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E 9658BALANCE DUE 295.-
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	<u>25</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>25</u>

 Pre-Need Lot ☒ At Need ☐ On Acct ☐
 Pre-need Trust ☐ Cash ☐ Check ☒

2179

ISSUED BY

W. J. Teague

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
43438Date: 3-5, 1993
 From: Vivian Lemina Address: 1791 Tassan St. S.D. CA 92154
750 Dollars (\$ 50.00)
 Payment of Pre Need Lot

 Lot 3623 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9658BALANCE DUE \$220.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

2218NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>50</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	76360		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/28/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of PATRICIA BROOKS

in a ASH VAULT Funeral, date, time 9/10 3:00 P.M.

Church, Chapel, Graveside Chapel S. Cat-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 1-A Grave _____ Row 19 Section 5 Division/Block 7

Grave space & Care Fund P.F. NEED - E 4659

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vase - Marker setting fee O.T. SAT. 210

Recording and filing fee 45.00

Sales taxes 330

Total Due 263.30

Paid receipt number #41160 463.30

Balance due 0

I hereby certify I am the EMILY BROOKS of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Work Order #

E 9659

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9659
 No 41160
Date: 2/98/, 1991From: KEVIN Brooks Address: 9556 CARROLL CANYON RD. N.A., 94126
FOUR HUNDRED SIXTY THREE AND 80/100 Dollars (\$ 463⁸⁰)
In FULL Payment of SERVICES FOR PATRICIA Brooks
 Lot 1-A Grave - Row 19 Section 5 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-9659BALANCE DUE ✓NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>105⁰⁰</u>
Burial	100	<u>40⁰⁰</u>
Containers	77182	<u>60⁰⁰</u>
	100	<u>255⁰⁰</u>
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	80101	<u>3³⁰</u>
	78390	
TOTAL PAID	\$	<u>463⁸⁰</u>

AC-488 (REV. 5-86) 593525

E-9659

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) PATRICIA		1B. MIDDLE JOANNE		1C. LAST (FAMILY) BROOKS		2. DATE OF BIRTH MONTH, DAY, YEAR 11/5/33		3. DATE OF DEATH MONTH, DAY, YEAR 8/27/91		4. SEX F	
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT KEVIN BROOKS-SON 9566 CAROL CANYON RD. #241 SAN DIEGO, CA 92126					
7A. CALIFORNIA CREMATION & BURIAL CHAPEL 5602 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE E-1357		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Lurthia Howell</i>				8B. DATE SIGNED 8/30/91			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 03 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Forrest L. Barnes, M.D.</i>					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA.		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 <u>ALL</u> APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA											
<input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> I. DISPOSITION PENDING											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 1-A-ROW 19-7 3751 MARKET ST. SAN DIEGO, CA				11B. DATE INTERRED 9/10/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Paul White</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY LENEDA INC. 14065 OLDE HWY. 80 EL CAJON, CA				12B. DATE CREMATED 9/19/91		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Ray Stevens</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ---				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ---				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 5/89)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/27/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of GEOFFREY ~~ENGELHORN~~ ENGELHORN

in a ASH VAULT Funeral, date, time Fri 8/30/91 2:00 P.M.

Church, Chapel, Graveside GRAVESIDE ; MITCHEL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran

Lot 262 Grave Row Section 1 Division/Block 8

Grave space & Care Fund PRE-PAID 8-7284 0

Additional spaces and care fund

Opening/Closing & Setup 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 3³⁰

Total Due 253³⁰

Paid receipt number #41165 253³⁰

Balance due 0

I hereby certify I am the MOTHER of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Marjory Engelhorn
Signature
629 Penney/Vania Ave
Address
San Diego CA 92103
State
619-298-9227 Zip Code
Telephone

Work Order # E 9660

PR-593 (REV. 8-88)

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9660
 N9 41165
Date: 8/20/1991
 From: M. MITCHELL M. STURDY FOR Address: 629 PENNSYLVANIA AVE S.D. CA 92103
TWO HUNDRED FIFTY THREE AND 00/100 Dollars (\$ 253.30)
In Full Payment of SERVICES FOR GEOFFREY ENGLEHORN
 Lot 218 Grave — Row — Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-9660BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐AC-212 (Rev. 10-87) # 11141NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY Kelt [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/ Closing	100	105
	77181	50
Burial	100	40
Containers	77182	10
	100	60
Handling Fee	77185	
Recording & Misc. Fees	100	45
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	3
	78360	30
TOTAL PAID	\$	253.30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9660
①

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGEY	1B. MIDDLE REIL	1C. LAST (FAMILY) ENGELHORN	2. DATE OF BIRTH MONTH, DAY, YEAR OCT 15, 1948	3. DATE OF DEATH MONTH, DAY, YEAR MAY 21, 1983	4. SEX MALE
5A. CITY OF DEATH CANPO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MARJORY ENGELHORN, MOTHER 629 PENNSYLVANIA AVENUE SAN DIEGO, CA 92103	
7. NAME AND ADDRESS OF PERMANENT HOME OF DECEDENT OR PERSON ACTING AS SUCH MARJORY ENGELHORN, 3805 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature: G. Leach]</i>	8B. DATE SIGNED AUG 28, 1991
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 28 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Donald L. Ramez, M.D.]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>
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COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MY HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE INTERRED 8/30/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature: J. Jones]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 262-1-8	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 9-3-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EVERETT SEAN O'QUIN
in a LINER Vault/Liner Funeral, date, time THUR 9/5 2:00 PM.

Church, Chapel, Graveside GRAVESIDE CH. Cat-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 100 Grave 6 Row Section 3 Division/Block 5/12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

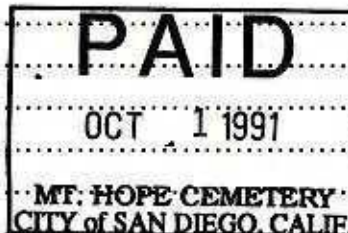
Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 12³¹



Total Due 1297³¹

Paid receipt number 10751 Aug Inv. 1297.31

Balance due 0

I hereby certify I am the Uncle of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

PT-583 (REV. 8-86)

E 9661

Invoice #

Acct. #

169278
068105

MT. HOPE CEMETERY

W.O. # E-9661

NOTE

\$ 1297³⁸ San Diego, California 9/31 1991

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 NINETY SEVEN AND ³⁸/₁₀₀ DOLLARS with interest from Oct. 5, 1991 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

Darryl White

SIGNATURE

[Signature]

ADDRESS

5616 S. 61st ST.

CALIFORNIA DRIVER LICENSE NUMBER

20661164

SSN #

572-72-1658

E-9661

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 068105

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-1-91 H.D.

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER #1644

AMOUNT PAID \$1297.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Darryl White

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5665 61st St
SD 92114

REMARKS John - MSH 72

CASHIER _____

INV. NO. 169278

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9661

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) EVERETT	1B. MIDDLE SEAN	1C. LAST (FAMILY) O'QUINN	2. DATE OF BIRTH MONTH DAY YEAR 10/12/79	3. DATE OF DEATH MONTH DAY YEAR 8/30/91	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SANDIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT LARA K. WHITE-O'QUINN-MOTHER 6668 CHARLENE ST. SAN DIEGO, CA 92114	
5C. CITY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE CALIFORNIA		5D. PERSON ACTING AS SUCH 562 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Cynthia Hogue</i>	8B. DATE SIGNED 8/4/91
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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 \$7.00	9B. DATE PERMIT ISSUED SEP 04 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> 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 9-5-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Robt Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY —	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

COPY 2 IS RETAINED BY 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 9-3-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EVALINA KING

in a LINER Vault/Liner Funeral, date, time THU 9/5 2:00 P.M.

Church, Chapel, Graveside DEL ON/4 ; 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 6 Grave 2 Row _____ Section 5 Division/Block 5

Grave space & Care Fund PRE-NEED E-6297 0

Additional spaces and care fund _____

Opening/Closing & Setup PRE-NEED E- 0

Burial Container PRE-NEED E-7210 0

Handling Fees PRE-NEED E-7210 0

Flower vases - Marker setting fee _____

Recording and filing fee PRE-NEED E-7210 0

Sales taxes PRE-NEED E-7210 0

Total Due _____ 0

Paid receipt number _____ 0

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E** 9662
PY-593 (REV. 8-86)

PENDING
further info
from mortuary.

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) EVALENA		1B. MIDDLE ALMA		1C. LAST (FAMILY) KING		2. DATE OF BIRTH MONTH DAY YEAR Unknown		3. DATE OF DEATH MONTH DAY YEAR 9-3-1991		4. SEX F	
5A. CITY OF DEATH WICHITA				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE KANSAS				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE DE INFORMANT TOM IRWIN/THE BROADWAY MORTUARY 1147 S. BROADWAY WICHITA, KS 67211			
7A. NAME, ADDRESS, PHONE NUMBER, DIRECTOR OR PERSON ACTING AS SUCH 7387 BROADWAY LEMON GROVE, CA 91945-1533						7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE FD-941		8. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED 9-5-91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 05 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES/VITAL RECORDS P.O. BOX 85222/SAN DIEGO, CA 92186-5222					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> I. DISPOSITION PENDING			

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	MOUNTAIN VIEW CEMETERY 6-2-5-5 3751 MARKET STREET SAN DIEGO, CA 92102 NON S&A/02	11B. DATE INTERRED 9/5/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	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

COPY 2 IS RETAINED BY 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 9-8-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EMMA DELILAH KELLEY

in a LINER Funeral, date, time Thur 9/5 11:00 A.M.

Church, Chapel, Graveside Church Graveside; CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 41 Grave 8 Row Section 3 Division/12

Grave space & Care Fund 575⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 150⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee 45⁰⁰

Recording and filing fee 12³⁹

Sales taxes

Total Due 1,277³⁹

Paid receipt number #41185 1,277³⁹

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Camela L. Bellak

Address 951 8th St., Fortuna

State CA. Zip Code 95540

Telephone (707) 725-6549

Invoice #

Acct. #

Work Order # E 9663
PV-593 (REV. 9-88)

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9663
 No 41185
Date: 9-3-, 1991From: Donald L. Bell Address: 7518 1/2 T. Fairview Rd 95540Dollars (\$ 1297.38)In full Payment of Service for Donald L. Bell's BurialLot 41 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9663BALANCE DUE 7Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77184	119.00
80% Sales	100	476.00
of Lots	77184	
Opening/	100	350.00
Closing	77181	
Burial	100	150.00
Containers	77182	
	100	145.00
Handling Fee	77185	
Recording &	100	45.00
Misc. Fees	77183	
Pre-Need	53033	
Trust	9022	
Sales Tax	50101	12.97
	78390	
TOTAL PAID	\$	1297.38

ISSUED BY [Signature]

#3397

E-9663

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) EMMA	1B. MIDDLE DELILAH	1C. LAST (FAMILY) KELLEY	2. DATE OF BIRTH MONTH DAY YEAR 4-6-1937	3. DATE OF DEATH MONTH DAY YEAR 9-1-1991	4. SEX F
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT PAMELA L. BELLAH - DAUGHTER 951 8TH STREET FORTUNA, CA 95540	
7A. NAME AND ADDRESS OF APPLICANT, GENERAL DIRECTOR OR PERSON ACTING AS SUCH 3387 BROADWAY - LEMON GROVE, CA 91945-1533			7B. CALIFORNIA LICENSE NUMBER FD-981		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	SIGNATURE OF APPLICANT, General Director or Person Acting as Such <i>[Signature]</i>	DATE SIGNED 9-4-91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED SEP 04 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY SOUTH BOULDER CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 <i>DETAILED SEATER</i>	11B. DATE INTERRED 9/5/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	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

BY 2 IS RETAINED BY 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 9-3-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of TONY F HEITMAN
in a T.S. VAULT Funeral, date, time Fri 9-6 2:00 P.M.

Church, Chapel, Graveside CHAPEL/O.S.; CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran _____

Lot 87 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 295⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 800⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee 47⁰⁶

Recording and filing fee 45⁰⁰

Sales taxes 16⁵⁰

PENDING EITHER
FAMILY OR MORTUARY
NOTIFICATION
Total Due 1628⁵⁶

Paid receipt number #41187 1628⁵⁶

Balance due 0

I hereby certify I am the wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Vera L. Heitman (wife)
Signature of recorded holder of deed

Vera L. Heitman
Signature

2220 Main
Address

Lesson House B. 91945
City

619-445-3532
Telephone

Work Order # E 9664

PR-583 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9664
 No 41187

 Date: 7-3- 1991

 From: VERA L HEITMAN Address: _____

SIXTEEN HUNDRED TWENTY EIGHT AND 56/100 Dollars (\$ 1628.56)

 In Full Payment of Services for Tony F Heitman

 Lot 29 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

 W.O. E-9664

 BALANCE DUE 0

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

 AC-212 (Rev. 10-87) # 777

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

 ISSUED BY Kolt Jones

CREDIT	67007	
20% Sales Care	77184	<u>151.00</u>
80% Sales	100	<u>835.00</u>
of Lots	77184	
Opening/	100	<u>350.00</u>
Closing	77181	
Burial	100	<u>225.00</u>
Containers	77182	
	100	<u>195.00</u>
Handling Fee	77185	<u>45.00</u>
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>18.56</u>
	78390	
TOTAL PAID	\$	<u>1628.56</u>

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) TONY		1B. MIDDLE FORREST		1C. LAST (FAMILY) HEITMAN		2. DATE OF BIRTH 10-25-1914 YEAR		3. DATE OF DEATH 9-24-1991 YEAR		4. SEX M	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT VERA L. Heitman - Wife 2220 Main Street Lemon Grove, CA 91945			
7A. PRINTED NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CHARLES LEMON GROVE FORTNEY 7387 BROADWAY - LEMON GROVE, CA 91945-1533						7B. CALIFORNIA LICENSE NUMBER 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 <i>Norma Forrest</i>				8B. DATE SIGNED 9-5-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 06 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS SAN DIEGO, CA 92186-5222				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											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS											
INTERMENT		10A. NAME AND ADDRESS OF CEMETERY MOUNT MORRIS CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 <i>METAL SEALER</i>				11B. DATE INTERRED 9-6-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Robert Jones</i>			
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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/3/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN LEE ANDERSON

in a T.S. Vault Funeral, date, time Fri 9/6 3:00 P.M.

