• •	• •.	•	
	T. HOPE CEMETERY		
COV	RMENT ORD	FR	
PP		, En	
1 10'	City of San Diego		
		Date June	17, 199/
You are hereby authorized and instructe of <u>CLAYTON</u> W. BA		s and regulations, to inter	
in a	_ Funeral, date, time		
Wauter Linur			
All Funeral cars must arrive before 3:30			A search of the second second
and billed to undersigned. War time vet	and the state of t	day of all extra charge th	
Lot <u>113</u> Grave <u>5</u> Row .	Section	/ Division/Block	
Grave space & Care Fund			595.00
Additional spaces and care fund			
Opening/Closing & Setup			
Burial Container	0.1.1	N 92	
Handling Fees	Laid		
Flower vases - Marker setting fee	0000	4	
Recording and filing fee	All		
Sales taxes			
	V	tal Due	595.00
	aid receipt number _	40845	150.00
	alu receipt number _	Balance due	445.00
I hereby certify I am the and this is your authority to make dispo	sition of remains as a	of the above nam	nd represent
that I have the right to make this authori any liability on account of said authoriz	zation and lagree to h	old Mt. Hope Cemetery ha	irmless from

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

F

Signature of recorded bolder of dood

Authorization on file for Clayton Bailey, In

9501

Work Order PY-583 (REV. 8-85)

May Tay Baily man 862 Elm AUE Hold UISTA CA 91911 Zo Codo 427 3267 Invoice #

Acct. # .

NAME CL	layton W. Bailey 86 G St. 12 Elm Avenue, Chula Vista 91911 BATING	ACCT. NO. E-950	1 0 7	782 41153 4
DATE	ITEMS		CREDIT	BALANCE
6 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 8-28-91	REEESPT#41046CONPON#1 REEESPT#41152 DOUPON#2		1800	427 00
9-30-91	Receipt # 41297		2000	38900
1-24-92	Cempora 3, 4, 5, receipt 41517 Receipt # 41791		30.00	3/500
2:26-97 8-5-92	receipt # 41935 Caupons 6,7, 9, 10 receipt # 42591 com.	2	100.00	161.00
11 4502			20-	141.00
20052	heet 43030 Cuportelly		20.00	610
4. 95	R-46086 CR#1775 \$60 Cash \$1		61 00	0
AVERY FORM NO :	BAILEY, Clayton W. & Clay, Marry PRE-N	EED LOT	Pf	RINTED IN USA

IT THE COMPANY I STORE & SA IS NO. 110-11

OFFICIAL R		CITY OF SAN DIEGO, MOUNT HOPE C 527-340	EMETERY		46086
From: Cilo	to Bailey	Address: 386	GSt.	Date:	4-5,1995 CA 91910 Dollars (\$ 61.00)
In	Payment of	need lat			_ Donars (3)
143				400 U	Division 11

Loi Grave	nuw ot	ction		_ ERICHON	
Involce No Acct. No W.O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist	67007 77184	61	00
BALANCE DUE		Containers Handling Fee Recording & Misc. Fens	100 77155 — 100 77183 —		
Pre-need Lot At Need On Acct	BR. 11	Pre-Need Trust Sales Tax	63035 9022 60101 78390	-	
AC-212 (Rev. 5-04)	ISSUED BY	TOTAL PAID	*_	61	00

OFFICIAL RECEIPT 42591 NO **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 8-5-Date From: Cay Bailey Address: 862 Elm Ave, Chula VIS 100 Dollars (\$ 20.00 Maus auc heren Payment of Dreweld Division Lot Grave Row Section. Dies NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Cars 77384 20 80% Sales 100 of Lots Acct. No. 77184 Opening/ 100 77181 wo Burial 100 Containers 77182 BALANCE DUE 100 77185 Handling Fee Recording & 100 Misc Fets 77183 63033 At Need Pre-Nord Pre-Need Lot On Acct 9022 Trust Pre-need Trust 20 Check 60101 Cash Sales Tax 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 41791 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date: Address: From Dollars (\$ = Relat Payment of Division Block -Lot Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 77184 Acct. No. of Lots Opening/ Closing 100 77181 W.O BUNM 100 \$31 Containers 77182 BALANCE DUE 100 Handling Fee 77185 100 Recording & Misc. Fees 77183 Pre-Need Lot At Need Pre-Need 63033 On Acct 9022 Trust Pre-need Trust Cash Ø Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N9	41297
From: Ley Deiley	Address: 10 2 6 10	Date:	0. 10 UL	
. In Payment of	heder hat			
Lot Grave	Row S	lection	Divis 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 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc Fees Pre-Need Trust Sales Tax	67007 77154 100 77164 105 77161 100 77165 100 77165 100 77165 100 77165 63033 6003 6001 771890	
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	1	a w

the real value of the local data was not as an other way of the local data was not the loca

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		NS	41046
		and all the	Date:	1/31/	19
	From: /AVT Contractor	Address: COR Elas Pila	Bride Sister		0
	2.55	114 5-7	0	ollars (\$	,
	In Payment of				5.50 6
1	Lot Grave	RowSe	iction	Divisio Block	
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 100 77184	10 00
	W.O		Opening/ Closing Burial Containers	100 77181	
	BALANCE DUE		Handling Fee Recording & Misc Fees	100 77185	
-	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	the second	Pre-Need Trust Sales Tax	63033 9022 60101 78390	
	AC-212 (Rev 10-87)	ISSUED BY	TOTAL PAID	6	18 =

In Payment of	ddress: <u>Bla Elm</u>	Date:	_ Dollars (\$ _	7,1 10.00	9 <u>6</u> C4 )
Prom         Payment of         Payment of           In         Payment of         In           Lot         Grave         Invoice No.           Invoice No.         Invoice No.         Invoice No.           W.O.         F-950/         Invoice No.		A.C.	_ Dollars (\$ _	150.90	<u>~</u> )
In Payment of Lot Grave Invoice No ROT VALID "PAID IN T Acct. No W.O F. 950/	and the second s		_ Dollars (\$ _	DO. 94	
Invoice No.         NOT VALID           Acct. No.         PAID IN T           W.O.         F. 950/	a lot		-	Division	
Invoice No NOT VALID Acct. No W.O W.O 		and the second	-	Division	
Invoice No NOT VALID Acct. No W.O W.O 			The second	Division	
Invoice No.         "PAID IN T           Acct. No.	Row	Section	1	Block	11_
Acct. No W.O930/	OR PURPOSE STATED UNLESS STAN	MPED CREDIT	67007 Lare 77184		
W.O. E-950/		80% Sales of Lots	100 77184	150	00
BALANCE DUE		Opening/ Closing	77181		
BALANCE DUE		Burial Containers	77182		
		Handling Fe Recording &	77185		-
0 0 0		Misc Felts	77183		
Pre-Need Lot At Need On Acct		Pra-Need	and shall be		
AC-212 (Rev. 10-87)			9022		

OFFICIAL RECEIPT Nº 41935 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK, AUDITOR 527-3400 Date: Fel al From: Clautor Bailers Address: Shot Elm fun 1202 auger or Dollars (\$ Payment of PR- DECI Division Lot Grave Row Section Bloc NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. \_ "PAID' IN THIS SPACE 20% Sales Care 77184 80% Sales 100 100 00 77184 Acct. No. of Lots Opening/ Closing 100 -9501 77181 W.O. Burial 100 Containers 77182 BALANCE DUE 211.00 100 Handling Fee 77185 Recording & 100 Minc Fons 77583 Pre-Need Lot At Need On Acct Pre-Need 63033 9022 Trutt Pre-need Trust Cash Check 2 Sales Tax 60101 ISSUED BY 78390 TOTAL PAID 100 1004 AC-212 (Flay, 1-81)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Date:	Nº 41152
			ollars (\$) Division
Lot Grave Involce No Acct. No W.O	Row Se	Ction CREDIT 20% Sales Care 80% Sales of Lots Opening/ Crosing Burnal	Block

OFFICIAL RECEIPT Nº 43030 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date: Address: From Dollars (\$ Payment of Division Lot Grave Section. Row Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 80% Sales 100 CITY AUDITOR of Lots 77184 Acct. No. Opening/ Closing 100 77181 WO DEC 0 3 1992 Buriati Containers 77182 100 BALANCE DUE. Handling Fee 77185 005768 100 ocoreu 77183 63033 Pre-Nee Ar Need On Acct Pre-Need Lot Trust 9022 Check -03 Salan Tax 60101 Pre-need Trust Cash 76390 ISSUED BY TOTAL PAID AC-212 (Bev. 1-91)

OFFICIAL RECEIPT 42547 NO CITY OF, SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK. AUDITOR 527-3400 - 19 92 7-23-Date From: Clayton W. Address: 862 Ely Ave. Dollars (\$ 54.00 Jour and M 00 Payment of Preneed Lot Coupons II. 143 Division Lot Grave Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. Invoice No. CREDIT 67007 20% Salet Care 77184 4 80% Sales 100 Acct. No. of Lots 77184 Opening/ Clesing 100 9501 77181 WO Burial 100 Containers 77182 BALANCE DUE 100 77185 Handling Fee Recording & 100 Misc. Fees 77183 At Need Pre-bleed 83033 Pre-Need Lot On Acct 9022 Trust 12 Pre-need Trust Cash Check Sales Tax 60101 ISSUED BY W. J. TERGUR 78390 1029 TOTAL PAID ×. AC-212 (Hev 1-91)

OFFICIAL RECEIPT Nº 41517 CITY OF SAN DIEGO, CALIFORNIA **PROPERTY DEPARTMENT** WHITE TO CUSTOMER CANARY CEMETERY PINK ALIDITOR MOUNT HOPE CEMETERY 527-3400 Date: Address: From Dollars (\$ 54.00 Payment of Division Grave -Row Section Oters NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No. 67007 20% Sales Care 77184 54 80% Sales 100 Acct. No. of Lots 77184 Opening/ Closing 100 W.O. F - C 77181 Burial 100 Containers 77192 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Minc. Feen 77183 Pre-Need Lot C At Need Pre-Need On Acct 63033 Trust 9022 Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

2

OFFICIAL RECEIPT Nº 43372 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date From Address Dollars () Payment of Division Grave Section Lot Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care BOM Sales 100 of Lots 77184 Acct. No. Opening/ Closing 100 77181 W.O. Bunal 100 Containera 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need 63033 At Need Pre-Need Lot On Acct Trust 9022 Pre-need Trust Check Sales Tax Cash 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

Send or bring one coupon with each remiltance COUPON 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	NRV	DEC
							10				

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

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

\$ 18.00

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

Amount Received

ADDRESS

CITY



Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Credit Lot Clauton W. Bailey 862 Fim Avanue E-9501 Chula Vista, Ca. 91911 Month and Day Due Indicated Below MAR APP MAY AUN JUL AUG SEP OCT NOV DEC JAN FEB 10 8.00 Amount due when paid on, or before, due date above Amount due if paid more than dave after due date above.

Amount Received



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ADDRESS

### Bend ar bring one coupon with each remittance COUPON 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
1	-			1		-	1	10	10	0		

18.00

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

Amount due if paid more than after due date above.

Amount Received

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STATE ZIP check ( / ) if this is new address

## Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Ciredic Lot Clayton W. Bailey 862 Elm Avenue" E-9501 Chula Vista, Cd. 91911 Month and Day Due Indicated Below

000	MAY	IUN	JUR.	AUG	SEP	OCT	NOV	DEC	JAN	TEB	MAR	APR
	10		200			-	500	10	10	-	1	-
ų	_	-			1	1		-	-	0	-	-

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

Amount Received

check (v) if this is new address

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Sand or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. Credit Lot Clauton W. Bailey E-9507 . 862 Elm Ave. Chula Vista, Cas 91911 Month and Day Due Indicated Below JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY nus I 10 Amount due when paid on, or bifore 18-00 due date above. Amount due if paid more than \_\_\_\_\_days after due date above. Amount Received \$ NAME ADDRESS STATE CITY ZIP check ( / ) if this is new address

## Sand or bring one coupon with each remittance COUPON

DO NOT MAIL ENTIRE BOOK ACCOUNT NO. CREALE LOT Clauton W. Balley 862 EEM AVENUE E-9501 Chula Vista, Ca. 91911 .-

Month and Day Due Indicated Below OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP 10 8.00

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 7P check ( 1/ ) if this is new address

Send as being one caupen with each remittence COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. Credit Loc Clayton W. Balley E-9501 862 ECM Ave. Chula Vista, Ca. 91911

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 \_\_\_\_\_ after due date above.

Arnount Received

davs

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CITY

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STATE ZIP Check ( / ) if this is new address Send or bring una coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. Credit Lot Clauton W. Bailey 862 ELM Avenne E-9501 Chula Visza, Ca. 91911

Month and Day Due Indicated Below . SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG 71 8.00

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

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

NAME ADDRESS

CITY

Amount Received

7IP

STATE

Check ( / ) if this is new address

Sand 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 Visca, Ca. 91911

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

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

Amount due if paid more than, after due date above.

Amount Received

davs

NAME

CITY

ADDRESS



Send or bring or more thank of the sector of 12 DO NOT MAD ENTIRE BOOK ACCOUNT No. Credit Lot Clayton W. Bailey 8-9501 R68 ELM AUC. Chula Vista, Ca. 91911

# Month and Day Due Indicated Below DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV

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

Amount due if paid more than **davs** after due date above

Amount Received \$ 18,00

NAME

CITY

ADDRESS

STATE ZIP □ check ( / ) if this is new address

Send or bring size coupen with each remittance COUPON 13 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. CREdict Lot Clayton D. Galley B62 ELIS AVENUE E-9501 Challa Visca, Ca. 91911 Month and Day Due Indicated Below

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Amount due when paid on, or before, due data show

\_days 🕨 s \_\_\_\_

Amount Received \$18,00

NAME

CITY

ADDRESS

Send or bring and coupon with each remittance COUPON 16 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. Credit Lost Clayton W. Bailey \* E-9501 862 Elm Ave. Chala Visita, Ca. 91911

Month and Day Due Indicated Below

days

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

Amount Received

NAME

APR

ADDRESS

CITY

# E950

#### MOUNT HOPE CEMETERY

Ture 19 9/

The undersigned hereby requests and authorizes the interment of the remains of  $\frac{C/auton Bailey Tr.}{Block}$  in Lot <u>143 Gr 5 Row</u> Sec. <u>Sec.</u>

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.

Signature of relative or legal representative

Witness litness

BGZ Elm AUE CAULA UISTA CA 91911 Address & relationship to deceased or

Address & relationship to deceased or authority to sign authorization

•		
. 69	MT. HOPE CEMETERY	
a contrast	INTERMENT ORDER	
par, 1r	City of San Diego	
PAE TAUST	Date Tune	17 1991
Y	Date 2 Lotte	1,
You are hereby authorized and	instructed, subject to your rules and regulations, to inte	ar the remains
of RUTH ARBE	RRY	
ina T.S. VAULT	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Europeal care must arrive be	fore 3:30 p.m. of regular work day or an extra charge v	will be applied
	_ Row Section Division 8 los	\$ 12
and the second sec	nd	
Burial Container		175.00
	fee	at -
Sales taxes		12.25
		1307,25
		100.00
		1207.25
	Balanca 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.

F

9502

Signature of recorded holder of deed

Invoice #

Acct. # .

Work Order # \_

OFFICIAL RECEIPT Nº 41454 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 527-3400 Date Address Fron Dollars (\$ 100. Sec. The ELLE Payment of Division Lot. Section Stor Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 157007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 80% Sales 100 77584 Acct. No. 101.000 Opening/ Closing 100 W.O. Burini 100 BALANCE DUE \$ 707 2 Containers 77182 100 Handling Fee 77185 Recording & Misc. Fees 100 Pre-Need Lot At Need On Acct Pre-Need 63093 902 Trust Pre-need Trust Cash Check Sales Tax 60101 78990 ISSUED BY TOTAL PAID AC-212 (Rev 1-91)

OFFICIAL RECEIPT NO 41953 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date: BERRY Address 2630 K STREET From NE HUNDRED DOLLARS ANDON/100 Dollars 15/00.00 Payment of PRENSEN Division Grave Lot Bow Section Block NOTVALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. PAID IN THIS SPACE 77184 20% Sales Care 60% Sales 100 Acct No. of Lots 77104 Opening/ Closing 100 W.O. E 95 77181 Bunal 100 Containers 77182 BALANCE DUE 307,25 100 Handling Fee 77185 **Fiecording &** 100 Misc Faes 77183 Pre-Need Lot At Need On Acct Prs-Need 63033 9022 Trust Pre-need Trust Gash Check Sales Tax 60101 78394 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400	Date:	N -/	<u>c</u> 42	19238
From Still Charley De Schalest In Payment of	Address:		ollars (\$//		
the second s			Di	vision	
Lot Grave Invoice No	Row Se	CREDIT 20% Sales Care 80% Sales	67007 77184 100	ivision	Ŧ
Invoice No Acct. No W.O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	Bi 67007 77184 100 77184 100 77181 100 77182 		
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	57007 77184 100 77184 100 77181 100		

OFFICIAL RECEIPT Nº 41716 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 1-3-1992 Date \_ Address From: - Dollars (\$ 100 00 00 Payment of PAR - 1981 Division Bow Section\_\_\_\_ Block Lot Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED CHEDIT 67007 Invoice No. \_ "PAID' IN THIS SPACE 20% Sales Care 80% Sales 100 77184 Acct No. ofLots Opening/ 100 Closing 77181 W.O.\_\_\_\_ Buirial. 100 77182 Containers 100 BALANCE DUE 77185 Handling Fee Recording & Minc. Fees 100 77183 63033 Pro-Need Pre-Need Lot At Need On Acct Trunt 9022 Pre-need Trust Cash Sales Tax 60101 Check 78390 ISSUED IV TOTAL PAID AC-212 (Rev. 1.91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA NO 42089 PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date: From Address Dollars 1\$ 200. 10/10 Payment of In Division Lot Grave Section Row. Digni NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 771B4 80% Sales 100 Acct No. of Lots 77184 Opening/ 100 Closing 77181 W.O. 6-7 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 According & 100 Misc. Fees 77183 Pre-Need Lot At Need On Acct Pre-Need 63033 Trust Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Address Address Address Address Address Address	Nº 42185
Lot Grave	Row Section	Division Block
Invoice No Acct. No W.O. E-9503 BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 1-81)	"PAID" IN THIS SPACE U119(	AEDIT         #7007           20% Sales Care         100           80% Sales         100           of Lots         70% AUDITOR           Opening/         70% AUDITOR           Glosing         77181           Burial         77185           Containers         77185           Handling Fee         77185           Recording & 100         100           Maiz: Fees         77185           Sales Tax         63033           OTAL PAID         \$

a second s

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 41822 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Date: From Dollars (S 100 Payment of In. Division Section. Row Lot Grave Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 77104 90% Sales 100 of Lots Acct. No. 77184 Opening/ Closing 100 77181 W.O. Burini 100 Containers 77182 RALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need Lot At Need O On Acct Pre-Need 63033 9022 Trunt Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID 100 AC-212 (Rev 1-91)

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OFFICIAL RECEIPT Nº 42481 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date/ From Address: -Dollars (\$ /Q. Payment of Division Section. Lot Grave Fiow Fitoci NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 of Lots 77184 Acct. No. Opening/ 100 . Closing 77181 W.O. Butial 100 BALANCE DUE \$ 746 50 Containers 77182 100 77185 Handling Fee Recording & 100 Misc. Fees 77183 Pre-Need Lot Pre-Need 63033 At Need On Acct Trust 9022 Pre-need Trust Cash Sales Tax 60101 Check 78050 ISSUED BY TOTAL PAID AC-212 (Rev 1-91)

OFFICIAL RECEIPT Nº 42786 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANABY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date: 10.2 Address: 2630 K. St 92102 From Dollars (\$ 46. rence Payment of ru Division Grave Lot Bow Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 Acct. No. 77184 of Lots Opening/ 100 Closing 77181 W.O. E Buriel 100 Containers 77182 BALANCE DUE 77185 Handling Fee Recording & Misc. Fees 100 77183 Pre-Need Lot At Need O On Acct Pre-Need 63033 Trust 9022 Pre-need Trust D Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-81)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 42685 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date: Erom Address Dollars (\$ 100 Payment of In Division 1 ot Grave Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 77184 **80% Sales** 100 Acct. No. of Lots Opening/ Closing 100 77181 WO Burini 100 Containers 77182 BALANCE DUE. 100 Handling Fee 77185 Recording & 100 Minc Fees 77183 Pre-Need Lot D At Need D Pre-Need 63033 On Acct 9020 Trust Pre-need Trust 12 Cash 70 Check Sales Tax 66101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400	Date:	Nº	42570
In Payment of	he Ded Tust	ection	ollars (\$ <u>200</u> Divisio	
Acct. No Acct. No W.O. <u>6 - 9505</u> BALANCE DUE <u>8 / 4 / 6 50</u> BALANCE DUE <u>8 / 4 / 6 50</u> Pre-Need Lot <u>0</u> At Need <u>0</u> On Acct <u>0</u> Pre-need Trust <u>0</u> Cash <u>0</u> Check <u>0</u>	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc Fees Pre-Need Trust Seles Tas	67007 77194 100 77194 100 77181 100 77182 100 77183 100 77183 65053 9022 000	

U

OFFICIAL RECEIPT Nº 41575 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT CANARY ...... CEMETERY MOUNT HOPE CEMETERY 527-3400 Date: Address From Dollars (\$ In. Payment of Division Lot Grave Section. Row Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No. 17.10 20% Sales Care 3 60% Sales 10 Acct. No. of Lots Opening/ Closing W.O Burnal Containers BALANCE DUE Handling Fee 77188 CITY AUDITOR Flecording & Misc. Fees 100 77183 Pre-Need 63033 At Need Pre-Need Lot On Acct 1991 9025 Trum Pre-need Trust E Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

. . OFFICIAL RECEIPT Nº 41535 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE ..... TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 527-3400 Date: T. SAN Dierom shel Address: 2630 Ero Dollars (\$ 4800 Payment of Mag - 1188 d May it & the Division Lot 19 Grave Section Row Bion NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Cara 77184 80% Sales 100 Acct No. of Lots 77184 Opening/ 100 E-9502 Closing 77181 WO Bunal 100 Containers 77182 BALANCE DUE. 100 Handling Fee 77185 Recording & 100 Milic Fees 77183 Pre-Need Lot D At Need On Acct Pre-Newd 83033 Trust 9022 Pre-need Trust E Cash 副 Check Sales Tax 80101 78390 ISSUED BY TOTAL PAID AC-212 (Rev 1-91)

)	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	⊊q9944 Date:	E Nº 1/6/	9944 41084
	From: Kuth asberry	Address:	S.D.A.	92102	
	Une mindred T	nd 9900-	D	ollars (\$	000,
	In Payment of	aver true to be h			
	Lot Grave	Row So	ection	Divis Bloc	
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	
-	Acct. No		80% Sales of Lots	100 77184	100-
	w.o. <u>E-9502</u>	ENERGY PERCENTER ADDRESS	Opening/ Closing Burial	100 77181	
	BALANCE DUE		Containers	77182	
-		No. 1	Handling Fee Recording & Misc. Fees	77185	
2	Pre-Need Lot At Need On Acct		Pre-Need Trust	63033 9022	
	Pre-need Trust Cash Check	KIKIDIA	Sales Tax	60101 78390	10000
	AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	\$	100-

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E- 9944	N9	E9944 40932
			Date:	2-1	, 19
1	From: Kerthe Christing	Address: 0130 K	SA de	99102	<u> </u>
	ONE HUNDRED AND	/100	D(	ollars (\$ 100	22)
	In PART Payment of PIE	-NEED			
	Lot <u>19</u> Grave <u></u>	Row Se	ection	Divis Block	
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007	
	Acct. No.		80% Sales of Lots	100 77184	
	W.O. E-9507	AND THE REAL PROPERTY AND	Opening/ Closing	100 77181 ———	
	W.O. @ 1507		Burial Containers	100	
1	BALANCE DUE		Handling Fee	100	
			Recording & Misc. Fees	100	
	Pre-Need Lot At Need On Acct	and the second second second second	Pre-Need Trust	63033 9022	100 00
	Pre-need Trust Cash Check	1/2	Sales Tax	60101 78390	
		ISSUED BY	TOTAL PAID	s	1 00

D	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E-994		E 99 40	144 862
		212 V -	Date:	NE 17		9 9.1
	From: <u>JUTH REBERRY</u>	Address: 0630 T. St.	<u>500</u>	D.000	1000	<u>od</u>
	In Payment of	5-MEED LOT /TRIST		oliars (\$	10.00	<u>'</u>
`	Lot Grave	Row Se	ction		vision	12
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184		
	Acct. No		80% Sales of Lots	100 77184	100	00
	W.Q. E-9502		Opening/ Closing	100 77181		
	8 12 17 25		Burial Containers	100 77182		
"	BALANCE DUE		Handling Fee	77185		
			Recording & Misc. Fees Pre-Need	77183	ALL MAL	
-	Pre-Need Lot At Need On Acct	and the second provide the second	Trust	9022	the second	to a second in
	Pre-need Trust Cash Check	1/2/ 100	Sales Tax	60101 78390		-
	AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	\$	100	00

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E-994	M3	41197
					1-4-, 1991
			av Disco.	and the second sec	the second of the second second second second second
	CNE HUNDRED AND	700-	D	ollars (\$ 10	000)
	In HART Payment of PIE-	NEED TRUST ; LOT		N. S. P. C.	A State of the second
Contraction of the second	Lot Grave §	Row So	ection		vision pek
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	
	Acct. No.		80% Sales of Lots	100 77184 ———	10000
	WO E-9502	ALL ALL AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	Opening/ Closing	100 77181 ———	
	W.Q		Burial Containers	100 77182 ———	
	BALANCE DUE		Handling Fee	100	
	•		Recording & Misc. Fees	100	
	Pre-Need Lot At Need On Acct		Pre-Need Trust	63033 9022	
	Pre-need Trust Cash Check	C I D	Sales Tax	60101	
		ISSUED BY CONTROL	TOTAL PAID	78390 <u> </u>	100 00

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AC-212 (Rev. 10-87)

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)	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	29944 Date:	N Dillars (\$ 2	9 41	307 9
	In Payment of	udet Bet + See	E			
	Grave	Row S	ection		Division Block	2
	Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 100 77184	100	w
	W.O BALANCE DUE	20CT 07 1991	Opening/ Closing Burial Containers Handling Fee Recording & Misc, Fees	100 77181 100 77182 100 77185 100 77183		
	Pre-Need Lot At Need On Acct	and the second second second	Pre-Need Trust	63033 9022 —		Real of
	Pre-need Trust Cash Check AC-212 (Rev. 10-87)		Sales Tax	60101 78390 — \$	00400	2

MT. HOPE CEMETERY

City of San Diego

Date June 17

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gracie Ann Brugent

MACIO of . Funeral, date, time Thurs. 6/20 11:00 AM. in a Church, Chapel, Graveside CHURCH/G.S. sda/e : 500 Mortuary.

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

Lot Grave	Row	Section	Division	Block 10
Grave space & Care Fund				695.00
Additional spaces and care	fund			
Opening/Closing & Setup				320.00
Burial Container				
Handling Fees				
Flower vases - Marker settin	ng fee			
Recording and filing fee				35.00
Sales taxes				12.25
		Tot	al Due	\$ 1407.25

Paid receipt number

**Balance due** 

DAUGH

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

9503

Signature of recorded belider of deed

Invoice # Acct. #

Work Order #

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E9503

USE BLACK INK ONLY-MAKE NO FRASURES. WHITEOUTS OR OTHER ALTERATIONS

GRACE	NTFIRST (GIVEN)	1B. MIDDLE ANN			ET (FAMILY)		TE OF BIRTH		OF DEATH	4. SE
CITY OF DEATH	0		San D		ALIFORNIA, ENTER STATE	SHE	ELATIONSHIP, M	r - Da		P CODE
TYPED NAME AND AL	dale Mort.	San Die	deral SIV	TING AS SUCH 7	B. CALIFORNIA LICENSE NUMBER		45th St. Diego, (		133	
CKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions outly was authorized pursuan	onzed by Section 103	575 of me Health and 5	Salety Code, and	A SIGNATURE OF APPLICANT	unoral Direc	tor or Person Ac	ting as Su	ch 88. DA	TE SIGN
	THIS PERMIT IN ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GNES IN	ORNIA HEALTH AN	D SAFETY CODE	9A AMOUNT OF \$7.00	JUN 1 7 1991	UED 9C. SI	GNATURE OF LO	CAL REGI	STRAR ISSUE	NG PER
Y CHANGE IN DISPOSI- ON REQUIRES A NEW EMIT TO SHOW FINAL DISPOSITION.	VICAL RECO	ords; P.O	. Box 852	22	E ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN			AINIA		
TYPE OF DISPOSIT	ION(S) AUTHORIZED	CHECK ALL APPL	UCABLE ITEMS	D SCIENTIFIC L	JSE		G. SHIP IN TO O			INIA
WA A BURNE DALTO	DED ENTOWEDHENTY									
B. CREMATION	F CREMATED REM/	NNS OTHER		E. TEMPORARY	HARCON STATES	0	FOR COR		USE ONL	Y
B. CREMATION	F CREMATED REM/			F. DISINTERMEN	HARCON STATES		I. DISPOSITION	PENDING		
B. CREMATION C. DISPOSITION C THAN IN A CE	of cremated Rem/ Metery	CEREEEE	San Die	F. DISINTERMEN	π	11C. SIG	I. DISPOSITION	PENDING		ПЕЯМЕ
B. CREMATION C. DISPOSITION C THAN IN A CE	TIANAME AND AC	DORESS OF CRED	San Die MATORY	REMAINS	118. DATE INTERIRED	11C. SIG	I. DISPOSITION		HARGE OF I	ITERME
B. CREMATION C. DISPOSITION C THAN IN A CE INTERMENT CREMATION SCIENTIFIC	TIANAME AND AC	DORESS OF CRED	San Dia MATORY	REMAINS	118. DATE INTERRED	11C SIGN 12C SIGN			HARGE OF I	ITERIME IEMATIC ACILITY

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 40995
-			Date:
	From HERRY 11. TREE	Address	T 2. L, CA 12/13
	FAURTERN HUN WEETSU	EN AND TOO	Dollars (\$ 1407 ==)
	In the // Payment of Erene	2 " FOR LA RACK A. Porp	ant

Lot Grave	Row !	Section	Division Block	2
Invoice No Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Miso, Fees	67007 77184 100 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185	0 0 0 0 0
Pre-Need Lot At Need On Acct C Pre-need Trust Cash Check C AC-212 (fley 10-673		Pre-Need Trust Sales Tax	63033 9022 60101 78390 5 1940 7	14 8

and the second second second	A STATE REPORT AND A STATE AND
MT OPE CE	METERY
	ORDER
CASKET City of San	Diego
SIZE 1 39"	Date 4/18/91
H 14"	Date
You are hereby authorized and instructed, subject to	your rules and regulations, to inter the remains
of OSHLEY TOBIAS	1:00 pm
in a LINER (CHILD) Funeral,	date, time SAT 4/22/91 1100000
Church, Chapel, Graveside CHAPEL, GRADI	SIDE Calif-BURIAL Monuary.
All Funeral cars must arrive before 3:30 p.m. of regu	lar work day or an extra charge will be applied
and billed to undersigned. War time veteran <u>NO</u>	
Lot 925 Grave Row S	action 2 Division Block 9
Lot Yab Grave S	
Grave space & Care Fund	195.00
Additional spaces and care fund JUN 1 9 199	
Opening/Closing & Setup	195.00
Burial Container	
Handling Fees CITY of SAN DIEGO	
Flower vases - Marker setting fee Q.T F.K.K.	
Recording and filing fee	
Sales taxes	<u></u>
A AL AL	Total Due
TRAP 1130 10 10 14 Paid receipt 1	Sumber <u>4087/</u> 1404.95
tito ton 2 h	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition of rem that I have the right to make this authorization and Is any liability on account of said authorization and int	gree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	Titly (. Tolis
hold under deed.	BY IZ MISSISSIPPI, APT # 8
Signature of recorded holder of deed	SAN 31560, CA 92104

9504

299-7368

9 2/04 Zip Code

Invoice #

Acct. #

Work Order # E

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Ng 4087
	Date:	. 19
From Mongellorge Cares	Address:	NE CLARK
A satura haccured	D	oliars (\$
In Payment of	and these successions in the	C STATE OF
Lat Group	Row Section	Division
Lot Grave	NOT VALID FOR PURPOSE STATED UNLESS TAWFED CREDIT	67007 Block
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS TAMPED TO CREDIT PAID IN THIS SPACE	Block
Invoice No	NOT VALID FOR PURPOSE STATED UNCESSETAMPED CREDIT PAID IN THIS SPACE JUN . 24 1001 Closing	Block 67007 77184 100 77184 100 77181
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS TAMPED TOK 20% Sales Care PAID IN THIS SPACE JUN . 24 1991 Closing	Block
Invoice No	NOT VALID FOR PURPOSE STATED UNKERSTAMMED PAID IN THIS SPACE JUN . 24 7997 Burial 0131'78 Handling Fee	Block
Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNKERSTAMPED PAID IN THIS SPACE JUN . 24 1991 Closing 0131'78 Containers Handling Fee Recording & Misc Fees	Block
Acct. No Acct. No W.O BALANCE DUE Pre-Need Lot D At Need O On Acct D	NOT VALID FOR PURPOSE STATED UNKERSTAMMEN PAID IN THIS SPACE JUN .24 1991 Burial 0131'78 Handling Fee Recording & Misc. Fees Pre-Need Trust	Block
Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNKERSTAMMED PAID IN THIS SPACE JUN . 24 7997 Burial 0131'78 Handling Fee Recording & Misc Fees Pre-Need	Block

195.00 + 195.00 + 195.00 + 25.00 + 25.00 + 431.35 + 35.00 + 5.25 + 007..... 961.60 \*

> 1+004+95 + 961+60 = 002+++++ 443+35 \*

NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	SUP I - WARE	IC. LAST	WHITEOUTS OR OT	1122211-001	2. DATE OF BIRTH	3. DATE C	F DEATH 4 S
ASITES	The set and a second of	DANTEL	LE	TOE	1999		MONTH DAY. YEAR	MONTH 15	191 YEAR
CITY OF DEATH		15	B COUNTY OF D	EATH-OUTSIDE CAL	IFORNIA, ENTER STATE		AME, RELATIONSHIP, M		
SAN DI	IEGO INRESJORCIPRICIAN	10001-0-0000	SAN DI	the second s			E INFORMANT DITHY TOBLAS		
	L CAJON ELA				CALIFORNIA LICENSE NUM		V DIEGO, CA S		10
CKNÓWLEDGMENT OF APPLICANT	I bereby acknowledge o al the dispositions author was authorized persuant	supplicant that the pro-	posed disposition state	ed herein is one BA.	SIGNATURE OF ABSLICANT				BE DATE SIG
PERMIT	THIS PERMIT IS ISSUE SIONS OF THE CALIFO AND IS THE AUTHORIT IN THIS PERMIT NOTE THIS PERMIT GIVES NO	ED IN ACCORDANCE DRNIA HEALTH AND Y FOR THE DISPOSIT	SAFETY CODE	SA. AMOUNT OF PE \$7.00	E P. 98. DATE PERMIT	ISSUED I	C. SIGNATURE OF LO		AR ISSUING PER
CHANGE IN DISPOSI- IN REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8	IN CALIFORNIA	DIEGO, CR	1	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU			IRNIA	
TYPE OF DISPOSI	TION(S) AUTHORIZED	CHECK ALL APPLIC	ABLE ITEMS				G. SHIP IN TO (	CALIFORNIA	
	TION(S) AUTHORIZED	CHECK ALL APPLIC	ABLE ITEMS	D. SCIENTIFIC US	E		G. SHIP IN TO (		F CALIFORNIA
A. BURIAL (INCL)	DES ENTOMEMENT)			D. Scientific US E. Temporary E F. Disinterment			H. TRANSIT TO	OUTSIDE O	1.1.2.5.5.5.1.1.5.1.0.1946
A. BURIAL (INCLU CREMATION DISPOSITION	DES ENTOMEMENT)	INS OTHER		E. TEMPORARY E F. DISINTERMENT	NVAULTMENT	ED, 11C	FOR COR	OUTSIDE OF	SE ONLY
A BURIAL (INCLU CREMATION DISPOSITION THAN IN A CE	OF CREMATED REMA METERY	INS OTHER	ERY AN DIEGO, TORY 92.	E. TEMPORARY E F. DISINTERMENT	NVAULTMENT 118. DATE INTERR		FOR COR	OUTSIDE O ONER'S U PENDING	se only
A BURIAL (INCLU CREMATION DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC USE	OF CREMATED REMA EMETERY 114 NAME AND AD 3751 MARK	THE OTHER DRESS OF CEMET DRESS OF CREMA DRESS OF CREMA	ERY AN DIEGO, TORY 92.	E TEMPORARY E F. DISINTERMENT CA 5-2-9 6 covored	NVAULTMENT	ED   12C	H TRANSIT TO FOR COR L DISPOSITION SIGNATURE OF PER	OUTSIDE O ONER'S U PENDING SON IN CHAR	SE ONLY
A BURIAL (INCLU CREMATION DISPOSITION THAN IN A CE INTERMENT CREMATION	DES ENTOMEMENT) OF CREMATED REMA METERY 11A, NAME AND AD 3751 MARE 12A, NAME AND AD 13A, NAME AND AD	INS OTHER ORESS OF CEMETI DIT ST. SI DRESS OF CREMA Liner OX DRESS OF FACILIT	ERY AN DIEGO, TORY 92. " C 10 H. TY RECEIVING RE	E TEMPORARY E F. DISINTERMENT CA 5-2-9 6 covered EMAINS	NVAULTMENT	ED 12C	H TRANSIT TO FOR COR L DISPOSITION SIGNATURE OF PER	OUTSIDE OF ONER'S U PENDING SON IN CHAP	SE ONLY RGE OF INTERM RGE OF CREMAT

and the second s

DISTRIBUTION: VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW. THE CITY OF SAN DIEGO **REQUEST FOR** E950 DIRECT PAYMENT DP NO 22 DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE ENCUMBRANCE DOCUMENT NUMBER . GOMPLETE ..... edund of overpayment on Interment Service for Ashie Iobias RESPONSIBLE SORT KEY STANDARD DESCRIPTION (15 CHARACTERS) Returna COMMENTS and/or SPECIAL INSTRUCTIONS: PAYMENT DATE

14

1	-		and the second se				1- 1 10	1 71	
LO UN	owe	PAYEE VENDOR NUMBER & ALPHA NAME ADDRESS CITY - STATE ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE	PAY- MENT CAT.	LATE	AMOUNT	FAX CODE	WAT-CK. NUMBER
1	200		Rebund	2	4		· \$437,10		
	•								
				122					
				1.10					
	•			1					

TOTAL AMOUNT \$ 431.10 FUND OVERRIDE

2.141

1

DEPT. ORG. ACCOUNT JOB OPER. BENE/ FACILITY AMOUNT	
RES/DOC.N	
TCERTIFY THE STRUE AND	IFY THE ABOVE CLAIM E AND CORRECT AS STATE
in the second	
DEPT	EPT HEAD OR DESIGNEE
	PURCHASING APPROVAL
	AGENT
AUDITOR AP	OR APPROVAL
PHONE DATE DEPT/ DIV. NAME M.S.	
527-3400 DATE DEPTJ DIV. NAME M.S. 527-3400 14-91 DEPTJ DIV. NAME M.S.	

· ·	*	-	
		•	
/ MT. F	OPE CEMETERY		1
X X 6/INTERI	MENT ORDE	R	1
hi vi my cin	y of San Diego		1
and the lit	E STATE	Date 4/18/0	2.
Conte 1		Date	11
You are hereby authorized and instructed, su	biect to your rules an	d regulations to inter	the remains
MASAYOSHI & GRAC		the second se	
1	uneral, date, time		12390
	uneral, date, time	A COLUMN TO T	Manteiner
Church, Chapel, Graveside		4	Mortuary.
All Funeral cars must arrive before 3:30 p.m			ill be applied
and billed to undersigned. War time veterar	1252.000.		
Lot 59 Grave 485 Row -	Section	Division/Blog	<u></u>
			00000
Grave space & Care Fund A. at.	415.00		99000
Additional spaces and care fund	240.00		1.40.00
Opening/Closing & Setup	<i>380.00</i>		1040.00
Burial Container	100.00		200.00
Handling Fees	145.00		290.00
Flower vases - Marker setting fee			
Flower vases - Marker setting fee	35.00		_7000
Sales taxes	7.00		14.00
	Total	Due	2204.00
Paid	receipt number	408/06	500.00
		Balance due	1,70400
		Summer and	1
I hereby certify I am the and this is your authority to make dispositio	n of remains as abou	of the above name	
that I have the right to make this authorization	on and lagree to hold	Mt. Hope Cemetery h	armless from
any liability on account of said authorization	A STATISTICS AND A STATIS		
I hereby authorize the interment in lot I	marcy	oski Tinde	-
hold under deed.	Signature /		

Signature of recorded huider of dead

9505

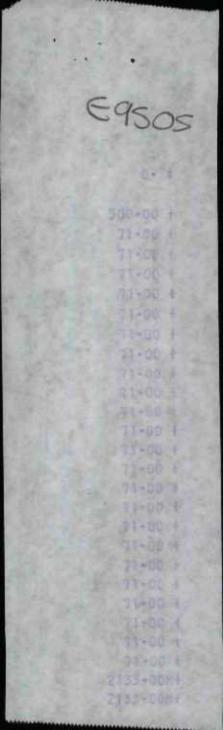
92122 Zip Cinter SAN DIEGO, CH

276-4937

Invoice #

Acct. #

E Work Order # PT-593 (NEV. 8-86)



Date:	866
In     Payment of       Lot     Grave       Acct. No.     Orivision       W.O.     E-9900       Battance Due     100 n Acct       Pre-Need Lot     At Need       On Acct.     On Acct       Pre-Need Lot     At Need       On Acct     On Acct       Pre-Need Lot     Check	1991
In     Payment of       Lot     Grave     Grave       Invoice No.     Grave     Row       Section     Block       Invoice No.     NOT VALID FOR PURPOSE STATED UNLESS STAMPED       Acct. No.     PAID'IN THIS SPACE       W.O.     F-9605       BAL'ANCE DUE     77184       Pre-Need Lot     At Need       On Acct     On Acct       Pre-Need Lot     Check       Pre-Need     Check	LR. K
Lot     Grave     Acct. No.     Division       Acct. No.     NOT VALID FOR PURPOSE STATED UNLESS STAMPED     CREDIT     07007       W.O.     E-9905     NOT VALID FOR PURPOSE STATED UNLESS STAMPED     CREDIT     07007       BALTANCE DUE     100     01 Lot in This SPACE     000     01 Lot is     77184       Pre-Need Lot     At Need     On Acct     01     01     00       Pre-Need Lot     At Need     On Acct     01     00	)
Lot     Grave     Row     Section     Block       Invoice No.	
Invoice No.     20% Setes Care     77184       Acct. No.     00 of Lots     77784       W.O.     F-9505     00 of Lots     77784       BAL*ANCE DUE     100 of County     100 of County     100 of County       Pre-Need Lot     At Need     On Acct     100 of Millor, Fast       Pre-Need Tout     Coop     Coop     77183	1
Acct. No         of Lots         77184           W.O	
W.O	
BAL'ANCE DUE         100           Handling Fee         77185           Recording &         100           Millor, Fees         77183           Pre-Need Lot         At Need           On Acct         Pre-Need           Baltance         63033           Truat         9022           Sales Tax         60011	00
Pre-Need Lot         At Need         On Acct         Pre-Need         63033           Pre-Need Tout         Coop         Coop         000	00
Pre-Need Lot Carbon Acot Carbo	02
Pre-need trust Cash Check C	
ISSUED BY TOTAL PAID \$ 5/0	

OFFICIAL RECEIPT	TERY MOUNT HODE CEMETERY		N9		994
	-	Date: 200	14 1 2 -	+1	9_9_
From: 17432 43541 13	Address: 33.0 Gover			-	
- 5600 - 11 - 0.VE	100-	D	ioliars (\$	6.00	
In Payment of	Per and lot I tent		and the second		
Payment of _			014.21		
			Di	vicion	-
Lot Gra	ave Row	Section		vision pok	
	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT	Bio		
		CREDIT 20% Sales Care 30% Sales	67007 77184		
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Cate 80% Sales of Lots	67007 77184		
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Invoice No Acct. No W.O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 30% Sales of Lots Closing Buriei	Bit 67007 77184 100 77184 100 77181 100		
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Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing Burial Containers Handling Fee Piecording & Misc. Fees Pre-Need Trust	Bid 67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77183 83033 9622 	DCk	00
Invoice No       Acct. No.       W.O.       BALANCE DUE       Pre-Need Lot       At Need       On A       Pre-need Trust       Cash       Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	Bit 67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 83033	DCk	00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	N9 8/8/	41.099
From Change InuinA	Address: 9210 BR UF - M	2 DRIVE	Sellet A. 22	125
LEWENTY UNE AN	Theo-	D	ollars (\$ 71	)
 Lof Grave		ection	Divisio Block	<u>۱</u>
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77181 100 77182 100	112
Pre-Need Lot At Need On Acct		Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 100 77183 63033 9022 60101 78390	