Church, Chapel, Graveside Church G.S.; Cat-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 96 Grave 10 Row ✓ Section 1 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund 350.00

Opening/Closing & Setup 200.00

Burial Container 175.00

Handling Fees 45.00

Flower vases - Marker setting fee 16.50

Recording and filing fee 1391.50

Sales tax note 16.50

Total Due 1391.50

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 _____

Signature

Address

City

Telephone

Zip Code

Work Order #

E 9665

Invoice #

Acct. #

PR-593 (REV. 6-85)

MT. HOPE CEMETERY

W.O. # E-9665

NOTE

\$ 1381.50 San Diego, California 9-3-1991

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 EIGHTY ONE AND 50/100 DOLLARS with interest from OCT. 4 1991 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 WENONAH ANDERSON SIGNATURE Wenona G. Anderson
ADDRESS 239 Sierra St. S.D. Ca 92114
CALIFORNIA DRIVER LICENSE NUMBER N3810077 SSN # 573-42-1745

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) JOHN		1B. MIDDLE LAW	1C. LAST (FAMILY) ANDERSON	2. DATE OF BIRTH MONTH DAY YEAR 7/14/27	3. DATE OF DEATH MONTH DAY YEAR 8/30/91	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT WENDIE ANDERSON-WIFE 229 SIENA ST. SAND HIGO, CA 92114		
7A. CALIFORNIA ADDRESS OF DECEASED—FURNITURE, ETC., ON ACTING AS SUCH 5602 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIFORNIA LICENSE NUMBER — IF APPLICABLE E-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 <i>[Signature]</i>	8B. DATE SIGNED 9/5/91
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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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED SEP 05 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>
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COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA	11B. DATE INTERRED 9-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY —	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 9-4-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of IRENE Mc CULLOUGH

in a T.S. VAULT Funeral, date, time Fri 9/6 11:30 A.M.

Church, Chapel, Graveside GRAVE SIDE; KUEHL/NICOLAY Mortuary.

All Funeral cars must 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 3549 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE-NEED 01036 0

Additional spaces and care fund _____

Opening/Closing & Setup 350⁰⁰

Burial Container 200⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 45⁰⁰

Sales taxes 16⁵⁰

805-238-4381 786⁵⁰

FAMILY WILL COME AND 786⁵⁰

COMPLETE ARRANGEMENT 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 _____ hold under deed.

Signature of recorded holder of deed _____

Signature Renee J. McCullough
Address 2343 15th St.
City San Diego Ca Zip Code 92103
Telephone 295-9419

Work Order # E 9666

PY-553 (REV. 8-85)

Invoice # _____

Acct. # _____

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) IRENE		1B. MIDDLE ----	1C. LAST (FAMILY) McCULLOUGH	2. DATE OF BIRTH MONTH, DAY, YEAR 10-30-05	3. DATE OF DEATH MONTH, DAY, YEAR 9-3-91	4. SEX female
5A. CITY OF DEATH TEMPLETON		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN LUIS OBISPO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INCEMENT ROBERT McCULLOUGH, SON 4370 Olmeda Atascadero, CA 93422		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KUHL-NICOLAY CHAPEL, PASO ROBLES, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE FD-68		8. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	
8. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 4-5-91				
9. ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 09-05-91		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT G. B. ROWLAND, M.D. CP
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING		
11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY, 3751 Market St., 3549-10 Non Seated SAN DIEGO, CA		11B. DATE INTERRED 9-6-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i> O.C.A.C.M.		
12A. NAME AND ADDRESS OF CREMATORY -----		12B. DATE CREMATED -----		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -----		
13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS -----		13B. DATE RECEIVED -----		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -----		
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -----		14B. DATE SHIPPED -----		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT -----		
15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION -----		15B. DATE OF DISPOSITION -----		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -----		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE -----

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9666
 No 41194
Date: 9-4-, 1991
 From: RAYMOND M^C CULLOUGH Address: 3343 1013 ST. S.D. CA 92103
SEVEN HUNDRED EIGHTY NINE AND 50/100 Dollars (\$ 786.50)

 In Full Payment of SERVICES FOR DEATH M^C CULLOUGH

 Lot 3579 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9666BALANCE DUE 0Pre-Need Lot ☐ At 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	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>250.00</u>
Burial	100	
Containers	77182	<u>500.00</u>
	100	
Handling Fee	77185	<u>175.00</u>
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	<u>11.50</u>
	78390	
TOTAL PAID	\$	<u>786.50</u>

#2806

ROBT JONES

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/4/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GERALDINE CREW'S

in a LINER Funeral, date, time Fri 9/6 1:00 AM.

Church, Chapel, Graveside CHapel G-3; Basdale's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 91 Grave 8 Row _____ Section 1 Division 12

Grave space & Care Fund 595⁰⁰

Additional spaces and care fund 350⁰⁰

Opening/Closing & Setup 150⁰⁰

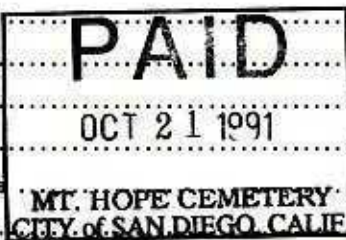
Burial Container 145⁰⁰

Handling Fees 45⁰⁰

Flower vases - Marker setting fee 12³⁸

Recording and filing fee 1297³⁸

Sales taxes 1297³⁸



Total Due 1297³⁸
Paid receipt number 10/26/91 Aux. Let 1297³⁸
Balance due 0

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Nathaniel Haph
Signature
3280 Victoria Tr
Address
CARLETON 12, 93114
City
263-1071
Telephone

Work Order # **E** 9667
PY-683 (REV. 8-86)

Invoice # 169271
Acct. # 068104

MT. HOPE CEMETERY

W.O. # E-9667

NOTE

\$ \$1297³⁸ San Diego, California 9-4- 1991

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 NINETY SEVEN AND ³⁸/₁₀₀ DOLLARS with interest from OCT 2, 1991 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 NATHANIEL GRIFFIN SIGNATURE Nathaniel Griffin

ADDRESS 5280 Velma Ter 92114

CALIFORNIA DRIVER LICENSE NUMBER F0922874 SSN # 543-48-6111

E-9667

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) GERALDINE		1B. MIDDLE =	1C. LAST (FAMILY) CREWS		2. DATE OF BIRTH MONTH, DAY, YEAR 9-12-40	3. DATE OF DEATH MONTH, DAY, YEAR 9-1-91	4. SEX F	
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Willie M. Stiggers - Mother 512 29th St. San Diego, CA 92102			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 9/1/91		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 05 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					
TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS								
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA								
<input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA								
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <div>FOR CORONER'S USE ONLY</div> <input type="checkbox"/> I. DISPOSITION PENDING								
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. NON 91-8-1-12 San Diego, CA 92102		11B. DATE INTERRED 9-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY 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-9667

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 068104

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-21-91 H.D.

PAID BY (CIRCLE ONE):

CA

CK

NP

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID \$1294.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

Nathaniel Griffin

PAYOR NAME

5280 Velma Terrace Home

IF OTHER THAN CUSTOMER ACCOUNT NAME

PAID

CUSTOMER (PAYOR) ADDRESS

Home

OCT 21 1991

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

REMARKS

John - MS#72

CASHIER _____

INV. NO.

169271

TR-1001 (2-82)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-4-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN DOE PA.#1117432 C-91-0095

in a LINER Vault/Liner Funeral, date, time FRI- 9/6 10:30

Church, Chapel, Graveside DEL-ONLY ; CR- 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 57 Grave 8-T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes CASE _____

Total Due 297⁰⁰

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 9668

PY-593 (REV. 8-85)

Invoice # 169280

Acct. # 000952

E-9668

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) JOHN		1B. MIDDLE —	1C. LAST (FAMILY) DOE 9120995		2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN	3. DATE DEATH MONTH DAY YEAR 5/11/91	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR—R. BARR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. CALIFORNIA LICENSE NUMBER OF APPLICABLE 5602 EL CAJON BLVD. SAN DIEGO, CA 92115		7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such [Signature]			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 9/5/91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED SEP 05 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]	
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 P.O. BOX 85222 SAN DIEGO, CA		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							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT			
				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> 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 9-6-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT [Signature]		
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY —		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

9/5/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of AUDRA MAE REED

in a LINER Funeral, date, time Tue 9/10 1:00 PM.

Church, Chapel, Graveside CHapel G.S.; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran NO

Lot 9 Grave B Row _____ Section 5 Division/~~Block~~ 5

Grave space & Care Fund PRE-NEED A-4278 0

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

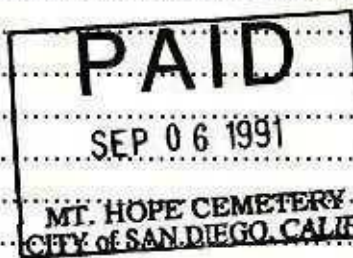
Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 12.38



Total Due 702.38

Paid receipt number #41818 702.38

Balance due 0

I hereby certify I am the daughter of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature

Betty Munger

8874 Harborth Way

Address San Diego, CA 92123

State 541-0931 Zip Code

Telephone _____

Work Order # E 9669

PR-583 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 No **E-9669**
41218
Date: 9-6-, 1971From: BETTY MURDER Address: 8874 HAVETEM WAY S.D. 92123
SEVEN HUNDRED TWO AND 00/100 Dollars (\$ 702⁰⁰)
In Full Payment of CEMETERY FUNERAL HOME RECEIPT
 Lot 9 Grave 21 Row _____ Section 5 Division 5
 Block _____

Invoice No. _____

Acct. No. _____

W.O. _____



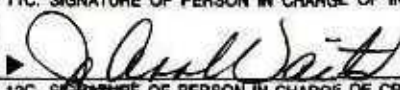
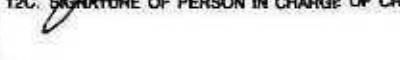


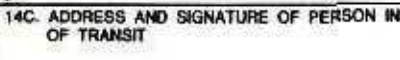
BALANCE DUE E-9669Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	350
Closing	77181	
Burial	100	150
Containers	77182	
	100	145
Handling Fee	77185	
Recording &	100	95
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	12
	78380	24

TOTAL PAID \$ 702⁰⁰ISSUED BY Kirk/1690

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) Audra		1B. MIDDLE Mae		1C. LAST (FAMILY) Reed		2. DATE OF BIRTH MONTH DAY YEAR 05-27-1907		3. DATE OF DEATH MONTH DAY YEAR 09-01-1991		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Betty Hanger: Daughter 8874 Havestour Way San Diego, CA 92123			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: 1-805 & Imperial Avenue San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 7-6-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED SEP 09 1991		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— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA 9-2-5-5				11B. DATE INTERRED 9/10/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT 		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY Liner				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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-6-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARIE GLASS PA #1117777 L#90-1557

in a LINER Funeral, date, time Tue 9/10/91 10:30 A.M.

Church, Chapel, Graveside DEL-ONLY ; 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 53 Grave 8A Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

- Jim Hall -

Total Due 297⁰⁰

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 9670

Invoice # 170381

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

found

1A. NAME OF DECEDENT—FIRST (GIVEN) Maria		1B. MIDDLE Lourdes		1C. LAST (FAMILY) Glass		2. DATE OF BIRTH MONTH DAY YEAR 4-30-80		3. DATE OF DEATH MONTH DAY YEAR 7-23-90		4. SEX Female	
5A. CITY OF DEATH Escondido				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA.						7B. CALIFORNIA LICENSE NUMBER 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 <i>[Signature]</i>		8B. DATE SIGNED 9-9-91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED SEP 10 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA. 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mont Hope Cemetery San Diego, CA.				11B. DATE INTERRED 9/10/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY Linee				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 9/6/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AUDRA REED

in a LINER Vault/Liner Funeral, date, time TUE 9/10/91 1:00 P.M.