CANARY	TO CUSTOMER CEMETERY AUDITOR	CITY OF SANDIEGO, CALIFORNIA PROPERTY DEFARTMENT MOUNT HOPE CEMETERY 254-3151	003048 Date:	2-	41219
. Seventy 1	NE ans 2	Address: <u>Address: Address: Ad</u>		ollars (\$	
Loi	Grave	Row	Section		ivision
Invoice No           Acct. No           W.O		OTTY ALIO FOR PURPOSE STATED UNLESS STAMPED ND'IN THIS SPACE OTTY AUGUTOR SEP 12 1991	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording &	67007 77184	71 25
Pre-Need Lot I At Nee Pre-need Trust I Cash AC-212 (Rev. 10-87)	Check	WED BY RALF JELOW	Pre-Need Trust Sales Tax	77183 63033 9022 60101 78390 5	7/20

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 41273
	A	Dollars (\$) Division Division Block
Invoice NoAcct. No Acct. No W.O BALANCE DUE Pre-Need Lot  At Need On Acct	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT         67007           20% Sules Care         77184           80% Sules         100           of Lots         77184           Opening/         100           Closing         77181           Burial         100           Containers         77182           Handling Fee         71185           Pre-Need         63033           Trust         9022
Pre-need Trust Cash Check AG-212 (Rev. 10-87)	ISSUED BY	Trust         9022           Sales Tax         60101           78390

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N!	41354
	From: Mass joshi Tsvidn deventy one Otton . In Payment of Pre	Address 4210 Governing		9,2123 ollars (\$	)
11 11	Lot Grave	A S NOT VALID FOR PURPOSE STATED UNLESS STAMPED	ection 2	Divisio Block 67007 77184	10
	Acet. No W.OE-9505 BALANCE DUE		80% Sales of Lots Opening/ Closing Buriat Containers Handling Fee Recording &	77184 100 77181 100 77182 100 77185 100	7/ 00
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87) 3977	ISSUED BY D. Carte	Misc: Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390 \$7	1 00

OFFICIAL RECEIPT Nº 41511 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 19.91 Date: From SPACE TSUIDA Address: 4210 GOUSRANDE DR SNITY ONE AND TAN. Dollars (\$ 7100 Payment of PTE - NEED THAT THAT Division Lot ST Grave Row Section. Etopic-NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID" IN THIS SPACE 20% Sales Care 77184 60% Sales 100 Acct No of Lots 77184 Opening/ Closing 100 W.O. E- 9505 77181 Burial 100 Conteiners 77162 BALANCE DUE 100 Handling Fee 77165 Recording & 100 Miec. Fees 77183 Pre-Need Lot At Need On Acct Pre-Need 63033 Trust 9023 Pre-need Trust D Cash D Check Sales Tax 00101 78300 00 ISSUED BY AC-212 (Bary 1-01) 7 -39 TOTAL PAID

41.00 OFFICIAL RECEIPT Nº 41749 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 1-9- ,1820 Date: Inuday Address 4210 GO Gran NR. S. From / Jask 18130 Dollars (\$ 7/00 Payment of the - need top & trunt Division Lot 39 Section. Block Grave Bow NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 77184 "PAID' IN THIS SPACE 20% Sales Care 80% Sales 100 77184 of Lots Acct No \_\_\_\_ Opening/ 100 WO. E- 9505 77181 Closing Bunal 100 Containers 77182 100 BALANCE DUE 77185 Handling Fee 100 Recording & Misc Feen 77183 Pre-Need 63033 Pre-Need Lot At Need On Acct 9022 Trust 回 Pre-need Trust Cash Check Sains Tax 60101 78390 The HORAS ISSUED BY TOTAL PAID

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 41847 PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date: From Grace & Masay oshi Tsuida Address 4210 Governor Dr 00/00 Sevents one Dollars Dollars (\$ 7/- 00 Pre- need inusts Payment of in Division Lot\_ 59 Grave Section Bow Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 77184 BO% Sales 100 of Lots 77184 Acct No. Doening/ 100 WO. E-9505 Closing 77181 Bunat 100 Containera 77182 BALANCE DUE \_\_\_\_\_\_ 1130.00 100 Handling Fee 77185 Recording & 100 Miss. Fees 77183 Pre-Need Lot C At Need C Pra-Need 63033 00 On Acct Trust 9022 Pre-need Trust Cash 1 Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID 00 AC-212 (Roy, 1-91) 4042

OFFICIAL RECEIPT Nº 42005 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK. AUDITOR 527-3400 Date: From Address Dollars (\$ \_\_\_\_ 1-1 Payment of Division Grave Block Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID IN THIS SPACE 20% Sales Care 77184 80% Sales 100 77184 Acct. No. of Lots 100 Opening/ W.O. F- 9505 Cipsing 77181 100 Bunal Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need Lot At Need Pre-Need 63633 On Acct 9022 Trust Pre-need Trust Cash 10 Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 42107 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date: uda. 5-1. 112 92122 Address: 4210 Giblesger As From Dollars (\$ 7100 Sector Une Payment of The USEd heat & Frunk Division Grave \_ 4 \$ 5 Lot\_57 Bow \_\_\_\_ Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 77184 80% Sales 100 of Lots 77164 Acct. No. Opening/ 100 Closing 77181 W.O. E-9505 Burial 100 Containers 77182 100 BALANCE DUE Handling Fee 77185 Recording & 100 Ming. Fees 77183 Pro-Need 63033 Pre-Need Lot At Need On Acct Trust 9022 Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev 1-91

OFFICIAL RECEIPT Nº 42386 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 6-23 19 92 Date: From MASAYUSHI TSUDI \_\_ Address: 5210 Governon DK 5.0. 92122 SEVENTI-ONE 71.00 1 00/00 Dollars (S ART RE NEED LOT TRUST Payment of 4-5 Division Lot Grave . Section Row Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No "PAID' IN THIS SPACE 20% Sales Care 80% Sales 100 Acct. No. of Lota 77184 Opening/ Closing 100 1C. V2336 - 9505 77181 W.O. Buriat 100 Containers 77183 BALANCE DUE \_9/7.00 100 Handling Fee 77185 Recording & 100 Minc. Fees 77183 Pre-Need Lot E At Need Pre-Need 63033 71 On Acct 00 Trunt 9022 Pre-need Trust D Cash Check Sales Tax 60101 - Shin 78390 ISSUED BY TOTAL PAID 00 AC-212 (Rev. 1-91)

From Grage Tsuda Senaty on In Payment of	-Addreed 42/0 Gover	Date 6 HOR DE, De	-24 2052 pillars (\$_7/	)
Lot <u>59</u> Grave <u>4</u> Invoice No. <u>Grave 4</u> Acct. No. <u>F-9505</u> W.O. <u>E-9505</u> BALANCE DUE <u>Fre-Need Lot D</u> At Need D On Acct D Pre-need Trust D Cash D Check D	Row S	CREDIT 20% Sales a0% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trual Sales Tas	Divisi Biock 67007 77184 100 77184 100 77181 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77183 100 77183 100 77183 100 77184 100 77185 77184 100 77185 70 70 70 70 70 70 70 70 70 70 70 70 70	

OFFICIAL RECEIPT Nº 42507 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY 527-3400 Date: Lac Address Eroma sente - 10m0 Dollars (\$ Payment of Prenee Division Grave Row Section Sinc NOT VALID FOIL PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. PAID IN THIS SPACE 20% Sales Care 77184 80% Sales 100 Acct. No. of Lots 77184 Opening/ 100 Closing 77181 W.O Buriat 100 Containers 77182 BALANCE DUE 100 Handling Fee 77105 Recording & 100 77183 Minc. Fees Pre-Need 63033 Pre-Need Lot At Need On Acct 9020 Trunt 12 Pre-need Trust Cash Check Sales Tax 60101 acter 78390 410 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT NO 42579 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date Tunda From Dollars (\$ 71.19 ELLITES Ve TI Payment of n Division Section Grave Lot Row Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. OREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 of Lots 77184 Acct. No. Opening/ Closing 100 77161 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc Fees 77183 On Acct Pre-Need At Need 63033 Pre-Need Lot Trust 9022 HE I Pre-need Trust Check Sales Tax 60101 Cash 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400		Nº	<b>42730</b>
From Asa Arayody - 	Quicka 4270 Stree no	Date: LIN De Mast	ollars (\$ Z	<u>, 19</u>
Lot 59 Grave	4+5_ Row_ S	iection_2	Div	ision
Invoice No Acct. No W.O. E- 9505 BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 77184 77184 77182 100 77182 100 77185 100 77183	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Wait	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	71 00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400	Date	N2 10-8-	42823
and the second sec	Address: 42.10 Governor	Dr., S.D.	CA 9212	2
· In part Payment of Benes	AND REAL PROPERTY OF A DESCRIPTION OF A		ollars (\$ 71_0	
Lot Grave	-25RowS	ection 2	Divisi	
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots	67007 77164 100 77164	
W.O. £9505		Opening/ Closing Burisi Contaioers	77181 100	
BALANCE DUE 568.00		Handling Fee Recording &	77182 100 77185 100	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Misc: Fees Pre-Need Trust Sales Tax	77183 63033 9022 80101	71-
AC-212 (Rev. 1-91) 4449	ISSUED BY Mendy To Tengue	TOTAL PAID	7800 \$	-11-

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 42952 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 11-6- 1992 Date \_\_\_ Address: 4210 Towernon Qu From: Deade S.D. CA 92122 our and ××1100 Dollars (\$ 71.00 Payment of preneed trust Courses # Inpact Division 59 Lot 445 Bow. Grave Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Caro 77184 80% Sales \$00 Acct No. Of Loth 77184 Opening/ 100 W.O. E9505 Closing 77181 BURNEL 100 Containers 77182 497 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Mist Fees 77183 Pre-Need Lot Pre-Need At Need 63033 On Acct Trunt 9022 Pre-need Trust M Cash Check Sales Tax 60101 78390 4168 ISSUED BY LU. TOTAL PAID AC-212 (Rev. 1-91)

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OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Address: 42/0 Grave	Date: Da	12-7 , J.C oliars (\$ 71	<b>43096</b>
Lot Grave Invoice No Acct. No W.O. <u>E-9505</u> BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Bey, 1.91)	Row So NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers Handling Fee Recording & Milec Fees Pro-Need Trust Sales Tax TOTAL PAID	Divisio Biook 77184 100 77184 100 77184 100 77185 100 77185 100 77185 100 77185 100 77183 100 77183 100 77183 100 77183 100 77183 100 77184 100 77185 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 7778 700 700	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400		N2	43235
From <u>Starty Tollida</u>  In Payment of	Address: 43/8 Horas noffer - Neal Ket 1 Dec	Date: D D	1-13 16 ollars (\$ 71.5	19_53
Lot_57Grave	4+5 Row_S	action_2	Divisio Block	n//
Invoice No.	ISSUED BY	CREDIT 20% Sales of Lots opening/ Closing Bunal Containers Handling Fee Recording & Misc. Fees Pro-Need Trust Sales Tax	637007           777184           100           77881           100           77881           100           7788           100           77182           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           100           77185           777185           777185 <td></td>	

OFFICIAL RECEIPT Nº 43329 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 1993 Date 5.0. 92122 events - one Dollars (\$ 11.00 & True Payment of Division + 5 Lot 57 Grave Row Section Blook NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 77184 80% Sales 100 of Lots 77184 Acct No. Opening/ 100 W.O. E - 9505 Closing 77181 Burial 100 BALANCE DUE \$ 284.00 Containara 77182 100 Handling Fee 77185 Recording & 100 Miso, Fees 77183 71 00 Pre-Need Lot At Need On Acct Pre-Need 63033 9022 Trust Pre-need Trust D Cash Check 0 Sales Tax 50101 78,960 ISSUED B TOTAL PAID 00 AC-212 (Rev. 1-91) 4/220

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400	4344				
From: Darace Tauida	Address: 42/0 20000	Date:	3-8 5. P. CA	A REAL PROPERTY AND		
inpart Payment of Rr	. They Lol + Trues	+	ollars (\$			
Grave	4+5RowS	ection	Block			
Invoice No Acct. No W.O. <u>E = 9505</u> BALANCE DUE <u>213.00</u> Pre-Need Lot At Need On Acct On Pre-Need Lot Cash Ocheck		CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 100 77185 100 77181 100 77182 100 77185 100 77185 100 77183 83033 9022	0.0		

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400			43576	
From: Lance Louida	Address: 4210	Date:	4-7 5. D.	na Ti	, 1933 7272
In gart Payment of Ra	" Thend what I have	1	iollars (\$	11.0	,
Lot_37 Grave	1+ 5 Row Se	ection		Division Block	11
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 100 77184 100 77184		
W.O 2/3.65 BALANCE DUE 2/3.65		Burlel Containers Handling Fas Recording &	100 77182 100 77185 100	1	
2/3.06	1P	Burlal Containers Handling Fee	100 77182 100 77185	71	60

10.00

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OFFICIAL RECEIPT	CITT OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400			4368	36
From: Masayahi Isu Serverto - one In Last Payment of Pro-	The Address to 10 hours	Date: 5	-10 5.D ollars (\$ _	92	.19.23
Lot_57Grave	445 Row Se	action 2		Division Bleck	11
Invoice No Acct. No W.O. <u>E - 7505</u> BALANCE DUE <u>142.00</u>	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlat Containers Handling Fee Recording &	67007 77184		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 4274	ISSUED BY Alleguen	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 80101 78390 \$	71	00



Bend ar 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

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

71.00

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

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

Amount Received NAME GRACE + MASAYESHI TSUIDA ADDRESS 4210 GOVERNOR DR ZIP92122 CITY SAN DIEGO STATECA Check ( / ) if this is new address

# Send ar bring one coupon with each remittance COUPON 3 DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-Need Lot & Trust Grace & Masayoshi Tsuida 4210 Governon Dr. San Diego, CA 92122 E-9505 Month and Dey 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.

Amount due if paid more than days after due date above. s 71.00

ZIP

Amount Received

check (/) if this is new address

STATE

ADDRESS

CITY

#### Send or bring one coupon with each remittance COUPON 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 MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB APP MAR

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

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

71.00

Amount Received NAMEMASAYCSHI TSUIDA. ADDRESSY 210 GOVERNOR DRIVE CITYSAN D1660 STATE CA ZIG2/22



## Sand or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK-ACCOUNT No. Pre-Need Lot & Trust Grace & Masayoshi Tsuida. 4210 Governor Dr. San Diego, CA 92122 E-9505

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

71.00

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

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

Amount Received NAME MASAYOSHI + GRACE TSUI dA ADDRESS 42.10 GEVERNOR DR CITY SAN DIE GO STATE CA ZIP/2122 check ( / ) if this is new address

Send or bring one coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. PRE-NEED LOT & TRUST Quace & Masayoshi Tsuida 4210 Governan Dr. San Diego, CA 92122 E-9505 Month and Day Due Indicated Below ILL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN Amount due when paid on, or before due date above 77.00 Amount due if paid more than. davs attar due date above Amount Received 2 NAME ADDRESS CITY 7P STATE check (v/) if this is new address

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PRE-Need Lot & TRUST Grace & Masayoshi Tsuida 4210 Governor Dr. ... San Diego, CA 92122 E-9505

AUC SEP OCT NOY 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.

71.00

NAME MASAYOSHI + SEACE Towida ADDRESS 4210 GOVERNOR DRIVE

CITY SAU DIE 60 STATE CA ZIP 92.122

Sound ar bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOON ACCOUNT NO. Pre-Need Lot & Truss Grace & Masayoshi Tsuida 4210 Governar Dr. San Diego, CA 92122 E-9505

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

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

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

\$ 71.00

Amount Received \_ \$ NAME MANYOSHI + GRACO ISuida ADDRESS Y210 GENERDE DR CITYSAN DIG 60 STATE CA ZIP 92122 check (v) if this is new address

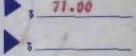
Sound or hering and contains with such remainsness COUPON 10 DO NOT MAIL ENTIRE BOX . ACCOUNT NO. PRE-MEED LOL & TRUSL Grace & Masayoshi Touida 4210 Governor Vr. San Piego, CA 92122 E-9505

#### Month and Day Due Indicated Below

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

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



Amount Received

NAME ALASAY(SHI (SULLAA

ADDRESS 4210 GOVERNOR CITYSAN DIEGO STATE NA

ZIP/ 2122

Send or bring one coupon with each remittance COUPON 11 DO NOT MAIL ENTIRE BOOK ACCOUNT No. PRE-Need Los & TAMAS GRACE & Mineagoski Tauida 4210 Governor Du. San Drego, CA 92122 • E-9505

Month and Day Due Indicated Below

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

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

NAME (ASAY CSH) TSUIDA ADDRESS 4210 GOVERNOR DR CITY SAN DIEGO STATE A ZIP92/22 check (v/) if this is new address

Bend or bring one coupon with each reminance COUPON 12 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PRE-Need Los & Trass Grace & Masayoshi Tsuida 4210 Governor Dr. San Diego, CA 92122 E-9505

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

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

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Amount Received NAME MASAY (SHI & GRACE TSUICA ADDRESS 4210 GOVERNOR DR CITY SAN DIEGO STATECA ZIP92122 check ( ) if this is new address

Send or bring one coupon with each remittance COUPON 13 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PAR-TACED LOE & TAMOR GRACE & MANAGOSHE TAWEDA 4270 GOVERNME DA. San DEEgo, CA 92122 E-9505

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

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Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PRE-MERI LOL & TRUET Grace & Masavoshi Tsuida 4219 Governor Dr. E-9505 Sun Dieno, CA 92122

Month and Day Due Indicated Below JUL AUG SEP OCT NOV DEC kr m BARR APR MAY JUN JAN

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

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MAMENIASAYOSHI / SulaA ADDRESS 4210 GOUGRNON DR CITY SAW DIE CO STATE PA ZIE Check (V) If this is new address 71992122

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PRE-Heed LOS & TRUES Grace & Husayoshi Isuida 4210 Governon Dr. San Diego, CA 92122 E-9505 Month and Day Due Indicated Below MAR APR MAY JUN HIE AUG SEP OCT NOV DEC JAN FEB Amount due when paid on, or before 71.00 due date above Amount due if paid more than \_\_\_\_\_ days after due date above

NAME CHASHY CSHI-TOUIDA

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Send or bring one coupon with each remittance COUPON 16 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PRE-Nierd Lore & Trast Unace & Masayoshi Tsaida 6218 Governor Dr. San Diego, CA 92122 E-9505

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APR MAY JUN JUL AUG SEP OCT MOV DEC JAN FEB MAR

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

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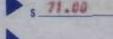
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Amount Regerved S 71,00 NAME MASAYUSHI TSWIDA ADDRESS 4210 GOVERNOR DR.

CITY SAN DIE GO STATE CA ZIP92/22 Check (V) If this is new address Sond or bring one coupon with each remittance COUPON 18 DO NOT MAIL ENTIRE BOOK ACCOUNT No. PRE-Need Loc & TRESS OTACE & Masayoshi Touida 4219 Governon Pr. San Prego, CA 792121 E-9505

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beed or bring and coopen with each remittance COUPON 19 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PAR-NEES LOL & TABLE UNDER & MASAYDERL TABLE 4210 GOVERNOR DR. San Pargo, CK 92722 E-9505

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days

Amgu	Int Received \$	
NAME MASAYOSHI	TSUIDA	
ADDRESS 4210 GOV	ERNOR D.	R
CITY SAN DIE 60	STATE CA	ZIP 92122

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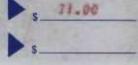
Sand or bring one coupon with each Termittance COUPON 20 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PRE-Need Los & Trads Gradee & Haskgoshi Termica 4210 Governos Un. San Diego, CA 92122 E-9505

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

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



NAME MASAYO3HI TSUIDIA ADDRESS 4210 GOVERNOR DR. CITY SAN DIE GO STATE CA ZIP 92122

Month and Day Due Indicated Below

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NAME MASAYOSH 1 TS WIDA ADDRESS 4310 GOVERNOR DRIVE CITYSAN DIE GOVERNOR DRIVE

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Send w bring one coupon with each remittance COUPON 22 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. PRE-Need LOE & TRUSS Under & Massagoshie Tsuicha. 4210 Governon Dr. Sam Diego, CA 92122 E-9505

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NAME MASA POSH / TSUIDA ADDRESS 4210 GOUERNOR DR CITYSAN DIE GO STATECA ZIP92122

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Send or bring one coupon with each remittance COUPON 23 DO NOT MAIL ENTIRE BOOK ACCOUNT No. Account Lot & Tause ACCOUNT No. Account Da. San Viego, CA 92122 E-9505

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

Amount due it paid more than \_\_\_\_\_days after due date above.

NAME MASAYUSH STINA

ADDRESS 4210 GOVERNOR DR

CITY SHA DIEGO STATE CA ZIP92122

MT. HOPE CEMETERY

City of San Diego

Date 4/18/91

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter t	the remains
OF LOKETTA FAYE (	ELESTINE	
ina LINER F	uneral, date, time WED De 12:00	NOON
Church, Chapel, Graveside CHURCH, C	5.5. HUMPHREY	_ Mortuary.
(BRIDED&A All Funeral cars must arrive before 3:30 p.m		l be applied
and billed to undersigned. War time veteran	10	, be applied
and under signed. War time veteran		
Lot 90 Grave 3 Row	Section Division/Black	=11_
		505 00
	······	and the
Additional spaces and care fund		20000
Opening/Closing & Setup		2000
Burial Container		1000
Handling Fees	A P. A.	14500
Flower vases - Marker setting fee	Ghate -	
Recording and filing fee	pr v	3500
Sales taxes	<u>v</u>	7.00
the selling	Total Due k	20200
Paid	receipt number4087_3	100.00
Tipe Tuest	Balance due	1.102.00
1- 400 D - m	1-00 40374 6/31/51 F	100.00
I hereby certify I am the	of remains as above inf the above name	- Beedem
that I have the right to make this authorizatio any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery ha	
any habinty on account of said authorization		0001-3
I hereby authorize the interment in lot I	Virelta J. Cel	est.
hold under deed.		TRRA #1
Signature of recorded holder of deed	SAN YSIDRO C	A 92073
/	"(G19) 428-0428	Zip Code
/	Talaphone	
V	Invoice # 162463	
<b>E</b> 9506	A1 1	
Work Order #	Acct. # DETIZA	-

Bal \$902.4 4/25 20.00 - # (103) 882.00 22.00 41019 715 860.W 41134 8-16 60.00 800.00 -Aux Invoice 130. W 67.0.00 9/20 ..... · 4.

## MT. HOPE CEMETERY

W.O. # E-95010

NOTE

92200 1991 San Diego, California. hirty 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 7 JUL DOLLARS Alala with interest from on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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 3975 Buston ADDRESS C3739506 SSN#\_ 564-11-0053 CALIFORNIA DRIVER LICENSE NUMBER PY-1012 (11-89)

A. NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDDLE		IC LAST (FA			DATE OF BIRTH	3. DATE	OF DEATH	4. SE) P
A. CITY OF DEATH	Diego		58. COUNTY OF DEATH-	OUTSIDE CALIFOR	NIA, ENTER STATE	viti	RELATIONSHIP, M.	lestin	e Dau	
A. TYPED NANE WERE	Broadway	Chula Vi	sta, CA 91911	S BUCH 78. CAL	IFORNIA LICENSE NUMBER	and the second sec	Calle Prin Ysidro, C			
ACKNOWLEDGMENT OF APPLICANT	el the dispositions out	vorized by Section 10	proposal disposition stated herein 376 of the Health and Safety Co- ha Health and Safety Code.	it one BA SIGN	Leve M.	uneral Di	nuctor or Parson Act	ring as Suci	6-21	E SIGNE
PERMIT	THIS PERMIT IS ISSUED SIGNS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. HOLE THIS PERMIT.	TY FOR THE DISPO	ND SAFETY CODE	OUNT OF FEE PA	JUN 2 4 1991	UED 9C.	SIGNATURE OF LO	CAL REGIS	TRAR ISSUM	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW TERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF R	COLOS	STRICT OF DEATH- P.O. Box 85222 2186-5222	1 16 74	RESS OF REGISTRAR OF ISPOSITION IS TO OCCUR IN			ENIA		
						1	G. SHIP IN TO C	ALIFORNIA		
B. CREMATION	UDES ENTOMBMENT) OF CREMATED REM EMETERY	ains other		IENTIFIC USE MPORARY ENVAL INTERMENT	JLTMENT		G SHIP IN TO C H. TRANSIT TO FOR COR I. DISPOSITION	OUTSIDE O	Sant- Paravan	2
	OF CREMATED REM EMETERY	DRESS OF CEM		PORARY ENVAL	1 118. DATE INTERRED	-	H. TRANSIT TO FOR COR	OUTSIDE O	ISE ONLY	1
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM EMETERY 11A. NAME AND AN Mt. Hope 3751 Mark 12A. NAME AND AN	Cometery	ETERY San Diego, CA	PORARY ENVAL	1 118. DATE INTERRED	11C. SI ► 2/	H. TRANSIT TO FOR COR	OUTSIDE O	RGE OF IN	1
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM EMETERY 11A. NAME AND AN Mt. Rope 3751 Mark 12A. NAME AND AN A/NER/A	DDRESS OF CEM Cometery Set St., 1 DDRESS OF CRE METAL SE	ETERY San Diego, CA	PORARY ENVAL	118. DATE INTERRED	11C SI 12C SI	H. TRANSIT TO FOR COR I. DISPOSITION GNATURE OF PERI	OUTSIDE C ONER'S I PENDING SON IN CHA	AGE OF IN	TERMENT
B. CREMATION C. DISPOSITION THAN IN A C NTERMENT CREMATION SCIENTIFIC	OF CREMATED REM EMETERY 11A. NAME AND AS Mt. Hope 3751 Mark 12A. NAME AND AS N/A 13A. NAME AND AS N/A 14A. NAME AND AS	DDRESS OF CEM Cometery Set St., 1 DDRESS OF CRE METAL S2 DDRESS OF FAC	ETERY San Diego, CA MATORY 93 -3		118. DATE INTERRED 6 -26-91 128. DATE CREMATED	11C SI 221 12C SI 13C, SI 13C, AI	H. TRANSIT TO FOR COR I. DISPOSITION GNATURE OF PERI GNATURE OF PERI GNATURE OF PERI	OUTSIDE C ONER'S I PENDING SON IN CHA	ISE ONLY	

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address	Date:	8/11/ 12/2 pillars (\$ 44	1134 19)
Lot Grave	Row S	ection	Division Block	11-
Invoice NoAcct. 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 20% Sales Care 80% Sales of Lota Opening/ Closing Burial Containers Thandling Fee Recording & Misc. Feet 99 Fre-Need Sales Tax	67007           77184           100           77184           100           77181           100           77182           100           77185           100           77185           100           77185           100           77185           60303           9022           60101	
AC-212 (Rev. 10-87)	ISSUED BY 1424 102150	TOTAL PAID	\$	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	Ng	40873
From:Payment of	Address 475	Dolla	tiù	
Lot       Grave         Invoice No.       Acct. No.         Acct. No.       W.O.         BALANCE DUE       BALANCE DUE         Pre-Need Lot       At Need       On Acct         Pre-need Trust       Cash       Check	Row Se	20% Sales Care 7 80% Sales of Lois 7 Opening/ Closing 7 Bunal Containers 7 Handling Fise 7 Recording 8 Mac Fees 7 Pre-Need 5 Trust 6	Divis Biock 7007 7184 100 7184 100 7181 100 7182 100 7182 100 7182 100 7182 100 7183 100 7183 100 7183 100 7183 100 7184 7184 100 7184 100 7184 100 7184 100 7184 100 7184 100 7184 100 7184 100 7184 100 7184 7184 100 7184 100 7184 100 7184 100 7184 100 7184 100 7184 100 7185 7184 7184 7184 7184 7184 7184 7184 7184	
AG-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	\$	00 00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Nº 4	0874
From: Anther Patherson	Address: -21 5 201	Dute-	5.D. Cl	. 19 5/
* and suncied i wh	To Colostino stan	Do	illars (\$	20_)
Lot 90 Grave	Row CHTSP	-	Division Block	271
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 3 A Late 91 Closing Burnal	67007	200
Pre-Need Lot At Need On Acct	013551	Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77182 100 77185 100 77185 600 77163 60033 9022 50101	
Pre-need Trust Cash Check CA		TOTAL PAID	78390 \$	100

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•	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date: 4/24	19 40878
	From:	Address	Dollars (\$	Division
	Lot     Grave       Invoice No.     Grave       Acct. No.     Acct. No.       W.O.     Grave       BALANCE DUE     Grave       Pre-Need Lot     At Need       Pre-need Trust     Cash       Check     Acc-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 Lats         77184           Optiming/         100           Closing         77181           Burial         100           Containers         77182           Handling Fee         77185           Pre-Need         53033           Trust         9022           Salies Tax         60101           TOTAL PAID         \$	

No. of Concession, Name

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Nº	41032
From:	Address: 3775 Bal	Date: D	ollars (\$ 20	
Lot Grave	RowSe	ction	Divis	
Invoice No Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Handling Fee Handling Fee Misc. Fees	67007 77384 100 77384 100 77381 100 77382 100 77385 100 77385 100 77385	20 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390 \$	20 00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Nº		019
From: Acting the Stine	Address: 20.75 Part 10.0	Hard Street	7-1 011ars (\$	21	924 
In Payment of	1			vision	
 Invoice No Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID"IN THIS SPACE	CREDIT 20% Sales Care a0% Sales of Lots Opening/ Closing Burial Containers Handling Fae Recording & Misc. Feas Pre-Need	67007 77184 100 77184 100 77181 100 77182 100 77182 100 77185 100 77183 65003		0
Pre-Need Lot Al Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87)		Trust Sales Tax TOTAL PAID	9022	23	00

Mat entered -# 60,00 E9506

	1000
-MT. HOPE CEMETERY	State in
7:30 mass City of San Diego Usell De UL alound 2:30 Date 6	
Tou are hereby authorized and instructed, subject to your rules and regulations. ARY FRANCES MICKEY n a LINER Funeral, date, time THURS 9 church, Chapel, Graveside CHURCH, GRAUSIPBEARDSLE	
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra ch and billed to undersigned. War time veteran <u>NO</u> .	arge will be applied
ot 4723 Grave Row Section Divisio	n/B <del>lock_10_</del> 895.00
Additional spaces and care fund PAID Opening/Closing & Setup Burial Container Handling Fees	<u>32000</u> 100.00 145.00
Tower vases - Marker setting fee MTT: HOPE CEMETERY Recording and filing fee	3500
Total Due Paid receipt number 408.08	

**Balance** due

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

9507

Signature of recorded holder of deed

Work Order # \_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	ENT-FIRST (GIVEN)	TB. MIDDLE	IC. LAST	MICKEY	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
A. CITY OF DEATH			UNTY OF DEATH-OUTSIDE CAN	60	ATAC MOUTEOTTO	DAUGHTER	CODE
SAN DIEGO, CA		HOME, 1818 SUNSE	TOCLIPPS"BEVB	- CALIFORNA LICENSE NUMBER	PHOENIX, AZ 85		
ACKNOWLEDGMENT OF APPLICANT	al the dispussions suff	os applicant that the proposed o horized by Section 10376 of the nt to Section 7100 of the Health o	Health and Safety Code, and	SIGNATURE OF APPLICANCE	Funeral Director or Person Ac	ting as Such SB. DAT	E SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	UED IN ACCORDANCE WITH FORMA HEALTH AND SAFE TY FOR THE DISPOSITION S 10 MIGHT OF DISPOSAL OUTSEE OF	PECIFIED \$7.00	Proventing to the test	191 , Conall	L Rampal M.	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	IF DEATH OCCURR	EGISTRAR OF DISTRICT OF IN CALIFORNIA		ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN		RNIA	
	ITION(S) AUTHORIZED	O CHECK ALL APPLICABLE	ITEMS	NE .	G. SHIP IN TO C	CALIFORNIA OUTSIDE OF CALIFORI	NIA
B. CREMATION			E. TEMPORARY E	INVAULTMENT	FOR COR	ONER'S USE ONLY	6
THAN IN A C	OF CREMATED REM.	AINS OTHER	F. DISINTERMENT			PENDING	
	EMETERY	ETERY, OF 3751 MARK	1				TERIMENT
	INT NOPE CEN	CA	ET STREET,	118. DATE INTERRED		SON IN CHARGE OF IN	
	ANT NOTE AND	CA	ATASHO METAL-SEALE	118. DATE INTERRED	TIC. SIGNATURE OF PER	SON IN CHARGE OF IN	EMATION
	AND	CA DDRESS OF CREMATORY	ET STREET, 4723-10 METAL-SEALE LINIER CEIVING REMAINS	118. DATE INTERRED	11C. SIGNATURE OF PER	SON IN CHARGE OF IN SON IN CHARGE OF CRE	EMATION ACILITY

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

mar of

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date: 4	NS 40868
From:	Address:	Dolla	ars (\$) Division Biock
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 6 20% Sales Care 7 a0% Sales 7 Opening/ Closing 7 Burial Containers 7 Handling Fee 7 Pecording & Misc Fees 7 Pre-Need 6 Trust Sales Tax 6	COOP         Coop           7007         (24)           100         (24) </td

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

a1101 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 101/63 Grave // Row Section Division/ 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

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

I hereby authorize the interment in lot I hold under deed

9508

Signature of recorded holder of deed

2020

Invoice Acct #

Work Order PY-883 (NEV. 8-86)

of in a

W.O. # E-5508

NOTE

\$ 607.25 1991 San Diego, California \_ Thirty days after date for value received, the undersigned plaker promises to pay San Diego City Treasurer, or order a 3751 Market Street, San Diego, CA 92101, the sum of the Acad Acaa - The DOLLARS July 21, 1991 with interest from \_\_\_\_\_ \_\_\_\_ on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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 ADDRESS 2359 WINDMILL VIEW RD EL CAJON CALIF 92020 SSN# 564-60-3843 CALIFORNIA DRIVER LICENSE NUMBER K0725739

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E9508 USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OF OTHER ALTERATIONS FOUND E9508

SHELTON	NT-FIRST (OIVEN)	18. MIDDLE	INTON	1	MOORE, SR.	E.	2. DATE OF BIRTH	S. DATE OF DEATH	
National	City		58. COUNTY OF		IDE CALIFORNIA, ENTER S		NAME, RELATIONSHIP, M.	- Brother	UP CODE
TYPED NAME AND A	DDRESS OF APPLICAN	t.; San 1	Federalown Diego, CA	AT AND AS SUC	78. CALIFORNIA LICE		2359 Wind Mil El Gajon, CA		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions with was authorized purwar	ociand by Section 10		Salety Code, or	1 1 1 1 1 1	a Wie	traj Director or Person Act		TE BIGNE
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT GNES N	ORNIA HEALTH A	ND SAFETY CODE	94. AMOUN \$7.00		2 0 1991	BC. SIGNATURE OF LO	CAL REGISTRAR ISSU	- 341
IV CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VIEN OF RE	Szder P.(		22			TRICT OF DISPOSITION-	NTHEA	
	TION(S) AUTHORIZED	CHECK ALL APP	LICABLE ITEMS	D. SCIENT	IFIC USE	1	G. SHIP IN TO C	CALIFORNIA	RNIA
A CONTRACTOR OF A CONTRACTOR O							AND DESCRIPTION OF THE OWNER	and the state of the	
B. CREMATION C. DISPOSITION THAN IN A CE	of cremated rem.	ains other		] E. TEMPOI ] F. DISINTE	RARY ENVAULTMENT			PENDING	Y
C. DISPOSITION	METERY		E13751 Mar San Dieg	] F. DISINTE	RMENT		CALLER HALVAN HASHING	PENDING	
G. DISPOSITION	METERY	SHERE SERVER	San Dieg	F. DISINTE	RIMENT	191 1.		PENDING SON IN CHARGE OF I	NTERMEN
C. DISPOSITION	TZA. NAME AND AD	DRESS OF CRE	San Dieg	Ret St.	RIMENT	CREMATED S		PENDING SON IN CHARGE OF I	NTERMEN
C. DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC	TZA. NAME AND AL N/A T3A. NAME AND AL N/A T4A. NAME AND AL	DRESS OF CRE DRESS OF FAC	San Dieg	P. DISINTE	RIMENT	CREMATED S		PENDING SON IN CHARGE OF I SON IN CHARGE OF C	NTERMEN REMATION

COPY 2

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	C9508 NS 40869
From	Address	Dollars (\$)
LotGrave	RowS	Division Division
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT         67007           20% Sales         77184           00% Sales         100           of Lots         77164           Opening/         100

Y OF SAN DIEGO LITOR & COMPTROLLER DRT ND+ C65-102			PA	AID IN	ACCOUN	TS RECEI REPORT F DF 09/17	VABLE V DEPARTMENT 791				DATE: 09/17/91 TIME: 215649 PAGE: 23
PARTMENT 072 PRO	PERTY DEPT	-MT HOP									DATE: 09/17/91 TIME: 215649 PAGE: 23
PARTMENT 072 PRO	PERTY DEPT CUSTOMER FUND		E CEMETERN	Y			VABLE Y DEPARTMENT /91 PD PAYM BY REF ND BN/EQ FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT	BILLED	DATE: 09/17/91 TIME: 215649 PAGE: 23 UNPAID BALANCE
		NAME DEPT	E CEMETERN DRG AC	Y CCT - 7181 ( 7152 ( 7183 )	1/0	PAYM DATE OPER 9/16/91	PD PAYM BY REF ND BNJEQ FACILI	AMOUNT PAID AMOUNT APPLIED 0.25 0.09 0.07 0.01 0.01	AMOUNT	BILLED 607-25	

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego 110 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 14 201 NIF of uneral, date, time in a 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 -101 Lot the Row \_Section Division/Blog 210DO 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 ..... AMIE 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 at deed Signature of recorded holder at deed State F 9509 Invoice # 162451 Dwccob

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

HILLE OF BEARD	NT-FIRST (GIVEN) 18 MIDDLE	1		The Party of Super-	Found
Tommie	ENT-FIRST (GIVEN) 18 MIDDLE J. Wagner	IC. LAST (FAI		2 DATE OF BIRTH	3. DATE OF DEATH 4. S MONTH, DAY, YEAR M
CITY OF DEATH		Ban Diego	NIA, ENTER STATE	a NAME RELATIONSHIP, MA	ALING ADDRESS AND ZP CODE
	CORESS OF APPLICANT-FUNERAL DIRECTOR OR PERSON AN		FORMA LICENSE NUMBER	5201-A Ruffin San Diego, G	n Rd.
APPLICANT	Chamby advantations and property of the property dispersion and at the dispersions authorized by Section 10376 of the Health and S was authorized pursuant to Section 7100 of the Health and Salety Co.	Salety Code, and	INTURE OF APPLICANT+F	meral Oktector or Person Act	ing as Such   BR. DATE SIGN
PERMIT HORIZATION OF CAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIGNS OF THE CALFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE THIS PERMIT.	BA. AMOUNT OF FEE P	JUN 20 19	91 - Abrall &	CAL REGISTRAR ISSUING PER
CHANGE IN DISPOSI- N REQUIRES A NEW INT TO SHOW FINAL DISPOSITION.	P. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- P. O. BOX S3222 San Diego, CA. 92186-5222			ANOTHER DISTRICT IN CALIFOR	RHIA
WEE OF NOROCH					Contraction of the local division of the loc
THE OF DISPOSI	TION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS			G. SHIP IN TO C	ALIFORNIA
A. BURIAL (INCLI	UDES ENTOMBMENT)	D SCIENTIFIC USE			ALIFORNIA OUTSIDE OF CALIFORNIA
A. BURIAL (INCLI B. CREMATION		E TEMPORARY ENVAL	IL TMENT	H. TRANSIT TO	OUTSIDE OF CALIFORNIA
A. BURIAL (INCLI B. CREMATION			R.TMENT	H. TRANSIT TO	OUTSIDE OF CALIFORNIA
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A BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMAINS OTHER	E TEMPORARY ENVAL		H TRANSIT TO FOR COR L DISPOSITION	OUTSIDE OF CALIFORNIA ONER'S USE ONLY PENDING SON IN CHARGE OF INTERME
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CI	UDES ENTOMBMENT) OF CREMATED REMAINS OTHER OF CREMATED REMAINS OTHER IIA NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA. IZA NAME AND ADDRESS OF CREMATORY IZA	E TEMPORARY ENVAL	118. DATE INTERRED	H TRANSIT TO FOR COR L DISPOSITION	OUTSIDE OF CALIFORNIA ONER'S USE ONLY PENDING SON IN CHARGE OF INTERME John IN CHARGE OF CREMATIC
A BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CO INTERMENT CREMATION SCIENTIFIC	UDES ENTOMBMENT) OF CREMATED REMAINS OTHER EMETERY ILA NAME AND ADDRESS OF CEMETERY Mt. Rope Cemetery San Diego, CA. IZA NAME AND ADDRESS OF CREMATORY N/A PRESSED IZA. NAME AND ADDRESS OF FACILITY RECEIVING R		118. DATE INTERRED	H. TRANSIT TO FOR COR L. DISPOSITION THC. SIGNATURE OF PERS ALL 12C SIGNATURE OF PERS	OUTSIDE OF CALIFORNIA

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	6950	9 Nº 41173
	and a little and	Date:	8/9/ 1921
From	Address:	there may	1016 Paris 2472
and they stad allog of -	Starp AND TERS and	D	oliars (\$)
In Payment of	WILLS FOR TOMMER TOR	and PAA	+ 111 75 9 2
Lot Grave	Row 8	Section	Division Block
Invoice No	NOT VALID FOR FURPOSE STATED UNLESS STAMPED	CREDIT 20% Seles Care	67007 77184
Acct. No		80% Sales of Lots	77184
W.O		Opening/ Closing Bunal	100 77181 100
BALANCE DUE		Containers	77182
BALANCE DUE		Handling Fee Recording &	77185
Pre-Need Lot At Need On Acct		Masic Fees Pro-Nood Trust	77163
Pre-need Trust Cash Check	1	Sales Tax	60101 78390
AC-212 (Rev 10-07)	ISSUED BY	TOTAL PAID	\$

<b>.</b> .		
	T. HOPE CEMETERY	
	RMENT ORDER	
· · · · · · · · · · · · · · · · · · ·	Citý of San Diego	
and the second	Date June /	9 1991
	1, subject to your rules and regulations, to inte	
of Archanna M. Wi	liams	
ina Liner	_ Funeral, date, time	
	;	
	p.m. of regular work day or an extra charge w	
and billed to undersigned. War time vete	to the second	10
and bined to undersigned. War time vere		
Lot 35 Grave 3 Row_	Section_2 Division_Block	×_//
	Section_2Division/Bloc	405.00
Grave space & Care Fund		795.00
Additional spaces and care fund	all	
Opening/Closing & Setup	TW	320.00
Burial Container		100.00
Handling Fees		145.00
Flower vases - Marker setting fee		
		35.00
	Total Dua	1102.00
	aid receipt number	
		\$ 100,00
	7/17/91 - H1004	10000
I hereby certify I am the	of the above nat	med decedent
and this is your authority to make dispos that I have the right to make this authorize any liability on account of said authorize	ition of remains as above indicated. I certify a ration and I agree to hold Mt. Hope Cemetery h tion and interment.	and represent armless from
	Chapter mille	Raine
I hereby authorize the interment in lot I hold under deed.	Signature - C & C	Ráms_
	Address	20111
Signature of recorded holder of deed	State Alace ope, Ca. 4	2/14 Zio Code
	264-7278	
	Telephone	

Invoice #

Acct. # .