Church, Chapel, Graveside CHapel-G.S. ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 9 Grave 2 Row _____ Section 5 Division/Block 5

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** **9671**

PR-693 (REV. 8-86)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug. 6, 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Myrtle Baker

in a Vault Funeral, date, time Tues 9/10 11:00 AM

Church, Chapel, Graveside GRAVESIDE; HUMPHREY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned, War time veteran No

Lot 67 Grave _____ Row 3 Section 7 Division/Block 7

Grave space & Care Fund Pre-need B-4493 0

Additional spaces and care fund _____

Opening/Closing & Setup E-9294 0

Burial Container E-9294 0

Handling Fees E-9294 0

Flower vases - Marker setting fee _____

Recording and filing fee E-9294 0

Sales taxes E-9294 0

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 9672
PY-583 (REV. 8-86)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9672

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MYRTLE	1B. MIDDLE MAY	1C. LAST (FAMILY) BAKER	2. DATE OF BIRTH MONTH DAY YEAR 05-05-1898	3. DATE OF DEATH MONTH DAY YEAR 09-05-1991	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Heleen V. Tiffany - Daughter 303 East Palomar Street Chula Vista, CA 91911	
7A. TYPE, NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Chula Vista Mortuary 855 Broadway Chula Vista CA 91911			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-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—General Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 9-9-91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED SEP 09 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>
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COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY SEALER 3751 Market St. San Diego, CA <i>647-RW3-7-7</i>	11B. DATE INTERRED 9/10/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY 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 Aug. 6, 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARION M RACKLEY
in a T.S. VAULT Vault/Liner Funeral, date, time Tues. 9/10 1600 AM.
Church, Chapel, Graveside Church & S. ; Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran NO

Lot 156 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 495⁰⁰

Additional spaces and care fund 350⁰⁰

Opening/Closing & Setup 200⁰⁰

Burial Container 175⁰⁰

Handling Fees 75⁰⁰

Flower vases - Marker setting fee 16⁵⁰

Recording and filing fee 1281⁵⁰

Sales taxes 1281⁵⁰

Total Due 1281⁵⁰

Paid receipt number INVOICE 1281⁵⁰

Balance due 0

I hereby certify I am the Mother of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Luella Payne
Signature
270-D Rancho Anise
Address
Chula Vista, Ca 91911
State Zip Code
(619) 426-3054
Telephone

Work Order # E 9673
PR-593 (REV. 8-88)

Invoice # 170384
Acct. # 068316

E-9673

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 068316

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-26-91

PAID BY (CIRCLE ONE):

CA

CK

MF

PAYMENT REFERENCE NUMBER 3553

AMOUNT PAID \$1,281.50

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Luella Payne

PAYOR NAME Cathy Cremation + Burial Chapel

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS _____

REMARKS John - MS #72

CASHIER _____

INV. NO. 170384

MT. HOPE CEMETERY

W.O. # E-9673

NOTE

1281.50 San Diego, California SEPT. 9 1991

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 EIGHTY ONE AND 50/100 DOLLARS with interest from OCTOBER 12, 1991 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

Luella Payne

SIGNATURE

Luella Payne

ADDRESS

270-D Rancho Drive

CALIFORNIA DRIVER LICENSE NUMBER

E0997156

SSN #

552-94-4044

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1. NAME OF DECEDENT—FIRST (GIVEN) MARION		1B. MIDDLE MAURAYE	1C. LAST (FAMILY) RACKLEY	2. DATE OF BIRTH MONTH DAY YEAR 9/19/71	3. DATE OF DEATH MONTH DAY YEAR 9/5/91	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SANDIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT CHULA VISTA-MOTHER 270-D RANCHO DR. CHULA VISTA, CA 91911		
7A. CALIFORNIA LICENSE NUMBER IF APPLICABLE 1-1357			7B. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Chula Vista</i>			
8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Chula Vista</i>			8B. DATE SIGNED 9/9/91			
9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 10 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA		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

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> D. SCIENTIFIC USE
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> I. DISPOSITION PENDING </div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COMPLETE ALL APPLICABLE ITEMS

INTERMENT CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA	11B. DATE INTERRED 9/10/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CREMATORY T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/9/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John L. Smith Jr

in a T. S. Vault Funeral, date, time Thu 9/12 2:00 P.M.

Church, Chapel, Graveside Chapel 155 S. Rossdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran

Lot 15 Grave N Row — Section 16 Division/Block 7

Grave space & Care Fund 695⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 200⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 16⁵⁰

Total Due 1481⁵⁰

Paid receipt number # 41226 1481⁵⁰

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

Address

City

Telephone

Work Order #

PR-583 (REV. 8-88)

E 9674

Invoice #

Acct. #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/9/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John W. Smith Jr

in a T.S. Vault Funeral, date, time Thurs 9/12 2:00 P.M.
Church, Chapel, Graveside Chapel G.S. Bagdad Mortuary.

All Funeral cars must 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 0 Grave 1 Row _____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund 895⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350⁰⁰

Burial Container 200⁰⁰

Handling Fees 175⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45⁰⁰

Sales taxes 16⁵⁰

Total Due 1681⁵⁰

Paid receipt number #41227 1681⁵⁰

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

Address

State

Telephone

Zip Code

Work Order # E 9675

Pr-583 (REV. 8-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9674
 No 41227
Date: 9/9, 19 From: Jimmie L. Smith Address: 1352 Ranch St. #100A 92113
Eight Hundred and Forty One and 35/100 Dollars (\$ 1681.35)
In Full Payment of Services for John L. Smith Jr.
 Lot 0 Grave 1 Row Section 14 Division 7 Block 7
Invoice No. Acct. No. W.O. E-9674BALANCE 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 Ruth Price

CREDIT	67007	
20% Sales Care	77184	179.00
80% Sales	100	716.00
of Lots	77184	
Opening/	100	55.00
Closing	77181	
Burial	100	800.00
Containers	77182	
	100	175.00
Handling Fee	77185	
Recording &	100	45.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	11.00
	78390	
TOTAL PAID	\$	1681.35

E-9075

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) JOHN		1B. MIDDLE L.		1C. LAST (FAMILY) SMITH, JR.		2. DATE OF BIRTH MONTH, DAY, YEAR 7-10-23		3. DATE OF DEATH MONTH, DAY, YEAR 9-6-91		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jimmy L. Smith @ Son 139 S. Bancroft St. San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagadele Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Debbie Williams</i>			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED 9/10/91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 11 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>	
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 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 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA		11B. DATE INTERRED 9/12/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A T.A. 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-9-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of NORMAN H SARDES

in a T.S. VAULT Funeral, date, time Thur 9/12 11:00 AM

Church, Chapel, Graveside GRAVESIDE; HAMPDEN Mortuary.

All Funeral cars must arrive 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 10 Row — Section 16 Division/Block 7

Grave space & Care Fund	895 ⁰⁰
Additional spaces and care fund	
Opening/Closing & Setup	350 ⁰⁰
Burial Container	200 ⁰⁰
Handling Fees	175 ⁰⁰
Flower vases - Marker setting fee	
Recording and filing fee	45 ⁰⁰
Sales taxes	16 ⁵⁰
Total Due	1691 ⁵⁰

*Pd 10-10-91
To Treasurer's
In-full*

Paid receipt number _____

Balance due _____

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 _____

Randall J. Brinkley
Signature
7100 INDUSTRIAL #E-9
Address
CHULA VISTA CA 91911
City
420-5792 / 479-8088
Telephone

Work Order # E 9676
PY-583 (REV. 8-85)

Invoice # 170383
Acct. # 068317

E-9676

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) NORMAN		1B. MIDDLE HERBERT		1C. LAST (FAMILY) SARDES		2. DATE OF BIRTH 08-20-1921		3. DATE OF DEATH 09-09-1991		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Kenneth J. Kuehle—Executor 1100 Industrial Blvd., Sp. E-9 Chula Vista, CA 91911			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Memphrey Chula Vista Mortuary 835 Broadway Chula Vista CA 91911						7B. CALIFORNIA LICENSE NUMBER P-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 <i>Judith E. King</i>				8B. DATE SIGNED 9-10-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 10 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Roman, M.D.</i>	
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 Vital Records P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> I. DISPOSITION PENDING			
INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Hope Cemetery 3751 Market St. San Diego, CA 24-12-16-7 SEALED METAL				11B. DATE INTERRED 9/12/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>John White</i>			
CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A T. & 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.

NOTE

1681-50

San Diego, California

9/9 1991

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 ~~SIXTEEN HUNDRED EIGHTYONE AND 50/100~~ DOLLARS with interest from OCT 12, 1991 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 RANDALL J. RUEHLE

SIGNATURE

Randall J. RuehleADDRESS 1100 INDUSTRIAL BLVD SPACE E-9 CHULA VISTA, CA. 91911

CALIFORNIA DRIVER LICENSE NUMBER

NO828458

SSN #

547-72-1057

PV-1012 (11-80)

Orig. Not. to Mr. Ruehle when account paid in full at his request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/10/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of CHARLES J. MITSUKO, M^oADORY

in a Double Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary, _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran YES

Lot 5248 Grave 5200 - Exchanged Lots Row _____ Section _____ Division/Block 10

Grave space & Care Fund 895⁰⁰

Additional spaces and care fund 700⁰⁰

Opening/Closing & Setup 330⁰⁰

Burial Container 320⁰⁰

Handling Fees 90⁰⁰

Flower vases - Marker setting fee 27²³

Recording and filing fee 200

Sales taxes 231⁶²

Total Due 2,362²³

Paid receipt number # 41237

Balance due 2,162²³

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Charles J. Mitsuko
Signature
506 SEARS AV
Address
SAN Diego CA 92114
City
(619) 463-0529
Telephone

Work Order # E 9677

Invoice # _____

Acct. # _____

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot & Pre-Need Trust*
Charles McAdory
506 Sears Avenue
S.D., Calif. 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										<i>10</i>	

Amount due when paid on, or before,
due date above

\$ 90.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME *Charles L. + MITSUKO S. McAdory*
ADDRESS *506 SEARS AV*
CITY *SAN DIEGO* STATE *CA* ZIP *92114*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance.

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

& Pre-Paid Tax

Charles McAdory
506 Sears Avenue
S.D., Calif. 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.

\$ 90.88

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

MR. CHARLES L. McADORY
506 SEARS AVENUE
SAN DIEGO, CA 92114

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

& Pre-Need Trust

Charles McAdory

506 Sears Avenue

S.D., Calif. 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.



\$ **90.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

MR. CHARLES L. McADORY

ADDRESS

506 SEARS AVENUE

CITY

SAN DIEGO, CA 92114

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot & Pre-Need Trust*
Charles McAdory
506 Sears Avenue
S.D., Calif. 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.

\$ **90.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME

MR. CHARLES L. McADORY

ADDRESS

506 SEARS AVENUE

CITY

SAN DIEGO, CA 92114

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.

& Pre-Need Trust

*Charles McAdory
506 Sears Avenue
S.D., Calif. 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.



\$ 96.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

**MR. CHARLES L. McADORY
506 SEARS AVENUE
SAN DIEGO, CA 92114**

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

& Pre-Need Trust

*Charles McAdory
506 Sears Avenue
S.D., Calif. 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.



\$ 90.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

MR. CHARLES L. McADORY

ADDRESS

506 SEARS AVENUE

CITY

SAN DIEGO, CA 92114

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot & Pre-Need Trust*
Charles McAdory
506 Sears Avenue
S.D., Calif 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										<i>10</i>	

Amount due when paid on, or before,
due date above.



\$ *90.00*

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME *Charles L. McAdory* Amount Received \$ _____

ADDRESS *506 SEARS AV*

CITY *SD* 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.

\$ Pre-Need Trust

Charles McAdory

506 Sears Avenue

S.D., Calif. 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.



\$ **90.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME

Charles L. & Mitsuko S. McAdory

ADDRESS

506 SEARS AV

CITY

SAN DIEGO

STATE

CA

ZIP

92114

☐ check ☒ if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot & Pre-Need Trust*

Charles McAdory

506 Sears Avenue

S.D., Calif. 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



\$ *90.00*

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME *Charles L. & Mitsuko McAdory*

ADDRESS *506 SEARS AV*

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. Credit Lot & Pre-Need Trust
Charles McAdory
506 Sears Avenue
S.D., Calif. 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.



\$ 90.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME Charles L. & MITSUKO S. MCADORY

ADDRESS 506 SEARS AV

CITY S.D. STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8 Pre-Need Trust

Charles McAdory

506 Sears Avenue

S.D., Calif. 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.



\$ 90.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

MR. CHARLES L. McADORY

ADDRESS

506 SEARS AVENUE

CITY

SAN DIEGO, CA 92114

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. *Credit Lot & Pre-Need Trust*
Charles McAdory
506 Sears Avenue
S.D., Calif. 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.

\$ 90.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

MR. CHARLES L. McADORY
506 SEARS AVENUE
SAN DIEGO, CA 92114

STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Ltr & Pre-Need Trust*
Charles McAdory
506 Sears Avenue
S.D., Calif. 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.

\$ 90.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME *Charles L. + MITSUKO* Amount Received \$ 90.00
S. McAdory

ADDRESS *506 SEARS AV*

CITY *SAN DIEGO* STATE *CA* ZIP *92114*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

& Pre-Need Trust

Charles McAdory
506 Sears Avenue
S.D., Calif. 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

\$ **90.88**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME Charles L. & MITSUKO S. McAdory

ADDRESS 506 SEARS AV
SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Credit Lot 6 Pre-Need Trust**

Charles McAdory

506 Sears Avenue

S.D., Calif. 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



\$ 90.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

MR. CHARLES L. McADORY
506 SEARS AVENUE
SAN DIEGO, CA 92114

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.

6 Pre-Need Trust

Charles McAdory
506 Sears Avenue
S.D., Calif. 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.



\$ **90.88**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

MR. CHARLES L. McADORY
506 SEARS AVENUE
SAN DIEGO, CA 92114

CITY _____

STATE _____

ZIP _____

☐ Check ☒ Bill this address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Lot 8 Pre-Need Trust

Charles McAdory

506 Sears Avenue

S.D., Calif. 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



\$ 90.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

MR. CHARLES L. McADORY

506 SEARS AVENUE

SAN DIEGO, CA 92114 ZIP

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot & Pre-Need Trust*
Charles McAdory
506 Sears Avenue
S.D., Calif. 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.



\$ **90.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS **MR. CHARLES L. McADORY**

CITY **506 SEARS AVENUE** **STATE** **ZIP**

☐ check **SAN DIEGO, CA 92114** is new address

Send or bring one coupon with each remittance.

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

\$ Pre-Paid Trust

Charles McAdory

506 Sears Avenue

S.D., Calif. 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.

 \$ 90.00

Amount due if paid more than _____ days
after due date above.

 \$ _____

\$ _____

Amount Received \$ _____

NAME

MR. CHARLES L. McADORY

ADDRESS

**506 SEARS AVENUE
SAN DIEGO, CA 92114**

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. *Credit Lot 8 Pre-Need Trust*
Charles McAdory
506 Sears Avenue
S.D., Calif. 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

\$ 90.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME

MR. CHARLES L. McADORY

ADDRESS

506 SEARS AVENUE

CITY

SAN DIEGO, CA 92114

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

43748

 Date: 6-2, 1993
 From: Charles M. O'Leary Address: 506 San Juan Ave. No. 10
Dinasty Dollars (\$ 90.00)
 In Payment of Per Trust for + Trust

 Lot 5248 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-9677

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Tax	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	90	W
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	90	W

1750

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43651

Date: 5-3, 1953
 From: Charles M. Adony Address: 506 Leane Ave S.D. 92114
Amount Dollars (\$ 90.00)

 In part Payment of Pre Need Lot Trust

 Lot 5248 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-9677BALANCE DUE 362.23Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	53033	<u>90</u>	<u>00</u>
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>90</u>	<u>00</u>

 ISSUED BY N. P. [Signature]

43529

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
Date: 3-31, 1993
 From: Charm 7110 Adams Address: 506 San Ave, # 92114
7. Jentry 710/100 Dollars (\$ 90.00)
In _____ Payment of Pre-Need Lot + Trust
 Lot 5248 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9677

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>90.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>90.00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43468

Date: 3-10, 1993From: Charles W. & Kate McCadory Address: 506 Seaver St 92114
7 Directly 70.00 Dollars (\$ 90.00)
In _____ Payment of Pre-Need Lot + Trust
 Lot 5247 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9677

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

Waiter

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>90</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>90.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Nº 43189

From: Charles McCarty Address: 506 Seave Ave, St
11010 Date: 1-5, 1993
In: Payment of Pre-Need Lot + Trust Dollars (\$ 90.-)

Lot 5248 Grave - Row - Section - Division 10
Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9677

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. Webb

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>90</u>	<u>20</u>
Trust	9022		
Sales Tax	80101		
	76390		
TOTAL PAID	\$	<u>90</u>	<u>20</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43061

From Charles McAdams Address: 506 - Sharp Ave. S.E. Date: 12/2, 19 92
7 Dimey 270110
 In _____ Payment of Pre-Need Lot + Trust Dollars (\$ 90. -)

Lot 5248 Grave _____ Row _____ Section _____ Division 10
 Black

Invoice No. _____

Acct. No. _____

W.O. E-9677

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 Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	03033	<u>90 W</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>90 W</u>

1708

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 41707

Date: 1-2-, 1992From: Charles McAdams Address: 506 Santa Ave San Diego CA 92114
Thirty and 00/100 Dollars (\$ 90.00)
In Part Payment of Pre-Need Trust
 Lot _____ Grave _____ Row _____ Section _____ Division
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9677

BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	80101
	78300
TOTAL PAID	\$ <u>90.00</u>

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒ISSUED BY [Signature]

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400
N^o 41514Date: 11-14-, 1991From: CHARLES L. McAWRY Address: 506 SEARS AVE SDCA 92114
NINETY and 00/100 Dollars (\$ 90.00)
In PART Payment of CREDIT LOT; PRE-NEED TRUST
 Lot 5248 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 5248E-9677

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-87)

#118

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	90.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	90.00

OFFICIAL RECEIPT


 WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 42394

Date: 6-23, 19 92
 From: M. & C. McAdary Address: 506 Sears Ave; S.D. 92114
Ninety and 00/100 Dollars (\$) 90.00
In Part Payment of Credit lot / Trust
 Lot 5248 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 9677BALANCE DUE 1352.23Pre-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

CREDIT	87007	
25% Sales Care	77184	
80% Sales of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>90.00</u>
	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 90.00ISSUED BY K. L. Stuedel

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42921

Date: 11-4, 19 92
 From: Charles McAdory Address: 506 Sears Ave, S.D. CA 9211K
Ninety and xx/100 Dollars (\$ 90.00)

 In paid Payment of preneed trust Coupon 14

 Lot 5248 Grave Coupon # 14 Row _____ Section _____ Division Block 10
Invoice No. 11-4-92

Acct. No. _____

W.O. E 9677BALANCE DUE 992.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

1706

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

W. J. Tenzee

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	90	-
Trust	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	90	-

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41237

Date: 9/10, 1991

 From: Charles Mitsuko Matory Address: 506 SEARS AVE. S.D., CA. 92114
 Two Hundred and 00/100 Dollars (\$ 200⁰⁰)

In Pre-Need Payment of Pre-Need Trust Lot

Lot 5248 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9677

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) # 117

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Kurt Jasso

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	200 ⁰⁰
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	200 ⁰⁰

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41568

 From: Charles McAdams Address: 506 Sears Ave., St. Clair 92114 Date: 11-29, 1991
DIRECT 770/10 Dollars (\$ 90.00)
 In _____ Payment of Credit Lot + Pre-Need Trust

 Lot 5248 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9677BALANCE DUE \$1782.23
 Pre-Need Lot ☒ At Need ☐ On Acct ☐
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

1616

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	90	10
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	90	10

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 41605

 From Charlie McAdory Address: 506 S. Ave, SD 92114 Date: 12-10, 1991
7 Denity 770/10 Dollars (\$ 90⁰⁰)
 In _____ Payment of Pre-Need Lot - Trust

 Lot 5248 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9677

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 Heit

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>90</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 41967

Date: 3-5, 1992From Charles McGidney Address: 506 Sears Ave.7 Diney 710/10 Dollars (\$ 90.)In _____ Payment of Pre-Need Lot + TrustLot 5248 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9677

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

1643

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Wait

CREDIT	67007		
20% Sales Care	77184	90	00
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	90	00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 627-3400

No 42080

From: Charles N. Adony Address: 506 San Ave. 40 Date: 4-3, 1992
7 Dinary 40/w Dollars (\$ 90.)
 In _____ Payment of Pre-Need Keri Trust

Lot 5248 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9677

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-61)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>90 w</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>90 w</u>

1652

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 42210

 Date: 5-5, 19 92
 From: Charles McAdams Address: 506 Sears Ave, SE
7 Trinity 710/112 Dollars (\$) 90.-
 In Payment of Pric. Need Not + Trust

 Lot 5248 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9677

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 Com	77194		
30% Sales	100		
of Lots	77164		
Opening/	100		
Closing	77161		
Burial	100		
Containers	77162		
	100		
Handling Fee	77165		
Recording &	100		
Misc. Fees	77163		
Pre-Need	63033	<u>90</u>	<u>W</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>90</u>	<u>W</u>

1684

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 42458

Date: 7-2, 1992

From

Mitsuko & Charles W. Wadley

Address:

506 San Ave, No 921147 Diney710 NWDollars (\$ 90.)

In

Payment of

Pre-Need Lot + Trust

Lot

5248

Grave

Row

Section

Division

Block

10

Invoice No. _____

Acct. No. _____

W.O.

E-9677

BALANCE DUE _____

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

J. Wait

CREDIT

20% Sales Care

57007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77185

Recording &

100

Misc. Fees

77183

Pre-Need

63033

Trust

9022

Sales Tax

60101

78300

TOTAL PAID

\$

90 0090 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42584

 From: Charles McCadory Address: 506 Sears Ave. No 110 Date: 8-4, 19 92
7 Diners Dollars (\$ 90.)
 In _____ Payment of Ph 7 Diner Lot + Trust

 Lot 5248 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-9677

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>90 W</u>
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>90 W</u>

1684

OFFICIAL RECEIPT


 WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42738

 Date: 9-16, 1972
 From: Charles McCordy Address: 506 Ocean Ave, SD
7 Ninety 770/100 Dollars (\$ 90 -)
 In _____ Payment of Pre-Need Plot + Trust

 Lot 5248 Grave _____ Row _____ Section _____ Division Black 10

Invoice No. _____

Acct. No. _____

W.O. E-9677

BALANCE DUE _____

 Pre-Need Lot ☒ At Need ☐ On Acct ☐
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-61)

1672

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>90</u>	<u>10</u>
Trust	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>90</u>	<u>10</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43415

Date: 3-3, 1993
 From: Charles Mc Adory Address: 506 Leona Ave S.D. CA 92114

 In part Payment of Pre Need Lot Trust Dollars (\$ 90.00)

 Lot 5248 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-9677BALANCE DUE 722.23Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

1728

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

N. Ferguson

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	90	00
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	90	00

SPECIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

N^o 41864

From Charles McCordy Address: 506 Sears Avenue, SD
7 Diney 770/100 Dollars (\$ 90.)
In _____ Payment of Pre-Need Lot & Trust

Lot 5248 Grave _____ Row _____ Section _____ Division 10
Block 24

Invoice No. _____

Acct. No. _____

W.O. F-9677

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

White

CREDIT	87007	
20% Sales Tax	77184	<u>24.00</u>
80% Sales	100	<u>66.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	53033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>90.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/11/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN DOE PA#1117920 C#91-0811

in a LINER Vault/Liner Funeral, date, time THUR 9/12 1:00 P.M.

Church, Chapel, Graveside DEL ONLY ; Sal-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 53 Grave 8T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 126⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup 121⁰⁰

Burial Container 50⁰⁰

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 297⁰⁰

Paid receipt number 297⁰⁰

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 9678

Invoice # 170382

Acct. # 000952

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) JOHN	1B. MIDDLE —	1C. LAST (FAMILY) DOEPF91-0811	2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN	3. DATE OF DEATH MONTH, DAY, YEAR 4/16/91	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT SUSAN GRAVES-PUBLIC ADMIN, 52010A HUFFIN RD. SAN DIEGO, CA 92123	
7A. TYPE OF DISPOSITION—SEE INSTRUCTIONS 5602 EL CAJON BLVD. SAN DIEGO, CA 92115			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE E-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—Federal Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 9/11/91
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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 \$7.00	9B. DATE PERMIT ISSUED SEP 12 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOLY CEMETERY 3751 MARKET ST. SAN DIEGO, CA <i>NON S5A/32</i>	11B. DATE INTERRED 9/12/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Liver</i>	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

COPY 2 IS RETAINED BY 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 9-11-91

Transfer of Property
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Ricky DOROSAN & DIAN DOROSAN

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 11 AND 12 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 Transfer fee 45.00

Recording and filing fee _____

Sales taxes _____

Total Due 45.00

Paid receipt number 41243 45.00

Balance due 0

From: Lydia DOROSAN
I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Dorosan V.S.

Address 3624 E. 52

City San Diego Zip Code 92107

Telephone 233-8563

Work Order # **E** 9679

PY-583 (REV. 8-85)

Invoice # _____

Acct. # _____



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

Property Department
264-3151Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

QUITCLAIM DEED

In consideration of _____

I/We BRIGIDO T. AND LYDIA B. DOROSANDO HEREBY REMISE, RELEASE, AND QUITCLAIM to RICKY B. DOROSAN
AND DIAN P. DOROSANall that Cemetery property situated in Mount Hope Cemetery, in said City of
San Diego, County of San Diego, State of California, described as follows:Lot 11412 Grave Row Section Division/Block 10TO HAVE AND TO HOLD the above-described quitclaimed property unto the
said RICKY B. AND DIAN P. DOROSAN, its successors and assigns forever.WITNESS my/our hand this 9-11- day of 1991EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

[Signature]
[Signature]
Witnesses

X [Signature]
X [Signature]

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/11/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Kirk Henderson Marbury

in a LINER Funeral, date, time MON 9/16 11:30 AM

Church, Chapel, Graveside Church St. ; PARSONS Mortuary.

All Funeral cars must 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 172 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 495

Additional spaces and care fund 350⁰⁰

Opening/Closing & Setup 150⁰⁰

Burial Container 145⁰⁰

Handling Fees 45⁰⁰

Flower vases - Marker setting fee 45⁰⁰

Recording and filing fee 12³⁸

Sales taxes 1197³⁸

Total Due 1197³⁸

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 release to Mt. Hope Cemetery harmless from
any liability on account of said authorization and release.

I hereby authorize the interment to be held under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 9680 Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-9680

No 41268

Date: 7/19/91, 19 91From: Anderson, Margaret Address: 5050 Fennel Ave S.D., CA. 92102
Flower Fund Ninety Seven and 100 Dollars (\$ 6197.33)
In Full Payment of Services for King H. Marbury
 Lot 172 Grave 12 Row _____ Section 1 Division Block 13

Invoice No. _____

Acct. No. _____

W.O. E-9680BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒AC-212 (Rev. 10-87) # 8082NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY Robert James

CREDIT	67007	
20% Sales Care	77184	<u>99.00</u>
80% Sales	100	
of Lots	77184	<u>396.00</u>
Opening/	100	
Closing	77181	<u>350.00</u>
Burial	100	
Containers	77182	<u>150.00</u>
	100	
Handling Fee	77185	<u>175.00</u>
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>12.00</u>
	78380	
TOTAL PAID	\$	<u>1177.00</u>

E-9680

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) KIRK		1B. MIDDLE HENDERSON		1C. LAST (FAMILY) MARBURY		2. DATE OF BIRTH MONTH DAY YEAR 4-9-63		3. DATE OF DEATH MONTH DAY YEAR 9-8-91		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Cornelius W. Marbury - Father 6563 Jackson Dr. San Diego, CA 92119			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Bagdale Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Debbie Williams</i>			8B. DATE SIGNED 9/12/91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 13 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Roney, M.D.</i>	
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 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 IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				FOR CORONER'S USE ONLY			
								<input type="checkbox"/> I. DISPOSITION PENDING			
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. 172-2-1-12 San Diego, CA				11B. DATE INTERRED 9-16-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. League</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY LINER				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 9/11/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FREDDE OLIVIA WILLIAMS

in a _____ Funeral, date, time Mon 9/16 1:00 PM

Church, Chapel, Graveside Church, G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran NO

Lot _____ 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 agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and 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 9681

PY-603 (REV. 8-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 9-12-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Freddie O. Williams

in a Liner Funeral, date, time Mon. 9/16 1:00pm

Church, Chapel, Graveside Church + Grav. - 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 125 Grave 11 Row - Section 2 Division/Block 11

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 12.38

Sales taxes 12.38

Total Due 1297.38

Paid receipt number

Balance due

I hereby certify I am the SON of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

E 9682

Invoice #

Acct. #

MT. HOPE CEMETERY

E-9682

W.O. # E-9682

NOTE

\$ 1297.³⁸ San Diego, California 9/12 1991

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 Ninety Seven ³⁸/₁₀₀ DOLLARS with interest from Oct. 16, 1991 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 Lester L. Kelly SIGNATURE Lester L. Kelly
ADDRESS 839 39th San Diego, CA, 92102
CALIFORNIA DRIVER LICENSE NUMBER C4847518 SSN # 45496 5859

E-9682

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) FREDDIE		1B. MIDDLE OLIVIA		1C. LAST (FAMILY) WILLIAMS		2. DATE OF BIRTH MONTH, DAY, YEAR 3-31-26		3. DATE OF DEATH MONTH, DAY, YEAR 9-10-91		4. SEX F	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Doris Cook - Daughter 4343 "C" St. #1 San Diego, CA 92102			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 9/13/91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 13 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> D. SCIENTIFIC USE |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> 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 <i>125-11-2-11</i>		11B. DATE INTERRED 9-16-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A <i>Liner</i>		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY 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

and billed to undersigned. War time veteran No.