Work Order # **E** 9510

the second se	illiams, Archanna	ACCT. NO. E-9510	0 727	82 41153 4
ADDRESS 52	151 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: 0/C; Liner; handling fee; recording			
14	fee; tax on liner	607.00		1102.00
6-19-91	Receipt #40872		1002.00	100.00
2-17-91	hecerpt 41004 Jule Paid - To full		100.00	-0-
	0 Total			
	loid			
AVERY FORM NO.	25-204 WILLIAMS, Archanna PRE-MEED LOT & TRUS	T	004	NTED IN USA

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	N	1-1-1	872
From:	Address	D	)ollars (\$ _	1202	)
	the second s			Division	-
Lot Grave	Row S	ection		Division Block	11
Lot Grave	Row S	ection	67007 77184		1
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT	67007 77184 100 77184		11
Invoice No           Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Cam 80% Sales of Lots Opening/ Closing	77184 100 77184 100 77181		11 00 00
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CRED/T 20% Sales Care 80% Sales of Lots Opening/	77184 100 77184 100 77181 100 77182		00 00
Invoice No           Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	77184		00
Invoice No.           Acct. No.           W.O.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDAT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	77184 100 77184 100 77181 100 77182 100		
Invoice No.           Acct. No.           W.O.           BALANCE DUE           Pre-Need Lot           At Need           On Acct	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burial Containers Handling Fee Recording &	77184		11 00 00
Invoice No.           Acct. No.           W.O.           BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDAT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	77184		

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N	41004
			Date:		
	Prom!	Address:	100 D	ollars (\$	1
• • •	.otGrave	J Row Se	ction2	Divisio Block	n //
	Acct. No Acct. No W.O. E 9510 BALANCE DUE Pre-Need Lot □ At Need □ On Acct □	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc Fees Pre-Need Trust	67007 77184 100 77184 100 77183 100 77182 100 77185 100 77185 100 77183 63033 9022	

Pre-need lot

Egslo

#### AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

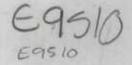
This Agreement entered into this <u>19</u> day of <u>June</u>, <u>19</u> <u>91</u>, between <u>Archonno Willioms</u>, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seiler."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 25, Grave 3, Row \_\_\_\_\_, Section \_\_\_\_\_\_, Block Division \_/\_\_\_\_, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$//0200, payable as follows: \$/00200 cash herewith, the receipt of which is hereby acknowledged; \$\_\_\_\_\_\_\_ on the 07 day of \_\_\_\_\_\_\_, 19 9/\_\_; and the balance in installments of \$\_\_\_\_\_\_ or more, payable at the office of Mt. Hope Cemetery, on the 07 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 OF 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 Cametery, 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 consititute 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.



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.

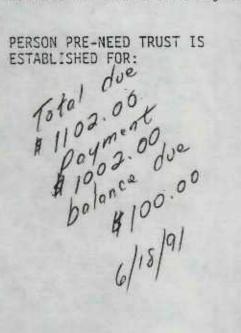
Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

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 E9510

WITNESS our hands this day and year above written.



Gechannam. Williams

5251 Solola ave

Sandliego, Eal. 92114

PURCHASER

ARCHANNA M. William S

Jehanna M. Williams

5251 Salata Goz Street Address (Mail)

Landlego Ca. 92114 City State Zip Code

CITY OF SAN DIEGO Mt. Hope Cemetery

By: A.S. Highelf

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

-3-

### MT. HOPE CEMETERY

E9510

E9510

Date June 19 1991

City of San Diego

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 v	vill be applied
and billed to undersigned. War time veteran AQ	
Lot 35 Grave 3 Row Section 2 Division/Bloc	*_//_
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	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.

Invoice #

Acct. # .

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

9510

Signature of recorded holder of deed

hchanna M. Williams 5251 Solola ave Van hlinger, 2a. 92114 264-7278

Work Order # \_\_\_\_\_

MT. HOPE CEMETERY

City of San Diego

Date 6-21-91

You are hereby authorized and instructed	subject to your rules and regulations, to inter the ramains
of Peter PA	
ina Liner	- Funeral, date, time MON, 424 2pm
Church, Chapel, Graveside	rly Meekley-Mitchell Mortuary
	p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veter	
Lot 170 Grave 10 Row_	
Grave space & Care Fund	395.00
Additional spaces and care fund	······
Opening/Closing & Setup	320 W
Burial Container	122 10
	145.00
Flower vases - Marker setting fee	
Recording and filing fee, The port	3. <u>35.</u> w
Sales taxes	filt T.W
Sales taxes AURINAL 44 9.981.	Total Due
Puzz NEN 23 John Pa	hid receipt number 41044 1002.00
KILPOTA.	Balance due
e la	

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

I hereby authorize the interment in le hold under deed.	t I Signature
Signature of recorded holder of deed	Address
Contraction in according contract in control	State Zip C
	Telephone
<b>F</b> 9511	Invoice #
Work Order # 5311	Acct. #
PY-583 (REV. 8-86)	

	Abount Hope Cemetery 3751 MARKET STREET SAN DIEGO. CALIFORNIA 92102	69511
	STATEMENT	TELEPHONE: 264-315
6-21-91	YOUR C	RDER NO.
TO:	Public Administrator 1331 Clark Road El Centro, Ca. 92243 Attn: John Goodell	
	DESCRIPTION OF CHARGE	AMOUNT
Burial Se	rvices For: Peter Pastor	
Openi Liner Handl Recor	. Space ng/Closing Ling Fee Iding \$ Filing fee In Liner	\$395.00 320.00 100.00 145.00 35.00 7.00



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	ENT-FIRST (QIVEN)	1B. MIDDLE	D.	IC. LAS	PASTOR			OF BIRTH		OF DEATH	4. SEX MALE
SA. CITY OF DEATH	EGO		5B. COUNTY OF	SAN DIEGO	LIFORMA, ENTER	STATE	1331 SOU	OMINISTR/	ATOR		PCODE
SAN DIEGO, CA		13898-PIPT#	AVENUERSON A	ACTING AS SUCH 7	I CALIFORNIA LIC		EL CENTR			A.00 II	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions auti was authorized pursua	nanized by Section 103	176 of the Health and	Safety Code, and	. SIGNATURE OF	APPLICANT FU	neral Director	or Person Acti	ing as Suct		1, 199
· PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALI AND IS THE AUTHORI IN THIS PERMIT NOTE THIS PERMIT NOTE THIS PERMIT GVES I	ORNIA HEALTH AN	ID SAFETY CODE SITION SPECIFIED	94. AMOUNT OF F	EE PAID SB. DA	2 1 199	ED 9C. SIGN			TRAR ISSUIN	con the second
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF R IF DEATH OCCURN P.O. BOX 8521	D IN CALIFORNIA		1	ADDRESS OF R			SPOSITION-			
XX	TION(S) AUTHORIZED	CHECK ALL APP	LICABLE ITEMS	D. SCIENTIFIC U	SE		-	SHIP IN TO C	South Contraction	F CALIFORI	NIA
B CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM EMETERY	ains other		E TEMPORARY			- LI	FOR COR		JSE ONLY	
WITERMENT	WT HOME ADENN SAN DIEGO, O	to be a second se	MARKET STRE	ET,	1118. DAT	Ilgi		RE OF PER	SON IN CHU	NAGE OF IN	TERMENT
CREMATION	12A. NAME AND A	liner	170	- 10-1-, ticle bog	ai	E CREMATED	12C SUCILATI	THE OF PERS	ON IN CHA	RGE OF CRE	EMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF FAC	LITY RECEIVING I	REMAINS	138. DA	TE RECEIVED	13C. SIGNAT	JRE OF PER	SON IN CH	ARGE OF FA	ACILITY
TRANSIT	14A. NAME AND A REMAINS OR	DDRESS IN RECE CREMATED REM		148. DA	TE SHIPPED	IPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CH				CHARGE	
SCATTERING AT SEA				OTHER DESCRIPTI		POSITION	15C SIGNAT	OF DISPOS			NUMBER

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



F.gc

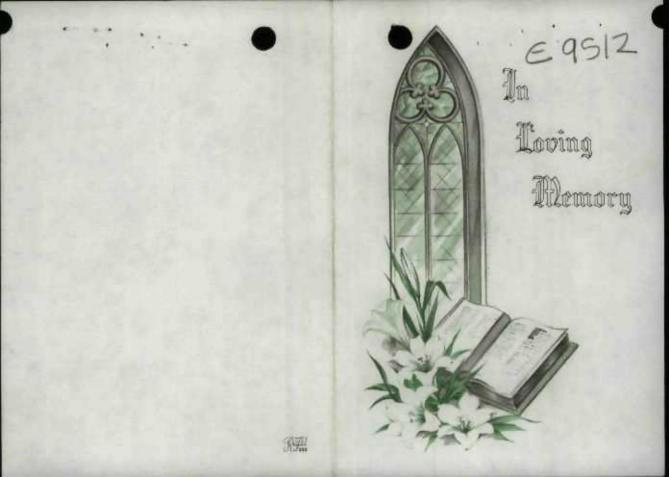
OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N	9 41	048
	21. Junizza Entre	Date:		1 600	19_1
From Algertan County	Address	My p	ollars (\$ _	1002.4	
In Payment of	Laure for Peter	Ple ton a	TT.		-
Lot Grave		ection		Division Block	2
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007 77184	5/19	(2)
	FAID IN THIS SPACE	80% Sales of Lots	100	316	00
Acct. No		Opening/ Closing	100	330	ew.
W.O		Buriel Containers	77182	102	10
BALANCE DUE		Handling Fee	77185	145	per-
		Recording & Misc. Fees	77183	35	10
Pre-Need Lot At Need On Acct		Pre-Need Trust	63035		
Pre-need Trust Cash Check	1.1.7.	Sales Tax	60101 78390	-7-	20
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	\$	1002	00

MT. HOPE CEMETERY

**City of San Diego** 

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 0 Funeral, date, time TL Church, Chapel, Graveside Capacity de Unly EATDINC ortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra applied and billed to undersigned. War time veteran 4 2 Grav low Section Division/ Grave space & Care Fund Additional spaces and care fund D.Ce Opening/Closing & Setup **Burial Container** Handling Fees ... Flower vases - Marker setting fee ... MT: HOPE 111 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 9512 Invoice # Work Order # Acct. #

PY-582 (REV. 8-85)



Jod hath not promised skies always blue, Flowers-stream pathwaysall 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, Unjailing 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

Grace	ent-First (given) I	1B. MIDDLE	Mary	. 10	LAST OF AME		2. DATE OF		DATE OF DEATH	4. SEX
Orange		Orange		6 NAME, RELATIONSHP, MAILING ADDRESS AND ZIP CODE Grace PMM. Burton-Self Preneed 5700 Baltimore Dr. \$11						
Feathering	II Hortuar	· San Di	ago, CA	BIVE.	CH 7B. CALIF	DRNIA LICENSE NUMBER	LaMesa,			
ACKNOWLEDGMENT	I haraby acknowledge of the dispositions out was authorized pursua	orized by Section 10.	175 of the Health a	nd Sataty Code_ an		Waller	uneral Director or P	ersos Acting a	a Such BB. DAT	E SIGNE
PERMIT	THIS PERMIT IS ISSUED OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THE PERMIT GVES IN	ORNIA HEALTH AI	ID BAFETY CODI SITION SPECIFIED	\$7.	.00	JUN 2 1 199	the share and the second second	h lef	EAlwig, D.	I PERM
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. Box 3	Bty Heart	h Dept		Sall	Diego, CA 9	Rudler famil		ific Hwy	
O. TYPE OF DISPOS	TION(S) AUTHORIZED	CHECK ALL APP	INTARI E ITELES							
B. CREMATION	UDES ENTOMEMENT)				RARY ENVAUL	TMENT	H. TR/	R CORONE	SIDE OF CALIFOR	
B. CREMATION	OF CREMATED REM	AINS OTHER	ETERY51 Ha	E. TEMPOR	RARY ENVAUL	TMENT 118. DATE INTERRED	FO	ANSIT TO OUT	SIDE OF CALIFOR	1
B. CREMATION C. DISPOSITION THAN IN A C INTERMENT	OF CREMATED REM EMETERY	AINS OTHER AINS OF CEM Cemetery, CA 92112	5751 Ma	E. TEMPOR	RARY ENVAUL		I H. TRA FO	OF PERSON	SIDE OF CALIFOR	TERMEN
B. CREMATION C. DISPOSITION THAN IN A C INTERMENT CREMATION SCIENTIFIC	OF CREMATED REM EMETERY	AINS OTHER DRESS OF CEM CA 92112 DDRESS OF CRE C/C	MATORY	E TEMPOI	RARY ENVAUL	118. DATE INTERRED 6-25-91		OF PERSON	SIDE OF CALIFOR	TERMEN
B. CREMATION C. DISPOSITION THAN IN A C INTERMENT CREMATION SCIENTIFIC	OF CREMATED REM. EMETERY San Diego 12A. NAME AND AL 13A. NAME AND AL	AINS OTHER AINS OTHER AINS OF CEM CEMEETER, AINS OF CEME AINS OF CEME CMA AINS OTHER AINS OTHE	MATORY	E TEMPOL E F. DISINTE arket St.	RARY ENVAUL	118. DATE INTERFIED 6-25-91 128. DATE CREMATED	H. TRA FO	OF PERSON	SIDE OF CALIFOR	TERMEN

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	NE	40876
From:	Address	<u></u> D	ollars (\$	55.00 )
Lot Grave	Rows	Section		vision
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burnar Containers Handling Fee Recording 5 Misc: Fees	67007 77184 100 77184 100 77181 <i>100</i> 77182 100 77185 100 77185	320 00
Pre-Need Lot At Need O On Acct Pro-need Trust Cash Check A	ISSUED BY	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	355 00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N	40	884
Seen Prover Provertican	Address: 1135 Muctor	Date:	ac 23		991
From:	two i alar	D	ollars (\$	B.a	)
Lot Grave		ection		Division	0
Invoice No.         Grave           Acct. No.	- NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184	12	
BALANCE DUE		Containers Handling Fee Recording & Mist: Fees Pre-Need Trust	77182		20
Pre-need Trust Cash Check		Sales Tax TOTAL PAID	60101 78390	7 252	00



## MT. HOPE CEMETERY

City of San Diego

PRE-NEED LOT AND TRUST

Date 6-21-91

	d, subject to your rules and regulations, to inter the remains
of Nellie Taylor	
in a <u>Liner</u>	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 vet	eran
Lot 160 Grave 5 Row	Section Division/Block
Grave space & Care Fund	\$395.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Contaiper	_100.00
Handling Fees	
Flower vases - Marker setting fee	/
Recording and filing fee	
Sales taxes	
Ren & Nor	Total Due
I hereby certify I am the and this is your authority to make dispo- that I have the right to make this authorize any liability on account of said authorize	of the above named decedent sition of remains as above indicated. I certify and represent report and ingree to hold Mt. Hope Cemetery harmless from allon and interment.
I hereby authorize the interment in lot I hold under deed	P. O. Box 5135
Separation of recorded Factor of The Color	Address San Diego, Ca. 92765 Teams 283-0458 Telegohane
Work Order # E 9513	Minute to F and

Work Order # Py-sed (NEV: 8-85)

MT. HOPE CEMETERY							
INTER	MEA	TO	RD	ER			

City of San Diego

he Neck

Date 4/24/91

You are hereby admorized and ins	tructed, subject to your rules an	d regulations, to inter the remains
of Phyllis	Brilly	the state of the second
ina	Funeral, date, time	
Vault/Liner Church, Chapel, Graveside	7	Mortuary.
All Funeral cars must arrive befor	e 3:30 p.m. of regular work day	or an extra charge will be applied
and billed to undersigned. War tin	ne veteran <u>No_</u> .	
Lot 143_Grave_6	Row Section	Division/Stack
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	JU.	
Recording and filing fee Sales taxes Poid w b 4-35-95	Total	Due
Fun 5-97	Paid receipt number _4	Due 595.00 6877 150.00
4-0-		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. Helen Backse

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

9514

Signature of recorded holder of deed

Invoice #

Acct. #

Work Order # .

	Illis Bailey		CCT. NO. E-9514	4 0 72	782541153 4
ADDRESS 392	28 Arizona St., #5, S, D. 92104 RJ	TING	LIMIT		
DATE	ITEMS		DEBIT V	CREDIT	BALANCE
6- 11:	Opened Credit lot				
		40% 1.476		at (i 2 1) ani (	
	Lot 143; gr 6; sec 1; div 11	\$119	595.00		595.00
		307. BUTOD	ats		
6-24-91	Receipt #40877	100		100.00	495.00
9-10-91	receyst # 41236	120		80.00	475.00
10-23-91	ReceIPT 41418,	140		2000	\$55.90
11-9-91	Geeipt 41487	160		20 W	43500
12:9-91	Receipt # 41591	180		20-	41500
1-17-92	Bacept # 41771	200		DOW	395.00
2-25-92	Kecupt # 44658	225		25.00	37000
3-11 94	feccipt # 44140	3,50		25 00	345.00
4-12 94	RECEIPT 44847	370		2000	32500
5-19-94	Nec # 44975	290		20 40	305.00
70.94	Me# 45202	340		50. W	255.00
8/16/94	receipt 45367	360		20-	235-
9/13 94	RECEIDT 45448	400		40-	195.00
11/17 94	Receipto 45675	440		40-	155.00
1/18 95		ODES TO 20%		50 -	105.00
AVERY FORM NO. 2			EDIT LOT	PR	INTED IN USA

NAME		ACCT. NO.	0 72	782 41153	
ADDRESS	RATING	LIMIT			
DATE	ITEMS	DEBIT V	CREDIT	BALANCE	
4-35 95	R-46154		10500		
	REPORT NUMBER OF CONTRACTOR				
	PAR AR A PROVIDE A				
Statistics in the second	The state of the new years where the second				
				INTED IN URA	



11 1201 1 10100 1 1110 1 11 11 11 11 11 11

203	CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY	
	DEED	Nº 11330
Ото	OWNERSHIP AND INTERMENT PRIVILEGES PHYLLIS M. BAILEY for the sum of \$595.00	
LEGAL DESC	CRIPTION Lot 143, Grave 6, Section 1, Divis	ion 11
AS DESCRIB	ED 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

PV-5B

Property Director

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY 527-3400 Address: 3928 Anigme 4.204 Hop Lud Lot	LSt. # 5,	46 4-25 50 921 ollars (\$ 105-1	04
Lot       148       Grave         Invoice No.	C Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	Division Biock	11 5 00

OFFICIAL RECEIP	T	CITY OF SAN DIEGO, CALIFO PROPERTY DEPARTMENT MOUNT HOPE CEMET 527-3400	T	4465	1994
A STATISTICS OF CALL	ayment of	Le-1 Jean The	Section	Dollars (\$	)
Acct. No W.O BALANCE DUE Pre-Need Lot D At Ne Pre-need Trust D Cast AC-212 (Rev. 1-91)	Hed D On Acct D Check D	IED BY	SSTAMPED CREDIT 20% Sales Can 80% Sales of Lots Opening/ Closing Buriat Containers Handling Fes Recording & Misc. Fens Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77182 100 77183 4003 9002 80301 78390	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Address: 862 Elm	Pate: S/I Are Chu Dollar	45367 6 1994 12 Vista 18 (5 20 - )
In Payment of Lot Grave Invoice No Acct. No W.O9514 W.O9514 BALANCE DUE Pre-Need Lot & At Need D On Acct D Pre-need Trust D Cash D Check AC-2112 (New 1-91) 451	-	80% Sales of Lots 77 Opening/ Clossing 77 Burial Containers 77 Handling Fee 77 Recording & Misc Fees 77 Pre-Need 63 Trust 9 Saltes Tas 60	Division // Biock // 184 20 184 20 184 20 185 100 185 100 185 100 185 100 185 100 185 100

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N9 408
From: Basty	Address: 2127 (august Fugle August August	Date:	Dollars (\$
1.2	1	1	Division
Lot Grave	Row Se	ection	Block_//

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	N9	41236
From: PHYELIS BAILEY Just Hall In Part Payment of Of	ase grog	DA ST.	# <u>5 5.D</u> ollars (\$ <u>3</u>	000,
Lot _14/3 Grave		ection	Divisit Block	20 1/
Invoice No Acct. No W.O. <u>E - 9514</u> BALANCE DUE	NOT VALIDE OR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Bunal Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185	20
Pre-Need Lot At Need O On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87)	ISSUED BY	Pice-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	20 00

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 41771 PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date: Address From: Dollars (\$ 20 ini Payment of Division Lot Grave Row Section Block NOT VALID FOR PLIPPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care BOW Sales 100 77184 Acct No. of Lots Opening/ Closing 100 77181 W.O. Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Minc Foos 77183 Pre-Need Lot At Need Pro-Need 63033 On Acct Trunt 9022 Pre-need Trust Cash Check Sales Tax 60101 78990 ISSUED BY TOTAL PAID AC-212 (Bay 1-91)

OFFICIAL RECEIPT Nº 41487 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK. AUDITOR 527-3400 Date Address From Dollars (\$ Payment of Division Grave Section Row (Limit) NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 57007 Invoice No. 20% Sales Care 80% Sinies 100 of Lots 77184 Acct, No. Opening/ Closing 100 77381 WO Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77385 Recording & 200 Misc Fees 77183 Pre-Need Lot At Need On Acct Pre-Need 63033 Trust 8022 Pre-need Trust D Cash Sales Tax 60101 Check 78390 ISSUED BY TOTAL PAID AC-212 (Rev 1-91)

OFFICIAL RECEIPT NO 41591 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date: Address: 3928 ARIZONAS From: PA Dollars (S 20 Payment of PRENEED LOT PART Division Lot Grave Bow Section Riock NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 77184 BO% Sales 100 Acct No. of Lots 77184 Opening/ Closing 100 E9514 77181 WO Bunal 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need Lot CALNeed Pro-Need 83033 On Acct 9622 Trunt Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY W . TOTAL PAID AG-212 (Rev. 1-01)

OFFICIAL RECEIPT Nº 41418 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date: Ocr. 23 19.91 Address 3938 Arizona From Phyllis Boiley 5.D. 92104 Twenty and notico Dollars (\$ 20.00 \_\_ Payment of \_\_ Pre-pred lot Division 143 Lot Grave Row Section. Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. PAID IN THIS SPACE 77184 20% Sales Care 80% Sales 20 00 100 Acct No. 77184 of Lots Opening/ Closing 100 W.O. E-9514 77181 Bunal 100 Containers 77182 BALANCE DUE 555.00 100 Handling Fee 77185 Recording & 100 Minc Frees 77182 Pre-Need Lot At Need D On Acct D Pro-Nood 63033 9025 Trust Pre-need Trust Cash A Check Sales Tax 50101 ISSUED BY 78390 TOTAL PAID 20 AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400			4484	0
From: Phillie Bo log Two port in and	Address: 3923 / 1000	Date:	9/11/ 	52 1 35,00	9 6-
In Payment of				The second second	
Lot Grave	Row S	CREDIT 20% Sales Care	67007 77184	Division Block	11
Lot Grave	Row S	CREDIT	67007 771184		11

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400		44847
		Date:	- Andrew -
From PHYLLIS BAILEY	Address: ELM		
Twonly		Dollars (\$	20.00 1
In PART Payment of PRE	NEED LOT	-	
Lot_143 Grave	6 Row St	action	Division //
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 67007 20% Sales Care 77184	
Acct. No		80% Sales 100 of Lots 77184	20 00
W.O. E-4514		Opening/ 100 Closing 77181 Burial 100	
BALANCE DUE _ 3 25.00		Containers 77182 - 100	
		Handling Fee 77185 - Recording & 100 Misc Fees 77183 -	
Pre-Need Lot At Need On Acct		Pre-Need 63033 Trust 9022	
Pre-need Trust Cash Check	155LED BY No Perquent	Sales Tax 60101 78390	
AC-212 (Rev. 1-91) 700	I ISSUED BY	TOTAL PAID \$	20 00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY		44975	
From Augus Bailey Dusty Cid InPayment of	Address Stor Slim	Date: 5-19 10 Dollars (\$	. 19. T	
Lot_143 Grave	G Row S	ection	Division //	
Involce No Acct. No W.O BALANCE DUE Pre-Need Lot At Need On Acct D Pre-need Trust Cash Check D Ac-212 (Rev. 1-91) 397	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT         67007           20% Sales Care         77184           80% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burist         100           Containers         77182           Burist         100           Containers         77182           Handling Fee         77185           Pro-Need         63033           Truat         9022           Sales Tax         60101           TOTAL PAID         \$	20	F

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400	45202
From Auto Bailey Est and nPayment of	Address: 3927 (198)	Date: 19_79 
Lot Grave nyoice No Acct. No N.O. <u>F_95/4</u> BALANCE DUE Pre-Need Lot F At Need On Acct D Pre-need Trust Cash Check D	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE	Division           Block           CREDIT         87007           29% Sates Care         77184           B0% Sates         100           oft Lots         77184           Opening/         100           Clots         77184           Opening/         100           Clots         77183           Burns         100           Containers         77185           Pecording & 100         100           Handling Fee         77185           Pre-Need         63033           Trust         9022           Saties Tax         60101

the state of the s

OFFICIAL RECEIPT	BY MOUNT LODE OFMETERY		45675
From <u>Physics</u> Bolles <u>Extract</u> 00 In <u>Post</u> Payment of	527-3400 Address: <u>3938 Ant</u> Pro-2000 124	Date: 	50 9211-
Lot Gra	Ve Row	Section	Division Block
Invoice No Acct. No W.O	"PAID'IN THIS SPACE	20% Sales Care 77184 80% Sales Care 77184 00 of Lots 77184 Opening/ 100 Closing 77181 Burial 100	40 00
Pre-Need Lot At Need On Ad	set 🗆	Containing 77182 100 Handling Fee 77185 Recording & 100 Misc: Fees 77183 Pre-Need 53033 Trust 9022	
Pre-need Trust Cash Chec	and the second se	Sales Tax, 60101 78390	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY 527-3400 Address: 3933 Area	Date:	ollars (\$ .	454 5.0 40.00	94
Lot Grave Invoice No Acct. No W.O5-9514	Row S	ection OREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing	67007 77184	Division Block	1
BALANCE DUE Pre-Need Lot A At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY	Borial Containers Handling Fee Recording & Misc. Fees Pre-Naed Trust Sales Tax TOTAL PAID	100 77182	40	

## MT. HOPE CEMETERY

City of San Diego

Purper for

Date 6-24-9

-	Funeral, date, time	
in a	Funeral, date, time	
Church, Chapel, Graveside		Mortuary
All Funeral cars must arrive befo	ore 3:30 p.m. of regular work day or	an extra charge will be applied
and billed to undersigned. War t	ime veteran fla.	
and the second second		
Lot 42 Grave 10	Row Section	Division/Stock
		59510
Grave space & Care Fund		
Additional spaces and care fund	······································	····
Opening/Closing & Setup	h.A.D.	~//
Burial Container	1. I. A. U. A. A. A.	/
Handling Fees	11AU ALL	4
Flower vases - Marker setting fe		63
T	11/11/2/27/	
Recording and filing fee		
Sales taxes		Tor a
	Total Du	Je
	Paid receipt number _40	879 100.00
		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.