Balance due

I hereby authorize the interment in lot I hold under deed.

Signature JOHANNES D. PARIS

Address 1435 NW 1st Ave

Signature of recorded holder of deed _____

Telephone 04-48-52819

Work Order # **E 9683** Invoice # _____
Acct. # _____

WORK ORDER # _____ ACCT. # _____
FY-883 (REV. 8-88)

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9643
 No 41288
Date: 4-24, 1991From: George Harris Address: 1455 Sancti James, El Cajon, Ca 92020In Two Hundred Fifty Three and 30/100 Dollars (\$ 253.30)
 Lot 113 Grave 17 Row 3 Section 1115 Division Block 43

Invoice No. _____

Acct. No. _____

W.O. E-9643

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

003702

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	

TOTAL PAID \$ 253.30ISSUED BY [Signature]



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Property Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

E-9683

DATE: August 19, 1991

TO: WENDY JO TEAGUE, CEMETERY MANAGER

FROM: BLANCHE E. BARNES, BARNES FAMILY TRUST

I, Blanche E. Barnes, Barnes Family Trust, hereby authorize any family member of the Barnes family to be interred in property I own, namely Lot 113, Graves 7 and 8, Section 100F, Block 43. Any family member that wishes to be cremated has my permission to be interred with John Barnes, who is buried in grave 7 or in grave 8.

This authorization is intended to be used by any family member existing now, or in the future, who may choose to be buried in the family plot on a first come, first serve basis. This plot may never be sold, only used as a family plot for family burials. This would include family members that marry into the Barnes family.

Signed: Blanche E. Barnes DATE: Aug 19, 1991

WITNESSED: [Signature] DATE: 8-19, 91

[Signature] DATE: 8-19-91

E-9683

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) BLANCHE		1B. MIDDLE EVELYN		1C. LAST (FAMILY) BARNES		2. DATE OF BIRTH MONTH, DAY, YEAR NOV. 8, 1921		3. DATE OF DEATH MONTH, DAY, YEAR SEP. 9, 1991		4. SEX F	
CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT JUDITH TORREGROSA-DAUGHTER 4951-D CLAIREMONT SQ. #232 SAN DIEGO, CA. 92117					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORT. 6322 EL CAJON BLVD. SAN DIEGO, CA.						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 9-12-91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 12 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA. 92186				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											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
<input type="checkbox"/> J. 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 9/13/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY LENEDA INC. 14065 OLDE HWY 80 EL CAJON, CA.				12B. DATE CREMATED 9/12/91		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 5/89)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/12/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CHARLES W COLEY

in a LINED Vault/Line Funeral, date, time TUE 9/12 11:00 AM

Church, Chapel, Graveside CHapel 16.5; PARSONAGE Mortuary.

All Funeral cars must 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 Honor Guard

Lot 72 Grave 6 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	<u>695⁰⁰</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>350⁰⁰</u>
Burial Container	<u>150⁰⁰</u>
Handling Fees	<u>145⁰⁰</u>
Flower vases - Marker setting	
Recording and filing fee	<u>45⁰⁰</u>
Sales taxes	<u>12³⁸</u>

PAID
OCT 29 1991
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1397³⁸

Paid receipt number #41254 200⁰⁰

Balance due 1197³⁸

10/29 Aux. INVOICE 1197³⁸

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 dead Wife

Signature 1920 Gamma St
Address National City 92050
State 264-5006 Zip Code
Telephone

Work Order # **E** 9684

PR-553 (REV. 5-88)

Invoice # 170452
Acct. # 068392

E-9684

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 068392

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-29-91 H.D.

PAID BY (CIRCLE ONE):

CA

CK

HF

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID \$1197.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

Yoshiko Coley

PAYOR NAME

None

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

1920 Lanna St.
LA 92050

REMARKS

Jan
MS #72

CASHIER _____

INV. NO.

170452

MT. HOPE CEMETERY

W.O. # E-9684

NOTE

\$ 1197³⁸ San Diego, California 9/12/1 1991

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 NINETY SEVEN AND ³⁸100 DOLLARS with interest from OCT 16, 1991 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 YOSHIO COLEY SIGNATURE Yoshio Coley
ADDRESS 1920 Hanna St. S. D. CA 92050
CALIFORNIA DRIVER LICENSE NUMBER 549-74-2853 SSN # N 19,216,419

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-9684

No 41254

Date: 9/12/91, 1991From: YOSHIKO Coley Address: 1920 GARDEN ST NATIONAL IL 60605
Two Hundred and 00/100 Dollars (\$ 200⁰⁰)
In PAID Payment of SERVICES FOR CHARLES W. Coley
 Lot 72 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9684

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>200⁰⁰</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>200⁰⁰</u>

E-9684

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) CHARLES		1B. MIDDLE WILLIAM		1C. LAST (FAMILY) COLEY, SR.		2. DATE OF BIRTH MONTH, DAY, YEAR 10-4-25		3. DATE OF DEATH MONTH, DAY, YEAR 9-10-91		4. SEX M	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT YOSHIKO COLEY, WIFE 1920 GAMMA ST. NATIONAL CITY, CA 91950			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY: 5050 FEDERAL BLVD. SAN DIEGO, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Hebbie Williams</i>			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED 9/13/91		8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramey, M.D.</i>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				8A. AMOUNT OF FEE PAID \$7.00		8B. DATE PERMIT ISSUED SEP 16 1991		8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramey, M.D.</i>	
CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT											
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA				11B. DATE INTERRED 9-17-91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>		
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY Linear 72-6-2-11 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.

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date Sept. 13, 1991

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mildred Vittum ☒
in a Ash Vault Funeral, date, time FC: 9/20 11:30 AM

Church, Chapel, Graveside Delivery/witness Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran no

Lot 13 Grave 8 Row _____ Section 7 Division/Block 5

Grave space & Care Fund PER-DEED B-3320 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

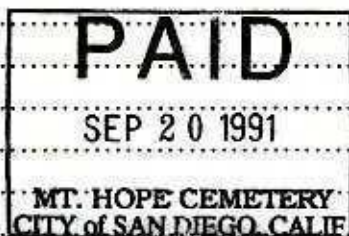
Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 3.30



Total Due 253.30

Paid receipt number 41279 253.30

Balance due 0

I hereby certify I am the Brother of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Work Order #

E 9685

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-9685

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Walter A. & Rena M. Livingston for the sum of \$ 150.00 (DOLLARS)

LEGAL DESCRIPTION Lot 13, Graves 8 and 9, Section 7, Division 5

AS DESCRIBED ON PURCHASE ORDER NUMBER E-3320

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 Memorial


Cemetery Manager


Park and Recreation Director

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) Mildred	1B. MIDDLE C	1C. LAST (FAMILY) Victor	2. DATE OF BIRTH MONTH DAY YEAR 1-20-13	3. DATE OF DEATH MONTH DAY YEAR 9-9-91	4. SEX F
5A. CITY OF DEATH Whittier		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Los Angeles		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE WILLIAM C. Livingstone, Brother 3276 Loma Riviera Dr. San Diego, CA 92110	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH William D. Livingstone			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE None		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>William D. Livingstone</i>		8B. DATE SIGNED 9-18-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED SEP 18 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald J. Ransom, M.D.</i>
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 Los Angeles Vital Records 313 N. Figueroa St., Los Angeles, CA		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, 3851 Reservoir St., San Diego, CA 92106-5222		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

☒ A. BURIAL (INCLUDES ENTOMBMENT)☐ D. SCIENTIFIC USE☐ G. SHIP IN TO CALIFORNIA☐ B. CREMATION☐ E. TEMPORARY ENVAULTMENT☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA☐ C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY☐ F. DISINTERMENT

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 9-20-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>	
	12A. NAME AND ADDRESS OF CREMATORY 13-8-7-5	12B. DATE CREMATED 9/20/91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR 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 RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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. **E-9645**
41279

 Date: 9-20, 19 71

 From: William L. Kinsler Address: 3276 Linda Drive, Apt. 1210
Northwood City, Calif. 92061 Dollars (\$ 253.30)

 In Payment of Mildred Kinsler Service

 Lot 13 Grave 2 Row — Section 7 Division Block 5

Invoice No. _____

Acct. No. _____

 W.O. E-9645

 BALANCE DUE —

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 10-67)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

 ISSUED BY [Signature]

CREDIT	87007	
20% Sales Com.	77184	
80% Sales	100	
of Lots	77184	
Opening	100	
Cost	77184	
80%	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>253.30</u>

E-9685

Plastic

28933

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) Mildred		1B. MIDDLE C.	1C. LAST (FAMILY) Vittum	2. DATE OF BIRTH MONTH, DAY, YEAR Jan. 26, 1913	3. DATE OF DEATH MONTH, DAY, YEAR Sept. 9, 1991	4. SEX Female
5A. CITY OF DEATH Whittier		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Los Angeles		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT William Livingstone - Brother 3276 Loma Riviera Drive San Diego, CA 92110		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lanfer-Richardson Mort. 6338 Greenleaf Ave., Whittier CA		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 775		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		
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.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 12 1991		8B. DATE SIGNED 9-10-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. Figueroa St., Los Angeles, CA 90012		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		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						
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> D. SCIENTIFIC USE <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> F. DISINTERMENT						
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; display: inline-block;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>						
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery, 3751 Market St., San Diego CA 92102 <i>13-8-4-5 Oak View</i>		11B. DATE INTERRED <i>9/20/91</i>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Evergreen Crematory, 204 N. Evergreen Avenue Los Angeles, CA 90033		12B. DATE CREMATED <i>9-12-91</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 5/89)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-16-91

*Free Deed
Lot + Trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of NUGENT BRYANT AND GREGORY FOSTER
in a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran NO

Lot 150 Grave 10 Row - Section 1 Division/12

Grave space & Care Fund 595.00

Additional spaces and care fund PAID

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 16.50

Sales taxes 1381.50

Total Due 1381.50

Paid receipt number 41257 1381.50

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Gregory Foster
Signature
5335 Laurel St
Address
San Diego, Calif 92105
State Zip Code
619 266-8136
Telephone

Work Order # E 9686
PY-583 (REV. 8-86)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-9688

No 41257

Date: 9-16, 1991From: Gregory Foster Address: 5335 Laurel St. # 12105Thirteen Thousand Eighty-One Dollars (\$ 1381.50)In _____ Payment of Credit for Pre-Paid TrustLot 150 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9688BALANCE DUE 8Pre-Need Lot ☐ At 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	<u>119.00</u>
20% Sales Care	77184	<u>47.00</u>
80% Sales	100	<u>35.00</u>
of Lots	77184	<u>20.00</u>
Opening/	100	<u>175.00</u>
Closing	77181	<u>45.00</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>16.50</u>
	78390	
TOTAL PAID	\$	<u>1381.50</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-16-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ALICE MILLS

in a Liner Funeral, date, time 9/18, WED 11:00

Church, Chapel, Graveside Graveside 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 No Will be here bet 10:15-10:30 to plan set. Will need pallbearers

✓ Lot 14 Grave 7 Row 7 Section 7 Division 5

Grave space & Care Fund Per Need Sec 7 Div - 5 (1959)

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 12.38

PAID
SEP 16 1991

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 702.38

Paid receipt number 41258 702.38

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

Bryan J. Mills
Signature 8127 Conter St.
Address San Marcos, Ca
Phone 698-1363 91943
Telephone

Work Order # **E 9687**

PY-883 (REV. 8-86)

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9687
 No 41258

 Date: 9-16, 1971

 From: James M. Hill Address: 8127 Carter St., San Diego, CA 92114
Seven hundred Two 30/100 Dollars (\$) 702.30

 In _____ Payment of Service for Mr. Hill

 Lot 14 Grave 7 Row _____ Section 7 Division Block 5

Invoice No. _____

Acct. No. _____

 W.O. E-9687

 BALANCE DUE 0

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>350</u>	<u>W</u>
Closing	77181		
Burial	100	<u>150</u>	<u>W</u>
Containers	77182		
	100	<u>145</u>	<u>W</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>W</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>12</u>	<u>58</u>
	78390		
TOTAL PAID	\$	<u>702</u>	<u>38</u>

E-9687

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) ALICE	1B. MIDDLE TENNISON	1C. LAST (FAMILY) MILLS	2. DATE OF BIRTH MONTH DAY YEAR 11-23-1908	3. DATE OF DEATH MONTH DAY YEAR 9-14-1991	4. SEX F
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT BYRON T. MILLS - SON 8127 CENTER STREET LEMON GROVE, CA 91945	
7A. TYPED NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 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 <i>[Signature]</i>		8B. DATE SIGNED 9-16-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED SEP 17 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- | | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> F. DISINTERMENT | |

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT ROSA CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 <i>14-7-7-5</i> <i>NON SOLDER</i>	11B. DATE INTERRED 9-18-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A <i>Liner</i>	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

79-6-2-12

Mable Marie PERKIN
1-26-90

Date 9-16-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Frances Patricia Espartero

in a T.S. Vault Funeral, date, time Tues 9/17 2 PM

Church, Chapel, Graveside Church + Gravestone Mortuary.

All Funeral cars must 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 C.E.

✓ Lot 178 Grave 5 Row - Section 2 Division 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 195.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 16.50

Sales taxes 1481.50

Total Due 1481.50

Paid receipt number 41259 370.00

Balance due 1111.50

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.

Francis E. Espartero
Signature of recorded holder of deed

Francis E. Espartero
Signature

1170 Valencia Parkway
Address

SAN Diego, CA 92114
City

262-7610
Telephone

Zip Code

Work Order # **E 9688**

Invoice # 170453

Acct. # 068393

PR-553 (REV. 8-88)

MT. HOPE CEMETERY

W.O. # E-9688

NOTE

\$ 1111.50 San Diego, California 9-16 1991

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 Eleven 50/100 DOLLARS with interest from October 17, 1991 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: Cecil Espy SIGNATURE: Cecil F. Espy
ADDRESS: 1120 Valencida Parkway, San Diego 92114
CALIFORNIA DRIVER LICENSE NUMBER: B1996924 SSN #: 560-42-9068

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41259

E-9688

Date: 9-16, 1991From: Carole Meyer Address: 975 Kerkman Ave, Upland, CA 91786
Three Hundred Seventy Dollars (\$ 370.00)
In _____ Payment of Service Fee
 Lot 48 Grave 15 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 9688BALANCE DUE \$ 1111.20Pre-Need Lot ☐ At 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. R. E.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>370.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 370.00

E-9688

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) FRANCES	1B. MIDDLE PATRICIA-PERKINS	1C. LAST (FAMILY) ESPY	2. DATE OF BIRTH MONTH, DAY, YEAR 6-17-39	3. DATE OF DEATH MONTH, DAY, YEAR 9-12-91	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT CRCIL E. ESPY, SR. - HUSBAND 1120 VALENCIA PARK WAY SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORT.; 5050 FEDERAL BLVD. SAN DIEGO, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE P-1329		

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 <i>Debbie Williams</i>	8B. DATE SIGNED 9/16/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED SEP 17 1991
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rivas, M.D.</i>	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. 78-5-2-12 METAL SEWER SAN DIEGO, CA	11B. DATE INTERRED 9-17-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>T.S. Vault</i>	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

COPY 2 IS RETAINED BY 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 9-16-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLEN MCGEE

in a ~~Interment~~ Vault Funeral, date, time Thurs 10/3 11:00

Church, Chapel, Graveside Church + graveside CALIF BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 173 Grave 1 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund PAID

Opening/Closing & Setup 350.00

Burial Container 031 03 1991 200 150.00

Handling Fees 175 145.00

Flower vases - Marker setting MT. HOPE CEMETERY

Recording and filing fee CITY OF SAN DIEGO, CALIF 45.00

Sales taxes 116.50 12.98

Total Due 1281.50 1197.38

Paid receipt number 41265 1150.00

Balance due 49.38

41325 131.50

I hereby certify I am the "Gary" of the above named deceased and this is your authority to make disposition of remains as above indicated. I certify and agree that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order #

E 9689 ✓

Invoice #

Acct. #

PY-593 (REV. 8-85)

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9689
 No 41265
Date: Sept 19, 1991From: Cash Burial Address: 3602 El Cajon Blvd S.D. CA 92105
Eleven hundred fifty and 00/100 Dollars (\$ 1150.00)
In Part Payment of pre-paid For Ellen McGee
 Lot 173 Grave 1 Row 1 Section 1 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E-9689BALANCE DUE 47.38Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>396.00</u>
80% Sales	100	
of Lots	77184	<u>396.00</u>
Opening/	100	
Closing	77181	<u>320.00</u>
Burial	100	
Containers	77182	<u>50.00</u>
	100	
Handling Fee	77185	<u>15.00</u>
Recording &	100	
Misc. Fees	77183	<u>40.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 1150.00ISSUED BY [Signature]

1050320

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41325

E-9689

Date: 10-3, 1991

From: Gary Watkins Address: 5602 E 14th St, San Diego, CA 92115

One hundred thirty one dollars (\$131.50)

In Payment of Ellen Mc Gee - Burial Service

Lot 173 Grave 1 Row Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 9689

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

D. Carter

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	70.00
Recording & Misc. Fees	77183	45.00
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	16.50
	78390	
TOTAL PAID	\$	131.50

E-9689

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) ELIAN		1B. MIDDLE LOUISE	1C. LAST (FAMILY) MC GEE	2. DATE OF BIRTH MONTH DAY YEAR 8/31/12	3. DATE OF DEATH MONTH DAY YEAR 9/29/91	4. SEX FE
6A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT DOMINA WHITE-DAUGHTER 2251 K ST. SAN DIEGO, CA 92102		
7A. TYPE OF DISPOSITION—SEE INSTRUCTIONS ON REVERSE, LISTING AS SUCH 5602 EL CAJON BLVD, SAN DIEGO, CA 92115		7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE A-1357				
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such [Signature]		8B. DATE SIGNED 10/1/91		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED OCT 01 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA		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						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING						
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY METAL SEALED MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA		11B. DATE INTERRED 10/3/12	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY DAUIT		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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-16-91

*Pre Need
Lot*
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of VERA HEITMAN

in a _____ Vault/Urner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran No

Lot 89 Grave 12 Row — Section 2 Division/~~B~~ 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup *PAID*

Burial Container *IN*

Handling Fees *FULL 8-93*

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 695.00

Paid receipt number 41260 174.00

10/17 41403 Balance due 521.00
22.00
543.00

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 _____

Vera L. Heitman
Signature
2250 Main Lemon Grove
Address
Ca.
City
(619) 465-3532
Telephone
91945
Zip Code

Work Order # **E** 9690

PY-593 (REV. 8-86)

Invoice # _____

Acct. # _____

43543

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
Date: 4-5, 19 23
 From: Vera L. Heitman Address: 2220 Main St. San Diego 92145
Twenty-two Dollars (\$ 22.00)

 In part Payment of Pre Need Lot

 Lot 89 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7696BALANCE DUE \$125.00Pre-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 Com	77184	<u>14</u>	
80% Sales	100	<u>8</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>22</u>	<u>00</u>

6028

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
43650Date: 5-3, 1993
 From: Vera L. Heitman Address: 2220 Main St. Lemon Grove Ca 91945
Twenty-Two Dollars (\$ 22.00)

 In part Payment of Pre-Need Lot

 Lot 89 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9690BALANCE DUE # 103.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

6045NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

M. L. Siqueira

CREDIT	67007	77184	22	00
20% Sales Tax	77184			
80% Sales of Lots	77184			
Opening/Closing	100			
Burial Containers	77182			
Handling Fee	77185			
Recording & Misc. Fees	77183			
Pre-Need Trust	63033			
Sales Tax	9022			
	60101			
	78390			
TOTAL PAID			22	00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 627-3400

43431

Date: 3-4, 1973
 From: Vera Heitman Address: 2220 Main St. Lemon Ca 91945

 In part Payment of Twenty - two Pre Need Lot Dollars (\$ 22.00)

 Lot 89 Grave 12 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-7690BALANCE DUE 147.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-61)

6009

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100	22	00
Opening/Closing	77161		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	22	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43761

Date: 6-3, 1975

From: Vera Heitzman Address: 2220 Main St, Lemon Grove

Quarter Truck Dollars (\$ 22.00)

In Payment of Pre-Need Lot

Lot 89 Grave 12 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9690

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-61)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY J. Ait

CREDIT	67007	22	00
20% Sales Care	77184		
50% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	22	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43313

Date: 2-3, 1993
 From: Vera L. Heitman Address: 2220 Main St Lemon Br. Ca 91945

 In part Payment of Twenty - two Dollars (\$ 22.00)
Pre-Need Lot

 Lot 89 Grave 12 Row 2 Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9690BALANCE DUE \$ 169.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

5983

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	22	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	22	00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43233

 Date: 1-13, 1983
 From: Vera Hartman Address: 2220 Main St. La Jolla
Twenty-Two Dollars (\$ 22.00)
 In Payment of Pre-Need Kot

 Lot 89 Grave 12 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9650

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>22.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>22.00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 43067

Date 12/3, 1992From: Vera Heitman Address: 2220 Main St. Lower FloorTwenty-two Dollars (\$ 22.00)In Payment of Pre-Need LotLot 89 Grave 12 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9690

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

5932NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

[Signature]

CREDIT	62007	
20% Sales Care	77184	
80% Sales	100	<u>22.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83093	
Trust	9022	
Sales Tax	50101	
	70390	
TOTAL PAID	\$	<u>22.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42961

Date: 11-9-, 19 92
 From: Vera L. Heitman Address: 2220 Main St.
Twenty-two and 1/100 Dollars (\$ 22.00)
 In paid Payment of credit lot

 Lot 89 Grave 12 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 9690BALANCE DUE 235Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

3916

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	22	-
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	22	-

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

527-3400

43870

 From: Vera Hartman Address: 222 Main St. Lemon Grove
Twenty Two Dollars (\$ 22⁰⁰)
 In Payment of Pre Need Lot
Date: 7-6, 1993
 Lot 89 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9690

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	<u>22</u> <u>00</u>
80% Sales of Lots	100	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 22 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41880

 Date: 7-12, 1992
 From: Vera Heitman Address: 222 Main St. Lemon Grove
Twenty-Two 70/100 Dollars (\$ 22⁰⁰)
 In Payment of Pre-Need NOT

 Lot 89 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9690

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

5699
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

Wants

CREDIT	87007	
20% Sales Care	77184	
90% Sales	100	<u>22</u>
of Lots	77164	<u>00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>22</u> <u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41961

Date: 3/4, 1992From: Vera Heitman Address: 2220 Main St. San Diego
Twenty - Two Dollars (\$ 22.00)
No/100
In _____ Payment of Pre-Need Lot
 Lot 89 Grave 12 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9670

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 SPACEISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	<u>22</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>22</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42145

Date: 4-17, 1992
 From: Vera Hertman Address: 2220 Main, Lemon Grove 91945
Twenty-two dollars and 00/100 Dollars (\$ 22.00)

 In part Payment of Credit Lot

 Lot 89 Grave 112 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 9690BALANCE DUE 367Pre-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.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	22 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	

TOTAL PAID \$ 22 -ISSUED BY N. J. Teague

5249

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42201

From:

Vera Heitman

Address:

2220 Main, Lemon Grove, CA 91545

Date:

5-5

19

92

Dollars (\$

22.00)

In

Payment of

Pre-Need Lot

Lot

89

Grave

12

Row

Section

2

Division
Block

12

Invoice No.

Acct. No.

W.O.

E 9690

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT

67007

20% Sales Com

77184

80% Sales
of Lots100
77184Opening/
Closing100
77181Burial
Containers100
77182

Handling Fee

100
77185Recording &
Misc. Fees100
77183Pre-Need
Trust63033
9022

Sales Tax

60101
78390

TOTAL PAID

\$

22.00

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

ISSUED BY

5773

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 42318

Date: 6-4-, 1992From: Vera Neuman Address: 2220 Main St.
Twenty two and xx/100 Dollars (\$22.00)
In part Payment of Credit for Coupon # 9
 Lot 89 Grave 12 Row _____ Section 2 Division 12 Block 12

Invoice No. _____

Acct. No. _____

W.O. E9690BALANCE DUE 323Pre-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.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>22</u>
of Lots	77184	<u>-</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83083	
Trust	9022	
Sales Tax	80101	
	78390	

TOTAL PAID 22 -ISSUED BY V. J. Teague

5806

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT,
 MOUNT HOPE CEMETERY
 527-3400

No 42476

From: Vera HeitmanAddress: 222 Main St. L. GroveDate: 7-61992

In _____ Payment of _____

Dollars (\$ 22 -)Lot 89Grave 12

Row _____

Section 2Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9690

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY Je Waite

CREDIT	87007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	69033
Trust	8022
Sales Tax	60101
	78390

TOTAL PAID

\$

22 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42612

From:

Vera Litman

Address:

222 Main St, San Diego

Date:

8-12, 1992

In

Payment of

Pre-Need Lot

Dollars (\$ 22 -)

Lot

89

Grave

12

Row

Section

2

Division

Block 12

Invoice No.

Acct. No.

W.O.

E-9690

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT

20% Sales Care

57007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77185

Recording &

100

Misc. Fees

77183

Pre-Need

83033

Trust

9022

Sales Tax

80101

78390

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

ISSUED BY

J. White

TOTAL PAID

\$

22.00

5847

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42727

Date: 9-16, 1992From: Vera Heitman Address: 2220 Main, Lemon GroveTwenty Two Dollars (\$ 22.)In Payment of Pre-Need LotLot 89 Grave 12 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9690

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

5866

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	22	10
Opening/Closing	77184		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	63033		
Sales Tax	9022		
	80101		
	78380		
TOTAL PAID	\$	22	10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 41664

Date: 12-17, 1991From: Vera Heitman Address: 225 Main, Lemon Grove
Twenty-two Dollars (\$ 22.00)
No 110
In _____ Payment of Pre-Need Lot
 Lot 89 Grave 12 Row - Section 2 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9690

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

5649

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>22.00</u>
Opening/Closing	77181	
Barial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>22.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
N^o 42789
 From: Vera Heitman Address: 2220 Main St. Lemon Grove
Quincy Ave 1101/10 Dollars (\$ 22)
 In _____ Payment of Pre-Need Lot

 Lot 89 Grave 12 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-9690BALANCE DUE \$257.00Pre-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

Waits

CREDIT	67007	
20% Sales Cars	77184	
80% Sales	100	
of Lots	77184	<u>22</u> <u>10</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>22</u> <u>10</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 41777

 Date: 1-21, 1992
 From: Vera Heitman Address: 222 Main St, Lemon Grove, 91545
Twenty-two 70/100 Dollars (\$ 22⁰⁰)
 In Payment of Pre-Need Lot

 Lot 89 Grave 12 Row - Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9690BALANCE DUE \$433⁰⁰Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	<u>22</u> ⁰⁰
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>22</u> ⁰⁰

ISSUED BY

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41403

 Date: 10-17, 1991
 From: Vera Heitman Address: 220 Main, Lemon Grove
Twenty - Two Dollars (\$ 22.00)
 In _____ Payment of Credit Not

 Lot 89 Grave 112 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9690BALANCE DUE \$ 499.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>22.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>22.00</u>

5600

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400
N^o 41520Date: 11-15-, 1991From: Vera A. Heitman Address: 2700 Main St Lemon Grove CA 91745Twenty two and 00/100 Dollars (\$ 22.00)In last Payment of Credit forLot 89 Grave 12 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. 1W.O. E-9690

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	100	
of Lots	77184	<u>00.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>22.00</u>

6686

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41260

 Date: 9-16, 1991

 From: Vera Hectman Address: 222 Main St, San Diego 92105
One Hundred Seventy-Four Dollars (\$ 174.)