9515

Signature of recorded holder of danil

eventh Ave U FARMINGton, M. -460-829 55024

Invoice #

Acct. #

Work Order # .

And and an allen by lity

To Frank & Peggy Bailey

Notice of Cancellation and Forfeiture No Ledgus Card Augus Bailey A. Ave. West Box m Ire here 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 \_\_\_\_\_, Block/Division \_\_\_\_\_\_ in Mt. Hope Cemetery, entered into on <u>June 24</u>, 19<u>91</u>, by and between Mt. Hope Cemetery and Frank & Reggy 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 , 19 95.

CITY OF SAN DIEGO Mt. Hope Cemetery

By: M. Clark Clerice ASST. II

OFFICIAL RECEIPT	MOUNT HOPE CEMETERY 264-3151 E 9515	stalpd 234	.00, 4	0879
In Payment of	Address:	3 54	ollars (\$	)
Lot Grave		iction	Block	T
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77154 100 77164 100 77161 100	1

OFFICIAL RECEIPT Nº 41829 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date From Address Dollars (\$ in. Payment of Division Lot 143 Grave Row Section. Stock NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 77184 Acct. No. of Lots Opening/ 100 77181 W.O **Burin**) 100 77182 Containers BALANCE DUE 77185 Handling Fee Recording & 100 Misc. Fees 77183 Pro-Nened 63033 Pre-Need Lot At Need On Acct Trust 9022 G Pre-need Trust Cash Check Suice Tax 80101 78380 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 41412 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY ...... CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date: Address! From 710/100 1400 Dollars (\$ Payment of In Division Lot 143 Grave Section. Row! NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID IN THIS SPACE 20% Sales Care 77184 80% Sales 100 ofLets Acct. No. 77184 Opening/ Closing 100 77181 wo Burial 100 Containers 77182 BALANCE DUE . 100 Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need 63033 At Need On Acct . Pre-Need Lot Trust 9022 Check Pre-need Trust Cash Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400	Date	Nº 4 3-18	42034
From <u>Frank</u> Daily <u>Dwesty</u> Grave	he-T Seed Kot	doc, doe	Division	
Invoice No Acct. No W.O. <u>E 9515</u> BALANCE DUE Pre-Need Lot <u>At Need</u> On Acct Pre-need Trust Cash Check Ac-212 (Rev. 1-91) 4324	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tas TOTAL PAID	CHOCK           67007           77184           100           77181           100           77181           100           77183           100           77183           63033           9022           60101           78990           \$	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400		Nº 41	1976
From <u>Prask Bailing</u> <u>Nursety</u> One In Payment of	Address: 17603 11th 710, 14-72cet Ket	Dete:	3-5 <u>JT Av 316</u> ollars (\$ <u>21</u>	1922 <u>Fi</u> rm,
Lot Grave Invoice No Acct. No W.O95/5 BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PARD" IN THIS SPACE	CHEDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Buriat Containers Handling Fee Recording & Misc. Fees	Division Block 77184 100 77184 100 77181 100 77182 100 77182 100 77185 100 77185	
Pre-Need Lot D At Need D On Acct D Pre-need Trust D Cash D Check D AC-212 (Rev. 1-B1)	ISSUED BY	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390 \$	w





## Bend or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. E-9055 CREDIT LOT Frank & Peggy Bailey 17605 11 Avenue West Box 286 Farmington, Mn. 55024 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. \$ 21.00 due date above Amount due if paid more than days after due date above. Amount Received NAME ADDRESS 7P CITY STATE check (1/) if this is new address

DO NOT MAI ACCOUNT No	L ENTIR	E BOO	K	ittanos		EDI		OT	4
Frank 8 7605 11 A P. O. bo Farmings	wenu nx 21	Le (1) 837 Min	leat	502	4 dicat	ed B	elow		
APR MAY JU	IUL N	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR
		1	-	0	10	1		-	
Amount due whe due date above.	n paid or	, or bet	ore.		> 5	21	.00	1	_
Amount due if parafter due date at	id more t bove.	ban	da	ys )	> 5	-	1	-	-
					s				-
NAME		Ал	nount F	leceive	nd \$				_
ADDRESS			-	_					
CITY				STAT			ZIF		
	I chec	k (V	1 11 1	nis i:	s nev	v add	iress		

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6-20

Ze Cad

MT. HOPE CEMETERY

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Funeral, date, time in a 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 MO Lo1/02 a Grave Section Division A Grave space & Care Fund 1 Additional spaces and care fund **Opening/Closing & Setup Burial Containe** Handling Fees Flower vases - Marker, cottin Recording and filing fee Sales taxes **JUN 25** 1991 Total Due MT DIF Balance due POUS 5 I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. 202 gnature of recorded holder of deed

Invoice #

Acct. #

Work Order # **E** 9516

		CATION A	ND PERA	AIT FOR D	DISPOSITIO	ON OF HU	MAM	N REMAINS	00	acir
				E NO ERASU	RES, WHITEO	OUTS OR OTHE	ER ALT	TERATIONS	E	1516
NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	n	10.1	LAST (FAMILY) Bromber	8	M	DATE OF BIRTH		OF DEATH 4 S DAY, YEAR -91
. CITY OF DEATH	- 10 M		58. COUNTY OF	DEATH-OUTSIDE	E CALIFORNIA, E	NIER STATE	G. NAM	ME, RELATIONSHEP, M		
San Diego			San	Diego			OF	INFORMANT	berg-	husband
TYPED NAME AND A	DDRESS OF APPLICAN	FUNERAL DIREC					1000	2 West Lan	1000-001	
NEPTUNE S	SOCIETY 140	65 Hwy 8	Bus. El	Cajon, Ca	F-135	2	EL	Cajon, Ca	9202	1
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge on the dispositions with was suthonized pursuant	onzed by Section 1032	76 of the Health and	Salety Code, and	4	E OF APPLICANT-		Director or Person Ac	ting as Su	6379
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, NOTE THIS PERMIT ONES IN	Y FOR THE DISPOS	D SAFETY CODE	an and a state state of the	0:		991 •	SIGNATURE OF LO	State and	STRAR ISSUING PER
TON REQUIRES A NEW	90. ADDRESS OF RE		TRICT OF DEAT	H				T OF DISPOSITION-		
	NO ROX 8522	2 San Die	20. Ca 92	186-5222	1					
TYPE OF DISPOSI		2 San Die CHECK ALL APPL		186-5222	<u> </u>	-	-		CALIEORAN	
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TYPE OF DISPOSI	TION(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REM	CHECK ALL APPL	ICABLE ITEMB	D. SCIENTIFI	RY ENVAULTME	NT	[	H. TRANSIT TO	OUTSIDE	OF CALIFORNIA
A BURIAL INCLU	TION(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REMJ EMETERY	CHECK ALL APPL	ICABLE ITEMB	D. SCIENTIFI	RY ENVAULTME		); 11C.	FOR COP	O OUTSIDE	OF CALIFORNIA
A BURIAL INCLU	non(s) authorized Jdes entombment) of cremated rem emetery 11A. NAME AND AD NC Hope	CHECK ALL APPL	CABLE ITEMB	] D. Scientifi ] E. Tempora ] F. Disinteria	RY ENVAULTME		5; 11C.		O OUTSIDE	OF CALIFORNIA
A BURIAL ONCLU B CREMATION C DISPOSITION THAN IN A CR	DON(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REMU EMETERY 11A. NAME AND AD MC HOPE 3751 Ma	CHECK ALL APPL NNS OTHER DORESS OF CEME Commetery Thet St	CABLE ITEMB	] D. Scientifi ] E. Tempora ] F. Disinteria		DATE INTERRED	-	H. TRANSIT TO FOR COF I. DISPOSITION SIGNATURE OF PER	RONER'S	OF CALIFORNIA USE ONLY HARGE OF INTERM
A BURIAL ONCLU B CREMATION C DISPOSITION THAN IN A CI	non(s) authorized Jdes entombment) of cremated rem emetery 11A. NAME AND AD NC Hope	CHECK ALL APPL NNS OTHER DORESS OF CEME Commetery Thet St	CABLE ITEMB	D. SCIENTIFI E TEMPORA F. DISINTERN Co, Ca			-		RONER'S	OF CALIFORNIA USE ONLY HARGE OF INTERM
A BURIAL ONCLU B CREMATION C DISPOSITION THAN IN A CR	DON(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REMU EMETERY 11A. NAME AND AD MC HOPE 3751 Ma	CHECK ALL APPL NNS OTHER DORESS OF CEME Commetery Thet St	ETERY San Dieg	D. SCIENTIFI E TEMPORA F. DISINTERN CO, Ca		DATE INTERRED	-	H. TRANSIT TO FOR COF I. DISPOSITION SIGNATURE OF PER	RONER'S	OF CALIFORNIA USE ONLY HARGE OF INTERM
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A BURIAL ONCLU B CREMATION C DISPOSITION THAN IN A CI	DON(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REMU EMETERY 11A. NAME AND AD MC HOPE 3751 Ma 12A. NAME AND AD D/A 13A. NAME AND AD	CHECK ALL APPL	San Dieg	D. SCIENTIFI E TEMPORA F. DISINTERN C. C. C. C. C. C. C. C		DATE INTERRED	120.	H. TRANSIT TO FOR COF I. DISPOSITION SIGNATURE OF PER	PENDING	OF CALIFORNIA USE ONLY HARGE OF INTERM
A BURIAL ONCLU B CREMATION C DISPOSITION C DISPOSITION THAN IN A CI INTERMENT CREMATION	DON(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REMU EMETERY 11A. NAME AND AD Mt Hope 3751 Ha 12A. NAME AND AD D/A	CHECK ALL APPL	San Dieg	D. SCIENTIFI E TEMPORA F. DISINTERN C. C. C. C. C. C. C. C		DATE INTERRED	120.		PENDING	OF CALIFORNIA USE ONLY HARGE OF INTERM
A BURIAL ONCLU B. CREMATION C. DISPOSITION C. DISPOSITION THAN IN A CI INTERMENT CREMATION SCIENTIFIC	IDON(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REM EMETERY 11A. NAME AND AD MC HOPE 3751 Ma 12A. NAME AND AD D/A 13A. NAME AND AD D/A	CHECK ALL APPL	San Dieg Matory 100 Opti- DEL JTY RECEIVING	D. SCIENTIFI E TEMPORA F. DISINTERN C. C. C. C. C. C. C. C. C. C. C. C. C. C. C		DATE INTERRED	120.		PENDING RSON IN C	OF CALIFORNIA USE ONLY HARGE OF INTERM MARGE OF FACILITY
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A BURIAL ONCLU B CREMATION C DISPOSITION C DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC USE TRANSIT	DON(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REMJ EMETERY 11A. NAME AND AD MC HOPE 3751 Ha 12A. NAME AND AD D/A 14A. NAME AND AD REMAINS OF O D/A	CHECK ALL APPL	ATORY 103 ATORY 103 COT 103 DBL JTY RECEIVING	D. SCIENTIFI E TEMPORA F. DISINTERN CO., Ca D H COV E P DEPTH CR REMAINS		DATE INTERRED	120.		RONER'S PENDING RSON IN C	OF CALIFORNIA USE ONLY HARGE OF INTERM HARGE OF FACILITY
CREMATION CREMATION CREMATION CREMATION CREMATION CREMATION SCIENTIFIC USE	IDON(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REM/ EMETERY 11A. NAME AND AL MC HOPE 3751 Ha 12A. NAME AND AL R/A 13A. NAME AND AL REMAINS OF O D/A 15A. ADDRESS, NE/	CHECK ALL APPL	ATORY 10- COT 10- COT 10- COT 10- COT 10- DBL- UNG STATE OF	D. SCIENTIFI E TEMPORA F. DISINTERN CO., Ca DEPT + CP REMAINS		DATE INTERRED	12C. 13C. 14C.		O OUTSIDE TONER'S PENDING RSON IN C ISON IN C	OF CALIFORNIA USE ONLY HARGE OF INTERM MARGE OF FACILITY

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

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date	N!	40881
From: Payment of	Address: Balling for	1. E. C.	ollars (\$ 10	14 2 ) 14 2 )
Acct. No W.O. E 9516 BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Foe Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 77164 100 77184 100 77183 100 77182 100 77185 100 77185 100 77185 100 77183 63033 9022 60101 78390	

MT. HOPE CEMETERY

City of San Diego

Pre Need

Date 6-25-91

You are hereby authorized and inst	tructed, subject	to your rules and re	egulations, to inter t	the remains
ofSANford	BROI	Aberg		
ina Davide Dept Cu			A TATA A	
Church, Chapel, Graveside				_ Mortuary.
All Funeral cars must arrive before and billed to undersigned. War tim		12 2	an extra charge wil	l be applied
Lot 102 Grave 9	Row	Section	Division/Block	11
Grave space & Care Fund				1
Additional spaces and care fund				_
Opening/Closing & Setup	D.	AID		
Burial Container		<b>NIP</b>		
Handling Fees	NUL	.2.5.1991		
Flower vases - Marker setting fee				
Recording and filing feet	MT. HO	PE CEMETER	F	1500
Sales taxes	double Pupp	PE CEMETER	3	50
17101 -	Paid receip	pt number 40	Balance due	0
I hereby certify I am the	diamontal and a		of the above name	ed decedent

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

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

F

9517

Signature of recorded holder of deed

rment. Garlord Browlung ingranut 32 WEAT LAWF BEL CANON CH 92021 BALL GIG 442 7913 ZO CODE Tababana

Invoice # Acct. #

Work Order # \_

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	C95  Date:	7 Nº 4	0882
In Payment of	Auge for many of	D	ollars (\$	)
Lot Grave	Row S	ection	Division Block	71
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 20% Sales Care 80% Sales of Lots Opening/ Cloaing Bunal Containers Handling Fee Recording & Misc. Fees Pix-Need Trust Sales Tax	67007 77184 100 77184 100 77185 100 77185 100 77185 100 77183 63033 9022 60101 78390	

City of San Diego

casket size 13" x26"

Date 6-25-9

You are hereby authorized and in	structed, subject to your rules and reg	gulations, to inter	the remains
of Jazmin Ja	bana Garcia G		(Infant)
ina NONE	Funeral, date, time	0 /25 11	AM
Church, Chapel, Graveside		alupana	_ Mortuary.
All Funeral cars must arrive befor	re 3:30 p.m. of regular work day or a	n extra charge wi	The applied
and billed to undersigned. War ti	me veteran <u>No</u> .		
Lot 3621 Grave	Row Section	_ Division/Bleek	9
Grave space & Care Fund			00,00
Additional spaces and care fund			
Opening/Closing & Setup	PAID		64,00
Burial Container			
Handling Fees	JUN 25 1991		
Flower vases - Marker setting for	MT HODD		
Recording and filing fee	MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF		35.00
Sales taxes			100.00
lortuary to	Total Due	de	199.00
hang check t.	Paid receipt number 400	<u></u>	149.00
lortuary to bring chieck with permit.		Balance due	0
w	1 110		

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

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

F

9518

Signature of recorded holder of deed

a
Men St
92/13
Zip Code

Invoice #

Acct. # -

Work Order # \_

ALLER AND ALLER PLATING AND		E NO ERASURES, WI			
JAZHI	NT-FIRST (CILVEN) 18. MIDDLE	GARCIA-C	MARK & LA. or many second	JUNE 24, 1991 JUNE 24	YEAR
CITY OF DEATH		DEATH-OUTSIDE CALIFOR	RA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS OF INFORMANT	AND ZIP CODE
	DORESS OF APPLICANT-FUNEBAL DIRECTOR OF PERSON	ACTING AS SUCH 78. CAL	FORMA LICENSE NUMBER	JOSE MANUEL GARCIA-FA 3984 MARINE VIEW DR. HAMADIEGO.CA.92113	and the second se
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed dispersion of the dispositions authorized by Section 10376 of the Health and was authorized pursuant to Section 7100 of the Health and Salinty	d Salety Code, and	ATURE OF APPLICANT-F	unaral Director or Person Acting as Such	B. DATE SIGN
PERMIT	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 GNES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$ 7.00	JUN 2 5 199	HED SC. SIGNATURE OF LOCAL REGISTRAL	a second
ION REQUIRES A NEW ERMIT TO SHOW FINAL	NO ADDRESS OF REGISTRAR OF DISTRICT OF DEAT VITAL RECORDS F.O. BOX 8522 SAN DIEGO, CAS 92186-5222	1 # D		DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CALIFORNIA	
A BURIAL (INCLI	TION(S) AUTHORIZED CHECK <u>All</u> Applicable items (Des Entomriment)	D. SCIENTIFIC USE		G. SHIP IN TO CALIFORNIA	CALIFORNIA
B CREMATION C DISPOSITION THAN IN A CI	OF CREMATED REMAINS OTHER	F. DISINTERMENT	LTMENT		ONLY
	the second se			NAME AND ADDRESS OF TAXABLE PARTY.	
INTERMENT	11A NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MAREET ST SAW DIFCO	C1		ILC SIGNATURE OF PERSON IN CHARG	
INTERMENT		CA. 1-1-9	118. DATE INTERRED 6-26-91 128. DATE CREMATED	11C SIGNATURE OF PERSON IN CHARGE	one
	MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, 12A. NAME AND ADDRESS OF CREMATORY 267	1-1-9	6-26-91	► Wondy Jon Ton 12C. SIGNATURE OF SON TIN CHARGE	GILE F CREMATION
CREMATION	MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, 12A. NAME AND ADDRESS OF CREMATORY 362 NO LINER CLOTH COURSED	REMAINS	6-26-91 128. DATE CREMATED	* Wondy Jon 12C. SIGNATURE OF SONTIN CHARGE	CREMATION

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

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Deter	Nº ULS	40885
From	Address 2001 000	Date:	C. 40	19_11 KLIICO (V
In Payment of	Timest of Bail	)	ollars (\$	100-
. Lot Grave	Row Se	ection	Divi	sion 9
Invoice No Acct. No W.O. E9518	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 100 77184 100 77181	20 00
BALANCE DUE		Burial Containers Handling Fee Recording & Misc, Fees Pre-Need	100 77182	<u>90100</u>
Pre-Need Lot  At Need  On Acct Pre-need Trust Cash Check AC-212 (Rev 10-87)		Trust Sales Tax TOTAL PAID	9022	199 00

INTERMENT ORDER

**City of San Diego** 

Date June 25.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains CHARLENE WASHINGTON of Funeral, date, time WED 7/3 12:00 PM AULT in a 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\_\_\_\_ Grave 6 Bow \_\_\_\_ Section \_\_\_\_ Division/Plock\_ 595.00 Grave space & Care Fund ..... Additional spaces and care fund 320.00 Opening/Closing & Setup Burial Container ..... 170.00 Handling Fees ..... Flower vases - Marker setting fee ..... 25,00 Recording and filing fee ..... Sales taxes . .... 1307 Total Due .... 30 note holonie 40888 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. ture of recorded holder of deed

Invoice #

Work Order # <u>E</u> 9519

W.O. # £ -9

NOTE

\$ 1157.25			San Diego, (	California	June	26	19.2/
hirty days after date for v	alue received, th	e undersign	ed maker pro	omises to pay	San Diego	City Trea	asurer, or order at
3751 Market Street, San D	Diego, CA 92101,	the sum of	Eleven	hundred	Fifty	-seven	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 SIGNATURE ADDRESS CALIFORNIA DRIVER LICENSE NUMBER PY-1012 (11-89)



## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDER	NT-FIRST (GIVEN)	IB. MIDDLE		ALL ALL HOUSE AND A	T (FAMILY)	2. DATE OF BIRTH	3. DATE OF C	
San Diego			St	an Diego	ALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, DE UFORMANTING	bon - Fat	
A. TYPED NAME AND AL	dale Mort.		ego, CA	CHING AS SUCH 7	B CALIFORNIA LICENSE NUMBER -IF APPLICABLE F-1329	A151 Estrel San Diego,	and and and a second	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions aut	normed by Section 10	proposed disposition at 376 of the Health and the Health and Salety C	Safety Code, and	A. SIGNATURE OF APPLICANT	Fugeral Director or Person A	cting as Such	7-1-9
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISS SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT UNIT: THIS PERMIT UNITS I	FORMA HEALTH AN	ND SAFETY CODE	94. AMOUNT OF	THE PAID SHE DATE PERMITIS		COCAL REGISTRAF	M.D.
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL ROCC	TOS P.O	and the second second	22	E ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR I			
	non(s) authorized	CHECK ALL APP	LICABLE ITEMS	] D. SCIENTIFIC L	ISE	G. SHIP IN TO	CALIFORNIA O OUTSIDE OF C	
B. CREMATION C. DISPOSITION I THAN IN A CE	OF CREMATED REM	AINS OTHER		] E. TEMPORARY ] F. DISINTERMEN			RONER'S USE	ONLY
INTERMENT	Mt. Hope	Cemetery	San Diego	and the second se	118. DATE INTERREE	110 SIGNATURE OF PE	RSON IN CHARGE	
CREMATION	NAME AND A	DDRESS, OF CRE	N SEC	12R (11)	12 128. DATE CREMATED	12C. SIGNATURE OF PE	RSON IN CHARGE	CREMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF FAC	ILITY RECEIVING I	REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PE	RSON IN CHARGE	E OF FACILITY
TRANSIT	14A. NAME AND A REMAINS OR	ODRESS IN RECE CREMATED REM	IVING STATE OR AINS ARE TO BE	COUNTRY WHERE	148. DATE SHIPPED	14C. ADDRESS AND SIL	INATURE OF PER	SON IN CHARGE
SCATTERING AT SEA	15A. ADDRESS, NE			OTHER DESCRIPT		15C. SIGNATURE OF PE	OSITION I	DEDISE NUMBER OF CREMATED RE- MAINS DISPOSER

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

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	29519	Nº	40	888
From And Markenster	Address	Do	5. 7 51 7	1) 1) 1) 0	
In Payment of Lot Grave		ection	Div	ision ock	12
Invoice No Apet. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burial Containers Handling Fee Recording & Misc, Fees	67007 77164 100 77164 100 77161 100 77181 100 77185 100 77185	122	02
Pre-Need Lot At Need On Acct	ISSUED BY	Misc, rees Pre-Need Trust Sales Tax	77183 63033 9022 60101 76390 5		

City of San Diego

6/26/91 Date

You are hereby authorized and instructed, subject to your rules and regulations, to in	ter the remains
of NEHIE DUNN	
in a Linel Funeral, date, time 1201 - 427	2pm
Church, Chapel, Graveside Del Onles : Humphree	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge	will be applied
and/billed to undersigned. War time veteran Ala .	
Lot 557 Grave Row Section Division/B	- 7
Grave space & Care Fund L. K. Thead (C-5458 7/48)	ø
Additional spaces and care fund)	
Opening/Closing & Setup Ples The Thed (C-5482)	- M
Burial Container The Thech (D-8552)	Ø
Handling Fees	A
Flower vases - Marker setting fee	
Recording and filing fee	35.0
Sales taxes P. A	-
Total Due,	35.00
JUN 2.6 1991 Paid receipt number 408 86	35.00
MT. HOPE CEMETERY	
I hereby The SAN DIEGO. CALIF Phyllis Marth	amed decedent
and this is using authority to make disperities of semalar as shown indicated 1 semil	and second

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

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

F

9520

Signature of recorded holder of deed

Signature 3779 BANCROFT DR Address Spring UARly G 91977 Stats 466-7357 Zip Code Totephone

Invoice #

Acct. #

Work Order #

NAME OF DECEDE		BLACK INK O	NLY-MAKE	- TO AND THE PROPERTY OF	RES, WHIT	EOUTS OR OTHE	2. DATE OF BIRTH	3. DATE OF DEAT	TH 4. SEX
NETTI	and the second second second	JANE		1	DUM		03107-1903"	0812511995	
CITY OF DEATH	sa	st		DEATH-OUTSIDE	E CALIFORNIA	ENTER STATE	8. NAME, RELATIONSHIP, M	rshall - Da	
B55 B	a state of the sta	hula Vista	and the second s			RNIA LICENSE NUMBER	3779 Bancroft Spring Valley		7
ACKNOWLEDGMENT OF APPLICANT	of the dispositions own	as applicant that the prop orized by Section 10376 It is Section 7100 of the H	of the Health and	Saloty Code, and	BA SIGIOT	dith ES	Carlai Director or Person Ac	ting as Such 60	241
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUE SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, HOTE: THIS PERMIT, GIVES IN	Y FOR THE DISPOSITI	SAFETY CODE ON SPECIFIED	84. AMOUNT C	OF FRE PAID	BB. DATE PERMIT ISS	A 10		AAC
IY CHANGE IN DISPOSI- ION REQUIRES A NEW BANT TO SHOW FINAL DISPOSITION.	BD. ADDRESS OF HE VICAT NO San Dieg		O. Box	Second 1			DISTRICT OF DISPOSITION-	RNIA	
and the second s	tion(5) authorized	CHECK ALL APPLICA	HELE ITEMS	] D. SCIENTIFIC	C USE	30.0	G. SHIP IN TO I	CALIFORNIA OUTSIDE OF CALIF	ORNIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	ains other		] E. TEMPORAI ] F. DISINTERN	RY ENVAULT	MENT		PENDING	NLY
	Mt. Hope 3751 Mar San Dieg		RY			118. DATE INTERRED	TIC SIGNATURE OF PER	SON IN CHARGE OF	
CREMATION	NAME AND AL	DRESS OF CREMAT	TORY 55	7-10-1	7	28. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF	CREMATION
SCIENTIFIC	ISA. NAME AND AL	DRESS OF FACILIT	Y RECEIVING	REMAINS		13B. DATE RECEIVED	190, SIGNATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT		DRESS IN RECEIVIN CREMATED REMAINS			RE	14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	NATURE OF PERSON	IN CHARGE
SCATTERING AT SEA		AREST POINT ON SI				15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION I OF C	NSE NUMBER

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	59520 Date:	D Nº	10886 19
In Payment of	Address:		ollars (\$	2
Lot Grave Invoice No Acct. No W.O BALANCE DUE Pre-Need Lot D At Need D On Acct D	Row Se	CTION CREDAT 20% Sales Care 80% Sales of Lots Opening/ Closing Bunal Containers Handling Fee Recording & Misc. Fees Pre-Need	Block	
Pre-need Trust Cash Check	ISSUED BY	Trust Sales Tax TOTAL PAID	9022	

City of San Diego

Date June à

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

of David We	oune Great	204	
in a Voult		late, time Wod 7	
Church, Chapel, Graveside	Church/Grave	side Cypre:	55 VIEW Mortuary.
All Funeral cars must arrive b	efore 3:30 p.m. of regul	ar work day or an ext	ra charge will be applied
and billed to undersigned. Wa	r time veteran <u>NO</u>		Front Gate
Lot 266 Grave 10	Row Se	ction 2 Di	vision Block 12
Grave space & Care Fund			495.00
Additional spaces and care fu	nd		
Opening/Closing & Setup		51	320.00
Burial Container	A.A.	¥1."	175.00
Handling Fees	1d	*	170,00
Flower vases - Marker setting	fee		15.95
Recording and filing fee			35.00
Sales taxes			12.25
a vitt hat 35	rd.	L. Total Due	
fam with an doye	Paid receipt n	umber 4091	3 1223.20
ht 20 10			1

Balance due

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

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

9521

10

Signature of recorded holder of deed

Invoice # Acct. # 06

Work Order # \_

ſ

W.O. # E-952/

NOTE

San Diego, California June 26 19 9/ 1223.20 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 Twe lue hundred tweaty three fied 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 (lable 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.

ADDRESS ZOZ BOLLENBACKER SF. SAN DIEJO, CA. 92114 - SSN # 284-38-6867 CALIFORNIA DRIVER LICENSE NUMBER Po 19999 3 PY-1012 (11-89)

David	INT-FIRST (GIVEN)	1B. MIDDLE	Wayne	10	C. LAST (FAMIL	egoyy		9-1972		5-1991	
CITY OF DEATH			1	San Die	go	A, ENTER STATE	OF INFO	ELATIONSHIP, M RMANT			
	Bonham Bro		San Dieg	Wall I and a second sec	CH 78. CALIF	ORNIA LICENSE NUMBER	702 1	Sollenba Diego, C	cher		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispusitions auth was authorized portuat	orized by Section	0376 of the Health at	nd Solety Count, in	a BA. SIGNA	TURE OF APPLICANT	the state of the second s	or or Person Ac	ting as S	uch 88 D	27-91
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE THIS PERMIT NOTE THIS PERMIT GNES N	y for the disf ) right of disposal	OSTION SPECIFIED	97.4		JUN 27 19	91			ISTRAR ISSU	
	San Diego ( P.O. Box 85	OUNCAUFORNIA	Vitel R	ecords	I IF DISP	ESS OF REGISTRAR OF OSITION IS TO OCCUR IN		DISPOSITION-			
mis!	JDES ENTOMBMENT)			D. SCIENT		TMENT		H. TRANSIT TO			-
B. CREMATION	OF CREMATED REM. EMETERY	DRESS OF CE	ry	C E TEMPO	RARY ENVALL	TMENT 11B. DATE INTERIBED 7-3-91			PENDING	USE ON	L¥
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM. EMETERY 11A. NAME AND AD Mount Hop 3751 Mark 12A. NAME AND AD N/A MET	DORESS OF CE Cemete at Stree DORESS OF CR	ry t, San Di EMATORY 26	C E TEMPO	RARY ENVALL					HARGE OF	NTERMEN
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM. EMETERY 11A. NAME AND AD Mount Hop 3751 Hark 12A. NAME AND AD	DORESS OF CE Cemete at Stree DORESS OF CR	ry t, San Di EMATORY 26	C E TEMPO	RARY ENVAUL	11B. DATE INTERIAED		FOR COR		HARGE OF	
B. CREMATION C. DISPOSITION THAN IN A CU INTERMENT CREMATION	OF CREMATED REM. EMETERY 11A. NAME AND AD MOUNT Hop 3751 Hark 12A. NAME AND AD N/A T3A. NAME AND AD N/A 14A. NAME AND AD	DRESS OF CE	EMATORY 26	E TEMPO E TEMPO F. DISINTE E COUNTRY W	RARY ENVAUL SIMENT	118. DATE INTERRED 7-3-9( 128. DATE CREMATED	11C. SIGN	FOR COR	NONER'S	HARGE OF	NTERMEN REMATIO

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E9521 E9521 Date:	NS	409	-
From: In Payment of	Address:	D	ollars (\$	10 (a ) 1 - 23	-)
Lot Grave	Row	Section		vision ock	-
Invoice No      Acct. No      W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184	170 170 170 180 1	0 0 0 0 0 0
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (flew: 10-87)		Pre-Nated Trust Sules Tax TOTAL PAID	63033 9022 60101 78390	12	10 %

162471 07/25/91 067133 SAMUEL GREGORY E-9534 100 072 100 072	08/06/91 CM JV21131 77181 000072 77182 000072 77183 000072 77184 000072 77185 000072 77185 000072 78390 77184	1,223.20 320.00 175.00 50.95 396.00 170.00 12.25 99.00	1,223.20 PAID IN FULL
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City of San Diego

Date Ture 26

You are hereby authorized and		and the second second second	Concernance of the second		r the remains
of <u>Carey</u> Edwa					
ina Linar	Fu	uneral, date, tir	me <u></u>	Fors. June	37 11:30
Church, Chapel, Graveside	Delivery	Only :	Hay	ier	Mortuary.
All Funeral cars must arrive b	efore 3:30 p.m.	of regular wor	k day or	an extra charge w	vill be applied
and billed to undersigned. Wa	r time veteran	NO.			
R			1	-	-
Lot Grave		Section .	6	Division/Bloc	*_2_
Grave space & Care Fund					126.00
Additional spaces and care fu					
Opening/Closing & Setup					121.00
Burial Container					-
Handling Fees					50.00
Flower vases - Marker setting	fee				
Recording and filing fee					
Sales taxes					
Lee Jamie			Total Du		297,00
108 70"	Paid m	eceipt number			
rep.A.				Balance due	1.200

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

Signature

Acct. # 20095

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

9522

Signature of recorded holder of dead

Zec

Work Order # E

Marine and Marine	U	SE BLACK INK ON	LY-MAKE NO ERA	SURES, WH	ITEOUTS OR OTHE	R ALTERATIONS fo	ound
NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE Edward		C LAST (FAMI Poole	LY)	and the second	ATE OF DEATH 4 SE
CITY OF DEATH				n Diego		6. NAME, RELATIONSHIP, MAILING	rater
TYPED NAME AND A	BORESS OF APPLICAN	dams Av. Sa	n Diego, CA.	UCH 78. CALIF	ORNIA LICENSE NUMBER	5201-A Ruffin Ra San Diego, CA. 9	
OF APPLICANT	of the dispositions aut		and disposition stated herein is a she thealth and Sofety Code, alth and Barlety Code.		the provident	funeral Director or Person Acting as	Such BB DATE SIGN
PERMIT THORIZATION OF ICAL REGISTRAR CHANGE IN DISPOSI- IN REGUIRES A NEW INIT TO SHOW /INAL DISPOSITION.	AND IS THE AUTHORI IN THIS PERMIT NOTE THE PERMIT GUEL A 90 ADDRESS OF R 0. MATH SCENARI	JED IN ACCORDANCE A CORNIA HEALTH AND SA TY FOR THE DISPOSITION O MINIT OF DISTRICT B 32022 CA. 92186	OF CALFORNA 7.	.00	JUN 27 199	Prove Can	And M.D.
		CHECK ALL APPLICAE				G. SHIP IN TO CALIFO	ANIA.
B CREMATION	DES ENTOMBMENT) OF CREMATED REM EMETERY		D. SCIEN	mfic Use Orary Envaul Ferment	LTMENT		NDE OF CALIFORNIA
B CREMATION	OF CREMATED REM EMETERY	AINS OTHER	D. SCIEN	ORARY ENVAUL			IDE OF CALIFORNIA R'S USE ONLY ING N CHARGE OF INTERME
B. CREMATION C. DISPOSITION THAN IN A CE	of cremated rem Metery Mc.M. Diego	AINS OTHER	D. SCIEN E TEMP F. DISENT	ORARY ENVAUL		H TRANSIT TO OUTS	IDE OF CALIFORNIA R'S USE ONLY ING N CHARGE OF INTERME
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM METERY INC. INSIDE San Diego 12A. NAME AND AU N/A	AINS OTHER BRIEFS OF JOEMETER		ORARY ENVAUL	118. DATE INTERRED 6-27-91 128. DATE CREMATED	H TRANSIT TO OUTS	N CHARGE OF CALIFORNIA R'S USE ONLY ING N CHARGE OF INTERME
B. CREMATION C. DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC	OF CREMATED REM METERY INC. NHE DO C San Diego 12A. NAME AND AU N/A 13A. NAME AND AU N/A 14A. NAME AND AU	AINS OTHER CA. DDRESS OF CREMATO DDRESS OF FACILITY DDRESS IN RECEIVING		ORARY ENVAUE	118. DATE INTERRED 6-27-91 128. DATE CREMATED		IDE OF CALIFORNIA R'S USE ONLY ING N CHARGE OF INTERME CHARGE OF FACILITY

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	.9522	2 Nº	
	0 11-12	Date:	\$120	. 19
From: There of the life	Address:	dia terrag	50-0 -2011	1-2472
In Payment of	uper the state day	I= RA A	ollars (\$	7
Lot Grave	Row Se	ection	Divisio Block	in
Invoice No.           Acct. No.           W.O.           BALANCE DUE           Pre-Need Lot           At Need           On Acct	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184	
Pre-need Trust Cash Check AC-212 (Rev. 10-87)	ISSUED BY	Sales Tax TOTAL PAID	60101 78390 \$	

City of San Diego

6-26-91

Date

fou are hereby authorized and inst Hilda	K. Curti	and the state of the second	pulations, to	nter the remains
Ash Vautt	Funeral, da			
Vaub/Unar Church, Chapel, Graveside			ss Vier	D Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regula	r work day or a	n extra charg	e will be applied
and billed to undersigned. War tim	4/-			
1		A		5
Lot <u>47</u> Grave <u>5</u> R	low Sec	tion <u>4</u>	_ Division/S	Hock
Grave space & Care Fund				**
Additional spaces and care fund .				
Opening/Closing & Setup				105.00
Burial Container	DA	ID.		40.00
Handling Fees	IA	ID .		. 60.00
Flower vases - Marker setting fee	JUN-26			
Recording and filing fee				35.00
Sales taxes	MT. HOPE C	EMETERY		2.80
	CTTT OF SAND	Total Due		. 242.80
	Paid receipt nu	mber 408	90	2+2.80
			Balance d	
C	ON			
hereby certify I am the and this is your authority to make to that I have the right to make this au my liability on account of said aut	disposition of remain thorization and lagr	ns as above ind ree to hold Mt. H	licated. I cert	named decedent ify and represent ry harmless from
	9	im H	Cui	tian & -
hereby authorize the interment in hold under deed.	i lot l	4388 HI	AWK S	T.
				92103
lignature of recorded holder of deed		- 295-6		Zip Colle
		dephone		1 1 1 1 1 1

Invoice	#	-	-	 
Acct. #				
Property IT.		_		

Work Order #

9523

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Premeed

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date	N!	40890
	From: Hilda Costiss	Address: 4338 Howk	St. San	Diega	A 92103
•	Two hundred Sorty +	wo and \$2/100	D	oliars (\$ 212	80 )
	In Full Payment of Plan	red Tivet For Hill	ta K. (	"uttes	
-0	grentclose; Ach Vault	t; Record/File Fees			
	Lot Grave	Row S	ection	- Divisi Block	
	Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Milo: Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77182 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77184 100 77185 100 77180 100 77180 100 77180 100 77180 100 77180 100 77180 100 700 100 100 100 1000	2 80
	rieneed rivar & Gash & Greek R	T	and the	78390	

and the second se

NAME AND ADDRESS OF TAXABLE AND ADDRESS OF TAXABLE ADDRESS OF TAXABLE

City of San Diego

Date 6/27/91

You are hereby authorized and instructed subject to	
of VIOLA RIVERS	
in a <u>LiNel</u> Funeral, Funeral,	date, time MON 7/ 2pm
Church, Chapel, Graveside	te: Papalale Mortuary.
All Funeral cars must arrive before 3:30 p.m. of reg	ular work day or an extra charge will be applied
and billed to undersigned. War time veteran No	
Lot 82 Grave // Row - 5	
Lot Grave How S	0.00
Grave space & Care Fund	595.40
Additional spaces and care fund	
Opening/Closing & Setup	V. V. Q. 320.00
Burial Container	Q111 100.00
Handling Fees	0 145.00
Flower vases - Marker setting fee	
Recording and filing fee	<u></u>
Sales taxes	<u>7.00</u>
David	Total Due
Paid receipt	number 29- Ausatal 600.00
apt an partial course	Balance due (202.00
1 P.T.	Ø
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition of ren that I have the right to make this authorization and I any liability on account of said authorization and in	agree to hold Mt. Hope Cemetery harmless from
44	P P W.S Marine
I hereby authorize the interment in lot I hold under deed.	1821 50.420 ST

Signature of recorded holder of deted

Work Order #

**E** 9524

64-5579 Invoice # 162470 Acct. # 067131

DIEGO

Zip Code

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	N. /0-		1355 .1997
From: Johnse & Alla Le fifty nine 10 Payment of Pre-	Address 6761 Trittin is 1400 Ared - bot & Trust	que. 50	ollars (\$	92119	× 1
Lot Grave		Section		Division Block	12
- Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184	3	
W.O. E-9529		Closing Burial	77181	Contraction in	-
W.O. <u>E-9529</u> BALANCE DUE <u>1231.70</u> Pre-Need Lot D At Need D On Acct D		Closing		59	07

OFFICIAL RECEIPT NO 42482 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date: From Address Dollars (\$ \_ 4.7-62 2 Payment of · In. Division "Lot\_ Grave Row Section Biont NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. 27184 20% Sales Care 60% Sales 100 Acct No. of Lots 77184 Opening/ 100 77181 wo F -Burnat 100 Containers 77182 BALANCE DUE 100 77185 Handling Fee Recording & 100 Misc Fees 77183 Pre-Need Lot At Need Pre-Need 63033 9022 On Acct Trust Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 42100 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY ...... CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date: From Johnie 5 Alla Lewis Address: 6761 Titen Ave ifty-ALAO 59,00 Dollars (\$ m- DOPO lot / trus Payment of\_ - In Division-Section. ·Lot Grave Row\_ Block CREDIT NOT VALID FOR PURPOSE STATED UNLESS STAMPED 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 77184 80% Salas 100 Acct No .... of Lois 77184 Opening/ 100 -9529 Cipaing 77181 W.O. Burnal 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Miao, Fees 100 77183 At Need D, On Acct Pre-Need 63033 12 20 Pre-Need Lot Trust 9022 Pre-need Trust Cash Sales Tex Check 60101 78390 ISSUED BY TOTAL PAID AC-212 (Hey 1-91)

OFFICIAL RECEIPT Nº. 42309 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK, AUDITOR 527-3400 Date Frot Dollars (\$ Unil Payment of \* In -Division 101 Grave Row Section. Bioc NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 77384 20% Sales Care 80% Sales 100 77184 of Lots Acct No. Opening/ Closing 100 77181 Burial Containers 100 77182 100 BALANCE DUE Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need Lot At Need On Acct Pro-Need 63033 9022 Trust Pre-need Trust **E** 12 Cash Check Sales Tax 50101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT NO 42196 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY TO CUSTOMER CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date Addr From the line -Dollars (S - In Payment of Division ٠ "Lot Grave Row Section. Bin NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 Acct No. of Lots 77184 Opening/ Closing 100 WO.F-77181 Bunal 100 Containers 77182 BALANCE DUE 100 77185 Handling Fee Recording & 300 Misc. Fees 77183 Pre-Need 63033 At Need Pre-Need Lot On Acct 9022 Trunt Pre-need Trust C Cash D Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 42600 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date: TITIO 07/12 wo. From: Address: that BOOD Dollars (\$ re-neer Payment of Division Grave Section lot Row: Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 20% Sales Care 67007 Invoice No. 77184 80% Sales 100 of Lots Acct. No. 77184 Opening/ 100 Closing 77161 WO Buriat 100 Containers 77182 BALANCE DUE \_ 1.23.00 300 Handling Fee 77185 Recording & Misc. Fees 100 77183 50 Pre-Need Lot At Need On Acct Pra-Need 63033 no Trust. EI Check Pre-need Trust Cash Sales Tax 60105 78300 ISSUED BY TOTAL PAID AC-212 (Bey, 1-91)