 In _____ Payment of Pre-Need Lot

 Lot 79 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

 W.O. E-9690

 BALANCE DUE \$521.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>174.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>174.00</u>

 ISSUED BY J. A. [Signature]

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

1210 MARK
LEMON GROVE, CAL. 91945

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									22.00		

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot* E-9690

Vera Heitman

2220 Main

Lemon Grove, Ca. XXXX 91945

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.

\$ 22.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 22.00

NAME

Vera Heitman

ADDRESS

2220 Main

CITY

Lemon Grove STATE *Ca* ZIP *91945*

☒ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

1770 Main

Lemon Grove, Cal. 91945

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
									15		
								11	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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Credit Lot*

E-9690

Vera Heitman

2220 Main

Lemon Grove, Ca. 91945

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.



\$ 22.00

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.

2120 Main

Lemon Grove, Cal. 91945

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									10		
								22.00			

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****10****DO NOT MAIL ENTIRE BOOK**

ACCOUNT NO.

2220 Main

Lemon Grove, Ca. 91945

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
									22		

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

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2110 Main

Lemon Grove, Cal. 91945

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									21.00		

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**

8

DO NOT MAIL ENTIRE BOOK

Barry Halpman
ACCOUNT NO.

2220 Main

Lemon Grove, Ca. 91945

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									<i>10</i>		

Amount due when paid on, or before,
due date above.



\$

22.00

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 on coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO.

Vera Haliman
2220 Main

Lenah Grove, Cal. 91945

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
									10		
								22.00			

Amount due when paid on, or before,
due date above.

\$ _____

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 22.00

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

Vera Helman
ACCOUNT NO.
2220 Main

Lemon Grove, Ca. 92945

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									<i>10</i>		

22.00

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

5

DO NOT MAIL ENTIRE BOOK

Verna Holzman
ACCOUNT NO.

2220 Main

Lemon Grove, Cal. 91945

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									<i>22.00</i>		

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****22****DO NOT MAIL ENTIRE BOOK****ACCOUNT No.**

Lemon Grove, Ca. 91945

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.

\$ _____

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.

Lemon Grove, Ca. 91945

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									70		

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

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2220 Main

Lemon Grove, Cal. 91945

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									19		
								22.00			

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

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Lemon Grove, Ca. 91945

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
									15		

Amount due when paid on, or before,
due date above.

\$ 22.00

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.

Lemon Grove, Cal. 91945

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								25.00			

Amount due when paid on, or before,
due date above.

\$ _____

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 enclosures with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

LEMON GROVE, Ca. 91945

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL

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

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Lemon Grove, Ca. 91945

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.

\$

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-9690
11909



OWNERSHIP AND INTERMENT PRIVILEGES

TO Vera Heitman for the sum of \$ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 89; Grave 12; Section 2; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9690

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

J. T. Brown
Property Director

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-17-91

16 Chairs for service

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HAZEL REEDER

in a Liner Funeral, date, time Fri, 9/20 10:30 AM

Church, Chapel, Graveside GRAVESIDE only: GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran No Open Imperial
St. Gates

Lot 28 Grave 8 Row - Section MAS Division J

Grave space & Care Fund Pre-Need (1933)

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 Granddaughter In law of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order #

PR-583 (REV. 8-88)

E 9691

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9691
 No 41263

 Date: 9-17, 19 91

 From: Hopie Leeder Address: 2741 Highland Blvd, San Diego, CA 92104
Seven Hundred Two 38/100 Dollars (\$ 702.38)

 In _____ Payment of Service for Hazel Leeder

 Lot 28 Grave 8 Row - Section 71A5 Division Block J

Invoice No. _____

Acct. No. _____

 W.O. E-9691

 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 Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>350.00</u>
Burial	100	
Containers	77182	<u>150.00</u>
	100	
Handling Fee	77185	<u>145.00</u>
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>12.38</u>
	78390	
TOTAL PAID	\$	<u>702.38</u>

F-9691

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) Hazel		1B. MIDDLE I.		1C. LAST (FAMILY) Reeder		2. DATE OF BIRTH MONTH, DAY, YEAR 04-10-1891		3. DATE OF DEATH MONTH, DAY, YEAR 09-15-1991		4. SEX F			
5A. CITY OF DEATH Spring Valley				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Rich Reeder: Grandson 43214 Black Deer Loop #102 Temecula, CA 92590					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: 1-805 Imperial Avenue San Diego, CA						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>Timberley L. Ines</i>						8B. DATE SIGNED 9-18-91	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.						9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED SEP 19 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Remmel, M.D.</i>			
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222						9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING													
FOR CORONER'S USE ONLY													
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY 28-8-MAS-J Mount Hope Cemetery 8751 Market Street, San Diego, CA				11B. DATE INTERRED 9/20/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>				
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY				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 9-18-91

VERA R. OHRE A TRUST

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VERA R. OHRE

in a Double Depth Crypt Funeral, date, time MON, 9/23 1:00pm
Vault/Liner 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 No *Family wants to view*
ENTIRE CLOSING OF GRAVE

Lot 1164 Grave 1 Row - Section 4 Division Black 6

Grave space & Care Fund Pre-Need

Additional spaces and care fund

Opening/Closing & Setup 2 @ 350.00 700.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee 2 @ 23.83 47.66

Recording and filing fee 2 @ 45.00 90.00

Sales taxes 27.23

Total Due 1514.89

Paid receipt number

Balance due

I hereby certify I am the Beverly Jean Hogan of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

daughter
Beverly Jean Hogan
4182-45th Street
San Diego, Calif 92105
284-6595
286 Code
 Telephone

Work Order #

E 9692

PY-683 (REV. 8-85)

Invoice #

Acct. #

1470 495
068405

238-6500
(List)

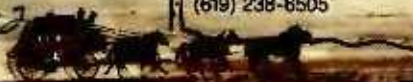
Rebecca A. Cowlshaw
Assistant Vice President
Private Banking Group

Regional Asset Management
101 West Broadway, Ste. 400
San Diego, CA 92101
(619) 238-6505

WELLS FARGO BANK

R. F. Munn

238-6522



700
~~500~~
15000d

San Marcos

Emi Radhe

8555-Aero 01-

SD - 92/23

Leite 20/4

287-9800

E-9692

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) Vera		1B. MIDDLE Rivvie		1C. LAST (FAMILY) Ohre		2. DATE OF BIRTH MONTH DAY YEAR 9-23-1907		3. DATE OF DEATH MONTH DAY YEAR 9-18-1991		4. SEX Female	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Beverly J. Logan - Daughter 4182 45th Street San Diego, CA. 92105			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL HOME, CEMETERY, OR OTHER SUCH Cypress View/Bonham Brothers San Diego, CA.						7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>C. Ohre</i>		8B. DATE SIGNED 9-18-91			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED SEP 19 1991		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>			
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 San Diego County - Vital Records P.O. Box 85222, San Diego, CA 92138				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											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING											
FOR CORONER'S USE ONLY											
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA.				11B. DATE INTERRED 9/23/91		11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>			
	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.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-20-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARY BRAZLEY
in a Linex Vault/Liner Funeral, date, time Wed, 9/25/91 2:00pm
Church, Chapel, Graveside Chapel - Grace - Ragdale Mortuary.

All Funeral cars must 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 121 Grave 3 Row - Section 1 Division/Block 11

Grave space & Care Fund 695.00

Additional spaces and care fund 350.00

Opening/Closing & Setup 150.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 12.38

Recording and filing fee 1397.38

Sales taxes 41291

PAID
SEP 25 1991
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 1397.38

Paid receipt number 41291 1397.38

Balance due 0

*Ragdale
Will bring check for
Debit of after
Advised
P.T. Charge
3:30pm*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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** 9693
PY-883 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9693
 No 41291
Date: 9-25, 1981From: Anderson, Nagdale Address: 5050 Federal Blvd. H 92
Western Boulevard 7, Irving, Iowa 52601 Dollars (\$) 1397.38
In _____ Payment of Mary Jean Bradley Service
 Lot 121 Grave 3 Row - Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9693BALANCE DUE 8Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY for [signature]

CREDIT	67007	
20% Sales Care	77184	<u>139.00</u>
80% Sales	100	
of Lots	77184	<u>556.00</u>
Opening/	100	
Closing	77181	<u>350.00</u>
Burial	100	
Containers	77182	<u>150.00</u>
	100	
Handling Fee	77185	<u>145.00</u>
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>12.38</u>
	78390	
TOTAL PAID	\$	<u>1397.38</u>

E-9693

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) MARY	1B. MIDDLE JEAN	1C. LAST (FAMILY) BRAZLEY	2. DATE OF BIRTH MONTH, DAY, YEAR 10-8-30	3. DATE OF DEATH MONTH, DAY, YEAR 9-18-91	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT LISA DOXEY - DAUGHTER 4341 TEXAS STREET #5 SAN DIEGO, CA 92104	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORT.; 5050 FEDERAL BLVD. SAN DIEGO, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 9/23/91
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED SEP 23 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 85 222 SAN DIEGO, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

1. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT		

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. 121-3-1-11 SEALEX SAN DIEGO, CA	11B. DATE INTERRED 9/25/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Limer	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

COPY 2 IS RETAINED BY 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 9-23-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of SARAH SWANK

in a LINER Funeral, date, time Fri, 9/27 11:00 AM

Church, Chapel, Graveside Chapel, G.S. Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 458 Grave _____ Row _____ Section 5 Division/~~Block~~ 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

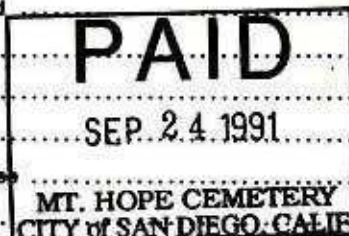
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



350.00

150.00

145.00

45.00

12.38

Total Due 702.38

Paid receipt number 41286 702.38

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 held under deed.

Rally A. Magamen
Signature of registered holder of deed

Rally A. Magamen
Signature
3441 Hershey St
Address
CA.
State
619-287-6206
Telephone
92115
Zip Code

Work Order #

E 9694

PR-603 (REV. 8-88)

Invoice # _____

Acct. # _____

Husband buried in
822-3-8

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9694
 No 41286

 Date: 9-24, 1991

 From: SALLY A. MAGGAMEN Address: 3441 HERSCHEY ST. S.D. CA 92115
SEVEN HUNDRED TWO AND 38/100 Dollars (\$) 702.38

 In FULL Payment of INTERMENT SERVICES FOR SARAH SWANK

 Lot 458 Grave - Row - Section 5 Division 8 Block 8

Invoice No. _____

Acct. No. _____

 W.O. E 9694

 BALANCE DUE 0

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

4051

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY:

W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	350	-
Closing	77181		
Burial	100	150	-
Containers	77182		
	100	145	-
Handling Fee	77185		
Recording &	100	45	-
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101	12	38
	78390		
TOTAL PAID	\$	702	38

E-9694

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) SARAH		1B. MIDDLE ANN	1C. LAST (FAMILY) SWANK		2. DATE OF BIRTH MONTH DAY YEAR 10/8/1924	3. DATE OF DEATH MONTH DAY YEAR 9/22/1991	4. SEX F			
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Sally Magesman, daughter 3441 Hershey St. San Diego, CA 92115				
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Fee Theringill Mortuary 6322 El Cajon Blvd SD				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 1083		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 9-24-91		
ACKNOWLEDGMENT OF APPLICANT PERMIT AUTHORIZATION OF LOCAL REGISTRAR		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED SEP 24 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222, San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS										
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)					<input type="checkbox"/> D. SCIENTIFIC USE					
<input type="checkbox"/> B. CREMATION					<input type="checkbox"/> E. TEMPORARY ENVAULTMENT					
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY					<input type="checkbox"/> F. DISINTERMENT					
					<input type="checkbox"/> G. SHIP IN TO CALIFORNIA					
					<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
					FOR CORONER'S USE ONLY					
					<input type="checkbox"/> I. DISPOSITION PENDING					
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 458-5-8 San Diego, CA METAL SEALER			11B. DATE INTERRED 9/37/91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT				
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a Liner			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 9-23-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Richard Curry
in a Double Depth Crypt Funeral, date, time Thurs, 9/26 11:00AM
Church, Chapel, Graveside Church - Grace - Cypress View Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran YES MARK ST

Lot 116 Grave 11 Row — Section 1 Division/Block 11

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 2 1/2 @ \$350.00 700.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 2 @ \$15.00 90.00

Sales taxes 27.23

Total Due 2162.23

4281 442.00

Balance due 1720.23

41408 10/21 1720.23

PAID
OCT 21 1991
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

I hereby certify I am the 30 Day Note of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Work Order #

PY-583 (REV. 8-86)

E 9695

Invoice #

Acct. #

E-9695

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) Richard	1B. MIDDLE Antonio	1C. LAST (FAMILY) Curry	2. DATE OF BIRTH MONTH DAY YEAR 8-06-1928	3. DATE OF DEATH MONTH DAY YEAR 9-22-1991	4. SEX Male
5A. CITY OF DEATH Spring Valley	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Rita C. Curry - Wife 1232 Maria Avenue Spring Valley, CA. 91977		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cypress View/Bonham Brothers San Diego, CA.		7B. CALIFORNIA LICENSE NUMBER —IF 670 CABLE			

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 9-23-91
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	-----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED SEP 24 1991	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego County - Vital Records P.O. Box 85222, San Diego, CA 92138		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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	FOR CORONER'S USE ONLY
		<input type="checkbox"/> 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 SEP 22 1991	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	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 Double Depth Crypt	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —# APPLICABLE

COPY 2 IS RETAINED BY 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
 527-3400

 E-9695
 No 41408

 Date: 10-21, 1991
 From: Rita Curry Address: 1232 Maria Ave, Apt 9577
Seventeen Hundred Twenty 23/100 Dollars (\$ 1720.23)
 In _____ Payment of Interment Service for Richard Curry

 Lot 116 Grave 11 Row - Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-9695BALANCE DUE 0
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	<u>139</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>114</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>700</u>	<u>00</u>
Closing	77181		
Burial	100	<u>330</u>	<u>00</u>
Containers	77182		
	100	<u>320</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>90</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022	<u>27</u>	<u>23</u>
Sales Tax	60101		
	78390	<u>1720</u>	<u>23</u>
TOTAL PAID			

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

Wait

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9695
 No 41281

 Date: 9-23, 1991

 From: Rita Curry Address: 1232 Maria Ave, San Diego 91771
Four Hundred Forty Two Dollars (\$ 442.00)

 In _____ Payment of Richard Curry Service + Pre-Need
for Rita Curry

 Lot 116 Grave 41 Row _____ Section 1 Division 11 Block 11

Invoice No. _____

Acct. No. _____

 W.O. E-9695

 BALANCE DUE 41325.23

 Pre-Need Lot ☐ At 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 Wants

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>442.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>442.00</u>

MT. HOPE CEMETERY

W.O. # E-9695

NOTE

\$ 1720.23 San Diego, California 9-23 1991

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 Seventeen Hundred Twenty 23/100 DOLLARS with interest from October 26, 1991 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 RITA C. CURRY SIGNATURE Rita C. Curry
ADDRESS 1232 Maria Ave, Spring Valley, Ca 91977
CALIFORNIA DRIVER LICENSE NUMBER 70931543 SSN # 557-30-9217

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-23-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RAYMOND HECK

in a Linker Vault Del Funeral, date, time Wed, 11:00 AM 9/25

Church, Chapel, Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran YES, WW II Korea

Lot 28 Grave 2 Row - Section 3 Division 1

Grave space & Care Fund Pre-Need

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee for V.A. Granite Marker - 125.00

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 827.38

Paid receipt number 41282 827.38

Balance due 0

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIF.

I hereby certify that I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order #

PR-593 (REV. 3-86)

E 9696

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

 E-9696
 No 41282
Date: 9-23, 1991From: Blair Clark Address: 1712 Magnolia #121, Santa Ca 92011
E. of Howard - Mount Hope Cemetery Dollars (\$) 127.38
In _____ Payment of Raymond Clark Service
 Lot 21 Grave 12 Row - Section 3 Division 1
 Block 1

Invoice No. _____

Acct. No. _____

W.O. E-9696BALANCE DUE ✓Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	350.00
Closing	77181	
Burial	100	150.00
Containers	77182	
	100	145.00
Handling Fee	77185	
Recording &	100	170.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	12.38
	78390	
TOTAL PAID	\$	127.38

ISSUED BY J. V. [Signature]

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) RAYMOND		1B. MIDDLE D.	1C. LAST (FAMILY) HECK		2. DATE OF BIRTH 10/21/1918	3. DATE OF DEATH 9/20/91	4. SEX M	
5A. CITY OF DEATH Lakeside		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Lloyd K. Heck - brother 8712 Magnolia Ave. #121 Santee, CA 92071			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 1083		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Edward Feagall</i>			8B. DATE SIGNED 9-24-91
ACKNOWLEDGMENT OF APPLICANT PERMIT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			9A. AMOUNT OF FEE PAID \$7.00			9B. DATE PERMIT ISSUED SEP 24 1991
AUTHORIZATION OF LOCAL REGISTRAR PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>			
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 P. O. Box 85222, San Diego CA 92186-5222			9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS								
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)				<input type="checkbox"/> D. SCIENTIFIC USE				
<input type="checkbox"/> B. CREMATION				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY				<input type="checkbox"/> F. DISINTERMENT				
				<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING				
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, California		11B. DATE INTERRED 9-25-91	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Feagall</i>			
	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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

9-24-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARY ROMERO (X)

in a Ash Vault Funeral, date, time Fri, 9/27, 1:00 pm

Church, Chapel, Graveside Del + Witness only ; GREENWOOD Mortuary. (Michele)

All Funeral cars must arrive 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 6 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund Pre-Paid 0

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Paid 0

Burial Container Pre-Paid 0

Handling Fees Pre-Paid 0

Flower vases - Marker setting fee _____

Recording and filing fee Pre-Paid 0

Sales taxes Pre-Paid 0

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the Rice Victoria Alvarez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Rice Victoria Alvarez
Signature
723 Salmad Pl
Address
San Diego 92114
State Zip Code
Calif
Telephone
262-9038

Work Order #
PY-583 (REV. 8-85)

E

9697 ✓

Invoice # _____

Acct. # _____

E-9697

Name of Cemetery GREENWOOD MEMORIAL PARK

45052

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody of the herein named deceased and have the full legal authority to make disposition of the cremated remains and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: MARY GOMEZ ROMERO

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above named cemetery, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery, shall be held harmless from any defects or faults of any container not supplied by the cemetery.

Dated this 27 day of 9 19 91

Address: 3157 MARKET SAN DIEGO CA 92102
 Street City State Zip

Signature: Robert J. Lopez S45 (DCA) N.A.
 Authorized Representative Relationship to Deceased

Signature: _____ Relationship to Deceased _____

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) Mary	1B. MIDDLE Conas	1C. LAST (FAMILY) Romero	2. DATE OF BIRTH MONTH, DAY, YEAR 05-20-1905	3. DATE OF DEATH MONTH, DAY, YEAR 09-23-1991	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Victoria Alvarez: Niece 723 Solma Place San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: 1-805 & Imperial Ave. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 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 <i>[Signature]</i>	8B. DATE SIGNED 9-25-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED SEP 25 1991
	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

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	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Greenwood Crematory 33-6-1-11 1-805 & Imperial Ave., San Diego, CA	12B. DATE CREMATED 9-26-91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Ash Vault	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER 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.

TRANSFER
FROM JAMES C. &
THELMA F. HECK
TO LLOYD K.
HECK

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-24-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of RAYMOND O. HECK

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 28 Grave 2 Row _____ Section 3 Division/Block 1

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee PROPERTY TRANSFER 45.00

Sales taxes _____

Deed Holder
Lloyd K. Heck
(Brother)

Total Due 45.00

Paid receipt number 41284 45.00

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E
PY-583 (REV. 8-85)

9698

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E9698

No

41284

Date: 9-24-, 19 91From: MAUCH ASSOCIATES Address: 10894 Channing Cross Rd
fourty five and 00/100 Dollars (\$ 45.00)
In Full Payment of PROPERTY TRANSFER FROM JAMES C.HICKORY TO Lloyd K. HECK
 Lot 28 Grave 2 Row _____ Section 3 Division 1 Block _____

Invoice No. _____

Acct. No. _____

W.O. E9698BALANCE DUE 45Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>45</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>45</u>

ISSUED BY

W.J. Tenzel

5385

RECORDING REQUESTED BY

E9698

WHEN RECORDED MAIL TO

Name James C. & Thelma F. Hickey
Street Address ~~13300 Los Goches Road Space 91 East~~
City & State ~~El Cajon, California 92021~~
~~1744 PEPPER VILLA DR~~
~~Box 4168 OTIS OR 97368~~

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged I, Louise M. Allen - - - - -

do hereby

REMISE, RELEASE AND FOREVER QUITCLAIM to James C. and Thelma F. Hickey

the real property in the
State of California, described as:

County of San Diego

Lot 28 Graves and 2, Section 3 Division 1

MOUNT HOPE CEMETERY

8-4-1973

R. Wells

Dated: August 3, 1973

Louise M. Allen
Louise M. Allen
13594 Highway 80, Space 69
Lakeside, California 92040

State of California,

County of San Diego

ss

On August 3, 1973, before me, the undersigned, a Notary Public in and for said State,
personally appeared Louise M. Allen

known to me to be the person whose name is subscribed to the within instrument and acknowledged that she
executed the same.

Witness my hand and official seal.



Mary R. Keimig

NAME (TYPED OR PRINTED)
Notary Public in and for said State.

Title Order No. _____

Escrow or Loan No. _____

MAIL TAX

STATEMENTS TO

NAME

ADDRESS

ZIP

Cemetery lots
mt Hope
264. 3151

PHONE: 448-6037

Security Agreement

DATE: 9/23/91

PURCHASER(S): <u>LOYD K. HECK</u>	
ADDRESS: <u>8712 MAGNOLIA</u>	<u>#121 Santee CA 92071</u>
Street	City State Zip
PROPERTY DESCRIPTION: <u>Gr 2 Lot 28 Sec 3 Div 1</u>	
CEMETERY: <u>MT. HOPE</u>	
REMARKS: <u>FOR THE BURIAL OF:</u> <u>RAYMOND D. HECK</u>	

PAID IN FULL
9/23/91
SJS

PROPERTY:	
SELLING PRICE	\$ 695.00
ENDOWMENT CARE	\$ INCLUDED
	\$
	\$
	\$
TOTAL	\$ 695.00

INSELMOR

ED FEERELL

DEED TO

LOYD K. HECK

ADDRESS

SAME

RELATION

M-S

TERMS AND CONDITIONS: It is understood and agreed by Purchaser that the total amount due hereunder is payable within thirty days from the date of this Agreement. If payment is not made at that time, then it is agreed that this account shall bear interest at the rate of 12% per annum from the date of this Agreement until fully paid and said interest shall apply whether an estate claim is filed or monthly payments are made. Each payment shall be credited first on interest then due and the remainder on principal. Should default be made in any payment of any installment when due, the whole sum of principal and interest shall become immediately due at the option of the Seller. If action be instituted on this Agreement, Purchaser promises to pay all collection costs including such sum as the Court may fix as attorney's fees. When said purchase price together with accrued interest, if any, is fully paid, March Associates, known as the Seller, and/or agent for the Purchaser agrees to execute or cause to be executed in favor of the Purchaser a deed or certificate of ownership or other evidence of title of said property, and this Agreement shall terminate. The acceptance of over-due payments or the waiving of any term or condition of this Agreement by the Seller shall not constitute a waiver of any subsequent payment or subsequent breach of any term, condition or provision hereof. Until all the sums due hereunder shall be fully paid, no title shall vest in the Purchaser and Seller reserves the exclusive right to remove any marker or memorial tablet from said property. Any statement inconsistent herewith by Seller or by his agent shall not bind Seller unless in writing signed by Seller and attached to this Agreement. It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of both Seller and Purchaser. It is further agreed that when this Agreement is signed by more than one Purchaser each of such Purchasers shall be jointly and severally bound and liable hereunder. When this Agreement is signed by a decedent's spouse, kin or beneficiary of any insurance or death benefits it is hereby agreed that a first lien is hereby created thereon and vested in Seller as to any unpaid amount of the total balance and subsequent interest thereon; and said security shall consist of any interest owned or to be acquired by or for in decedent's estate or family allowance or homestead or other death benefit or survivorship interest or otherwise. Purchaser agrees that the office of Seller shall be deemed the place where this contract is entered into.

PURCHASED BY

Lloyd K. Heck

RELATION

RELATION

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 SERVICES OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO:

POWER OF ATTORNEY

E9698

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, James C. Hickey and Thelma Fay Hickey, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

- (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Graves 1 and 2, Lot 28, Section 3, Division 1, Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 4 day of 19, 1990

James C. Hickey

Thelma Fay Hickey

STATE OF ~~CALIFORNIA~~ OREGON

COUNTY OF Lincoln

} ss.

On this 19 day of April, in the year 1990, before me, the undersigned, a Notary Public in and for said State, personally appeared James C. Hickey and Thelma Fay Hickey

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name subscribed to the within instrument, and acknowledged to me that they executed it.

WITNESS my hand and official seal:

[Signature]

Notary Public in and for said State. 9-21-93

TRANSFER FROM
DOROTHEA SHIELDS
FITCH TO SALLY
MAGSAMEN

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-24-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of SARAH A. SWANIK

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 458 Grave _____ Row _____ Section 8 Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

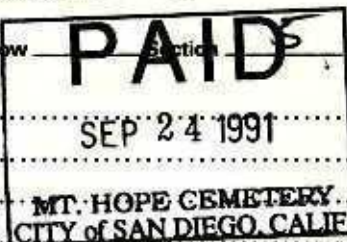
Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____



TRANSFER FEE 45.00

Total Due 45.00

Paid receipt number 41283 45.00

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 _____

Dorothea Shields Fitch
Signature _____

Address _____

State _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

9699

PR-803 (REV. 8-88)

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

9699

41283

Date: 9.24, 1991From: MARCH ASSOCIATES Address: 10594 CHARLIE CROSS RDDollars (\$) 45.00In full Payment of PROPERTY TRANSFER DOROTHY SHIELDS FITCH
TO SALLY MARRIAGELot 958 Grave _____ Row _____ Section 5 Division Block 8

Invoice No. _____

Acct. No. _____

W.O.L. 9699BALANCE DUE 0Pre-Need Lot ☐ At 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. Leary

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial	100	
Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>45.00</u>

5384



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

Property Department
264-3151

Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

QUITCLAIM DEED

In consideration of Forty-five Dollars + no/100

I/We DOROTHY SHIELDS FITCH

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to SALLY MAGSAMEN

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 458 Grave _____ Row _____ Section 5 Division/Block 8

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said SALLY MAGSAMEN, its successors and assigns forever.

WITNESS my/our hand this 24 day of Sept 19 91

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

James Armand Jr
Wendy Goetz
Witnesses

Dorothy Shields Fitch