OFFICIAL RECEIPT Nº 42691 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date: From Addre Dollars (\$ . In Payment of Division Section. Block Grave Row Lot\_ NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Carn 77184 80% Salos 100 Acct. No. of Lots 77184 Opening/ Closing 100 77181 . W.O Aurin 100 77182 Containers BALANCE DUE 100 Handling Fee 77185 Recording & 100 77183 Pre-Next 63033 Pre-Need Lot At Need On Acct 9022 Trust Pre-need Trust Cash 1 Check Sales Tax. 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev 1-91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº2 42940 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date: From Addres Dollars (S Payment of Division Block Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT. 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 77184 80% Sales 100 of Lota 77184 Acct. No. 002573 100 CIT Acat - The I 77381 W.O 100 Burial -10 Containera 77182 NO 100 BALANCE DUE Handing 77185 Recording & 100 Misc: Fees 77183 Pro-Need 63033 Pre-Need Lot At Need D On Acct D 9022 Trust Pre-need Trust Cash Sales Tax 60101 Check 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-81)

OFFICIAL RECEIPT 1000 100 Nº 43073 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 1992 Date: From Address: 6 Dollars (\$ 60.00 100 Alars Payment of Ini. -2 Division Biock Grave Section Row Lot NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 87007 Invoice No. 20% Sales Care 77184 80% Sales 100 Acct No. of Lots 77184 Opening/ Closing 300 77181 W.O Burini 100 77182 ,DC Containers 100 BALANCE DUE 77185 Handling Fee Recording & 100 Misc. Feel 77183 Pre-Need 63033 Pre-Need Lot At Need 60 On Acct 9022 Trunt Pre-need Trust Cash Sales Tax 60101 Check 78390 ISSUED BY TOTAL PAID al AC-212 (Boy. 1-91)

CANARY	TO CUSTOMER CEMETERY AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400		437	777
From Ally J	finis East of	_ Addressla 761 - 24/fe	. Date:	ollars (\$ 22	_, 19 <u>9</u> 3 10)
i In full Pays	ment ofP		Section_3	Division	"/2
Invoice No Acct. No W.O. E-1537 BALANCE DUE	Not	VALID FOR PURPOSE STATED UNLESS STAMPED D'IN THIS SPACE.	80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee	67007 77184	
Pre-Need Lot C At Need Pre-need Trust C Cash	Check	ED BY Waits	Recording & Miac: Fees Pre-Need Trust Sales Tax TOTAL PAID	100 17183 63033 9022 60101 78390 \$	10 5 P

OFFICIAL RECEIPT	ETERY MOUNT HODE CEMETERY	43562
	A State of the second se	Date: 41-7 .19.93
From JoHNie JAL	LA Lewis Address: 6761 TIFF in	V AV1. S.D. 92114
Fifty nime da	llars and mo centr	Dollars (\$ 59.00 )
In Part Payment of	Do un 11 + + to	ust
In the second se		
Lot 12	Grave 21 Bow	3 Division 17
LUI L		SectionBlock
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	The second
		CREDIT 67007 // 20% Sales Care 77184 // 20% Sales 100 // Conta 77184 // 20% Sales 100 // 20
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT         67007           20% Sales         67007           30% Sales         100           of Lots         77184           Opening/         100           Closing         77181
Invoice No Acct. No W.O. $F = 9529$	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 67007 // 20% Sales Care 77184 // 20% Sales 100 of Lots 77184 // 000 of Lots 77184 // 100
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT         67007           20% Sales Care         77184           80% Sales         100           of Lots         77184           Opering/         100           Closing         77181           Burial         100           Containers         77182           Handling Fee         77185           Recording &         100
Invoice No Acct. No W.O. <u>F - 9529</u> BALANCE DUE 147.10	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT         67007           20% Sales Care         77184           80% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burial         100           Containers         77182           Burial         100           Handling Fee         77185           Recording &         100           Misc. Fees         77183           Pre-Need         63033
Invoice No Acct. No W.O. <u>E = 9529</u> BALANCE DUE <u>1117.10</u> Pre-Need Lot <u>At Need</u> On	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT         67007           20% Sales         77184           80% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burial         100           Containers         77182           Handling Fee         77185           Recording & 7183         100

14. 14 M

3654OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date: May 3 , 19.93 From: Des Having ur San Diess Address QQ and Dollars (\$ 59.00 -----OWET apt Payment of Mar 2 Division Lot Grave Section Block Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 7718-80% Sisten 100 of Lots 77184 Acct No. 100 Opening/ W.O. E-9524 Closing 17181 Burial 100 Containers 77182 BALANCE DUE 88.10 100 Handling Fee 77185 Recording & 100 Minc. Fees 77183 00 Pre-Need Lot At Need On Acct Pro-Need 63033 50 9022 Trust Pre-need Trust Cash 13 Sales Tax Check 50101 78/496 ISSUED BY LLER DA 00 TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 43212 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ..... CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 , 19 7 3 Date: / -Que 5.D. 92114 Address: Erom: Dollars (\$ 57.00 Payment of Division -Lot / 2 Grave Section\_ Plank How NOT VALID FOR PURPOSE STATED UNLESS STAMPED OREDIT 67007 Invoice No. 'PAID' IN THIS SPACE 77184 20% Sales Care MON: Sales 100 of Lots 77184 Acct No. Opening/ 100 Clasing W.O. E-9529 77181 Burnel 100 Containers 77182 BALANCE DUE 326.00 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 59 63033 Pre-Need Lot C At Need C On Acct 00 Trust 9022 Pre-need Trust Cash 8. Check Sales Tax 60101 7830 ISSUED BY 50 TOTAL PAID 00 AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** 43432 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY ...... CEMETERY MOUNT HOPE CEMETERY 527-3400 . 19.93 Date: 5.0. 22/14 Address: From: Dollars (\$ \_60.00 Payment of Division Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 Invoice No. 77184 20% Sales Care 60% Sales 100 Acct. No. of Lots 77184 Opening/ Closing 100 WO E - 95 77181 Burial 100 Containers 77182 BALANCE DUE 206.10 100 Handling Fee 77185 Recording & 100 Ming, Fees 77183 00 60 Pre-Need Lot At Need On Acct Pre-Need 63833 Trust 9022 Pre-need Trust G Cash Check Sales Tax. 80101 78390 ISQUED BY TOTAL PAID 10 AC-212 (Rev 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400	Date:	2/5	Nº 43	3333 19 <i>23</i>
In Payment of Lot Grave	0	Do	ollars (\$	Division	)
Invoice No Acct. No W.O BALANCE DUE Pre-Need Lot Pre-Need Lot At Need Cash Check AC:212 (flav. 1-91)	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales Opening/ Closing Bursai Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77184 100 77181 100 77182 100 77182 100 77185 100 77185 100 77185 100 77183 63033 9022 60101 78390 5	60	

OFFICIAL RECEIPT **CITY OF SAN DIEGO, CALIFORNIA** Nº 41997 PROPERTY DEPARTMENT WHITE TO CUSTOMER MOUNT HOPE CEMETERY 527-3400 120 Apreh Date: Address: 676/ Lewis This abria From - 11.100 20/100 Dollars (\$ 18-0000 Payment of. Division 12 Bow Section - Lot Grave Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 57007 Invoice No. 20% Sales Care 80% Sales 100 Acct No. ofLota 77184 . Opening/ Closing 100 W.O. E-9529 77381 Burial. 100 Containers 77182 BALANCE DUE 918.10 100 77185 Handling Fee Recording & 100 Misc. Fees 77183 Pro-Need Pre-Need Lot At Need D On Acct 63033 Trust 9022 Pre-need Trust Cash - Check Sales Tax. 60101 78390 ISSUED BY TOTAL PAID AC-212 (Bey 1-91)

WHITE TO CLISTOME CANARY CEMETER PINK AUDITOR	MOUNT HODE CEMETERY		Nº	41105
		Date:	81	. 1922
From:	Address:	6 2 0 ER 3	12112	
Trate Mart 134	1 - 1	D	ollars (\$ 50	1
. Lot Grave	Row S	ection	Divi Bloc	sion
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	87007	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Ng	40908
		Date:	28	
From:	Address	139 6	be de	22/14
- Ano theater	at a marked with the second se	Mas_ D	ollars (\$ 20	)
In Payment of	& That that I Day	-		
		Service and the service of the servi		1000
Lot Grave	Row Sect	ion	Divis Bloc	
- Invoice No	NOT VALID FOR PURPOSE STATED WILESS TAMPED	CREDIT 20% Sales Care	67007 77184	
Pect No.		80% Sales of Lots	100	100 00
- ATAOI	JUL 05 1991	Opening/ Closing	77181	
wo. Tody	00 1001	Burial Containers	100	
BALANCE DUE		Handling Fee	100	
	000025	Recording & Misc. Fees	100 77183	
Pre-Need Lot At Need On Acct		Pre-Need Trust	53033 9022	
Pre-need Trust Cash Check	Lateral Lateral	Sales Tax	60101 78390	
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	\$ /	1315 02)

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N9 40918
			Date:	. 19_//
	From: Charles Willey	Address:	Gur	10 72116
	in Payment of	Lad Ber a Hur	D	ollars (\$)
-	Lot Grave	Row Se	ction	Division Block
20.0	Invoice No Acct. No W.OS229 BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 90% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pric-Need	57007         44         60           77184         290         200           100         290         200           77184         200         200           100         77183         200           100         77182         200           100         77185         100           77185         100         77183           630033         630033         200
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev 10-67)	155UED BY	Trust Sales Tax TOTAL PAID	9022 60101 78390 \$

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date: 9-	N9	41266
From Lilla Series Eifty Dany IDPayment of	Address Addres	2 (chu , d) 2 0 2 7 5 3		vision
Lot Grave Invoice No Acct. No	Row Se	CREDIT 20% Sales Care 80% Sales	67007 77184	ock

and the second s OFFICIAL RECEIPT 41850 NO CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ...... GEMETERY MOUNT HOPE CEMETERY PINK, AUDITOR 527-3400 1092 Date Address: 6 liffin Aur Dollars (\$ 59.00 onen Mre-nerd nus. -In Payment of At. Division Grave Section Block Lot Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 Acct. No. of Lots 77184 Opening/ 100 W.O. E-9529 Closing 77181 Butial 100 Containers 77182 977.10 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-bleed 03 Pre-Need Lot At Need On Acct 63033 Trust 9022 Pre-need Trust Cash Check Sains Tax. 60101 7839 arte ISSUED BY \_ TOTAL PAID 00 P AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 42796 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT WHITE ..... TO CUSTOMER CANARY ..... CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-2400 .93 Date: ILMS Address: From 4 La Dollars (\$ 266-57 ·in Payment of Division Lot Grave Row Section Bioo NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 57007 Invoice No. "PAID' IN THIS SPACE. 77164 20% Sales Care 80% Sales 100 ..... Acct. No. of Lots 77184 Opening/ Closing 100 77181 W.O Burial 100 1- 14 Containers 77182 BALANCE DUE 100 Handting Fee 77185 Recording & Misc. Fees 100 77183 63035 Pre-Need Lot At Need Pre-Need On Acct 9022 Trust Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL FAID AC-212 (Hev. 1-91)

OFFICIAL RECEIPT NO 41566 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date: From. Addres Dollars (\$ = - Ini Payment d Division -Lot Grave Section. Row. Rine NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. . "PAID' IN THIS SPACE 77184 20% Sales Care 80% Sales 100 of Lots 771B4 Acct. No. Opening/ 100 Closing 77181 W.O Burial 100 Containers 77182 11515 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Mino, Fees 77183 Pre-Need On Acct 53033 9022 At Need Pre-Need Lot 10 Trust Pre-need Trust Check Sales Tax 80101 Cash 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 41466 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 5-1991 Date: TIFFIN AVE S.D. CA 92114 From Voll Nie Lewis Address 676 FIFTY NINE AND? Dollars (\$ 5900 In PART Payment of PrE-NEED LOT & TRUSTS Division Lot 12 Grave Row ----Section Black NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 77184 54 80% Selen 100 Acct No. 77184 of Lots Opening/ 100 Closing W.O. E-9599 77181 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc Faas 77183 Pre-Need Lot @ At Need O On Acct O Pro-Need 63033 Trunt 0022 Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-STE (Rev. 1-P1)

OFFICIAL RECEIPT Nº 41725 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date: From Address Dollars (\$ her I · In Payment of Division Lot Grave Section Row Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 87007 Invoice No. 20% Saint Care 77384 B0% Salen 100 Acct No. of Lots 77184 Opening/ 100 Closing 77181 WO Burial 100 Containers 77182 10 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc, Fees 77183 Pre-Need Lot At Need On Acct Pro-Need 63033 9022 Trust Pre-need Trust Check Sales Tax Cash -88101 78390 ISSUED BY TOTAL PAIN AC-212 (Rev. 1.91)



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# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MICOLE	10.1	AST (FAMILY) Rivers	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SA CITY OF DEATH		58.00	NUNTY OF DEATH-OUTSIDE	CALIFORNIA, ENTER BYATE	6. NAME, RELATIONSHIP, M		PCODE
Anderson-	Ragsdale M	T-FUNERAL DIRECTOR OR Dart; 5050 Fed	PRESON ACTING AS SUCH	78. CALIFORNIA LICENSE NUMBER	1821 S. 41st San Diego, 0	t Street California 92	2113
ACKNOWLEDGMENT	of the dispositions out	as applicant that the proposed a orized by Section 10376 of the it to Section 7100 of the Health a	Health and Safety Code, and	a significant of Applicant of	Main Director Or Person Ac	ting as Such 8B DA	-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE THIS PERMIT GNES IN	DED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE IV FOR THE DISPOSITION S 0 REHT OF DISPOSAL OUTSEE OF	PECIFIED 7.00	if fee paid 98. date perimit issu JUL 0 1 199	1 6 1 .	Cal REGISTRAN ISSUM	and the second
TION REQUIRES & NEW PERMIT TO SHOW FINAL DISPOSITION.	IL RECEILS FOR PROPERTY		Ca. 92138-522	WE ADDRESS OF REGISTRAR OF I		JRNIA	
and comment	TION(S) AUTHORIZED	CHECK ALL APPLICABLE	ITEMS	D USE	G. SHIP IN TO	CALIFORNIA O OUTSIDE OF CALIFOR	INIA
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM	AINS OTHER		RY ENVAULTMENT IENT		PENDING	Y
INTERMENT	Mt. Hope Co	DDRESS OF CEMETERY	Diegom CA.	118. DATE INTERRED	110. SIGNATURE OF PER	ISON IN CHARGE OF IN	TERMENT
CREMATION	12A. NAME AND A	DORESS OF CREMATORY	80-11-1-11 ETAL-NON-S	EALED THE CREMATED	120. SIGNATURE OF PER	SON IN CHARGE OF O	EMATION
SCIENTIFIC USE	13A. NAME AND AI	odress of facility re	CEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHE E TO BE SHIPPED	RE 14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	NATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OA DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T		ELINE, OR OTHER DESCR		15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CREA	NUMBER MATED RE- DISPOSER PLICABLE

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



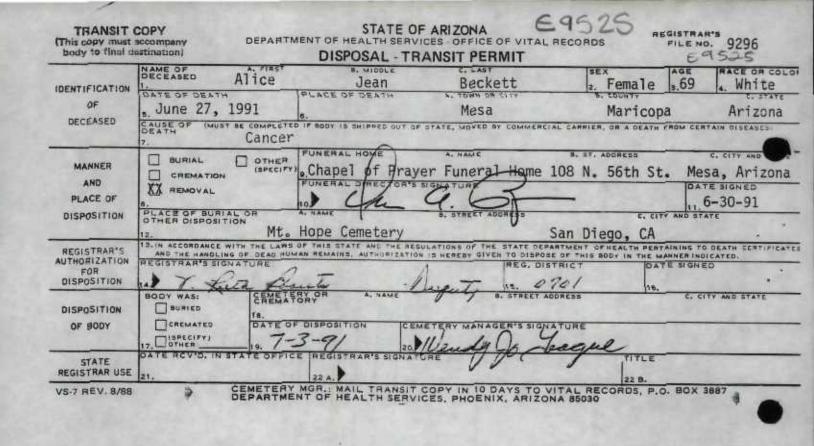
CITY OF SAN DIEGO, CALIFORNIA E9524 CITY TREASURER ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM CUSTOMER ACCOUNT NO 67131 PAYMENT DATA PAYMENT P.M. RECEIVED DATE 7 2291 CCA PAID BY (CIRCLE ONE) CH NF PAYMENT REFERENCE NUMBER \$6000 TREASURER VALIDATION CUSTOMER DATA Keeper Experses CUSTOMER ACCOUNT NAME PAYOR NAME CUSTOMER (PAYOR) ADDRESS / 201 A. 6 92 1 m #72 REMARKS INV. NO/62470 CASHIER . TR-1581 [2-82]

CITY OF SAN DIEGA AUDITOR & CONPTRA REPORT NO. C65-10 DEPARTMENT 072 INV INV NO DATE 162470 07/25/91 E-9624	PRO ACCT ND	PERTY DEPT-MT CUSTOMER NAME FUND DEF RUBY JEFFERSO 100 07 100 07 100 07 100 07 100 07 60101 67C07	T ORG		J/0 PAYM DATE DPE 000072 000072 000072 000072 000072	BY REF NU	AMOUNT PAIB AMOUNT APPLIED 600.00 159.73 49.92 17.47 237.60 72.38 3.49 59.41	AMOUNT BILLED 1,202.00	BATE: 08/02/91 TIME: 201407 PAGE: 18 UNPAID BALANCE 602.00 PARTIAL PAYMENT
CITY OF SAN DIEGO AUDITOR & COMPTRO REPORT NO. C65-10					ACCOUNTS R NVDICE REPO AS OF O	ECEIVABLE RT BY DEPARTMENT 5/06/91			DATE: 08/06/91 TIME: 211235 PAGE: 14
DEPARTMENT 072 INV INV NO DATE	ACCT	PERTY DEPT-MT		TERY	PAYM	PD PAYM BY REF NO			
NU DATE	NO	CUSTOMER NAME FUND DEP	T DRG	ACCT	J/D DATE	R BN/EQ FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162470 07/25/91 C E~ 9524	67131	RUBY JEFFERSO 100 072 100 072 100 072 100 072 100 072 100 072 60101 67007		77181 77182 77183 77184 77185 78390 77184	08/01 000072 000072 000072 000072 000072	/91 CK 1753	616517832 27783 27782 27782 2778 39 57	1,202.00	PATH IN FULL

Jeathering handle City of San Diego MT. HOPE CEMETERY INTERMENT ORDER

Date 6-27-91

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of _ HLICE JEAN	BECKETT
ina T.S. Vault	Funeral, date, time Wedy 1/3 11:00 Ap
Church, Chapel, Graveside GRAVES	de Chapel of Pearfer Mortuary.
All Funeral cars must arrive before 3:30 p	m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veter	an No.
5318	10
Lot 3 2/8 Grave Row	Section Division/Blanks / D
Grave space & Care Fund TALL.T.A.	ad (D-14/14/195) _
Additional spaces and care fund	
Opening/Closing & Setup	PA:D 32.0
Burial Container	15.00
Handling Fees	.JUL3.1991
Flower vases - Marker setting fee	
Recording and filing fee	CHOPE C METERY 35.00
Sales taxes effet Whin	12.25
eph and the of 20°3	Total Due
04 24 08 0, 100 8 ag Pai	id receipt number 40920 11 2 25
aunth all is and	Balance due
hereby certify I am the HUSBAN	JD of the above named decedent
and this is your authority to make disposit	ion of remains as above indicated. I certify and represent tion and lagree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorizati	on and interment.
I hereby authorize the interment in lot I	- Josph E Dichtt
hold under deed.	5000 1104 579 WAY
Signature of recorded holder of deed	ADDIS MESA ARIZONA
	STATE ARIZONA 83708
	Telephone 1-602-986-3545
- 0505	
Work Order # E 9525	Acct. #
PY-593 (REV. 8-86)	right 0



Carl and the second

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 69575 USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 6 7525 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 6/17/1922 MONTH DAY YEAR 6/27/1991 ALTCE JEAN BECKETT F 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIFORNIA, ENTER STATE 6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mesa Maricopa Joseph Beckett Husband 7A. TYPED NAME AND ADDRESS OF APPLICANT-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7.7B. CALIFORNIA LICENSE NUMBER 8001 E. Broadway 1104 79th Way -IF APPLICABLE Featheringill Mortuary 6322 El Cajon Blvd SÐ 85208 AZ Mesa 88 DATE SIGNED 8A. SIGNATUBE OF APPLICANT Sunoral Director or Person Acting as Such ACKNOWLEDGMENT I hereby acknowledge as applicant that the proposed disposition statest herein is one OF of the dispositions sufficient by Section 10376 of the Hanith and Safety Code, and APPLICANT orised pursoant to Section 7100 of the Health and Salety Cade with mithe 98. DATE PERMIT ISSUED 90. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 199 AUTHORIZATION OF IN THIS PERMIT. \$7.00 NOTE: THIS POINT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATHap. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES & NEW .O. Box 85222, San Diego, CA PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA П A. BURIAL (INCLUDES ENTOMEMENT) D. SCIENTIFIC USE B. CREMATION E. TEMPORARY ENVAULTMENT FOR CORONER'S USE ONLY C. DISPOSITION OF CREMATED REMAINS OTHER F. DISINTERMENT 1. DISPOSITION PENDING THAN IN A CEMETERY 11A. NAME AND ADDRESS OF CEMETERY 118. DATE INTERRED, 11C. SIGNATURE OF PERSON IN CHARGE OF INTER MT. Hope Cemetery INTERMENT 3751 Market St.. San TEMS 12A. NAME AND ADDRESS OF CREMATORY 12C. SIGNATURE, OF CREMATION 128. DATE CREMATED ERSON IN CHARGE APPLICABLE CREMATION n/a 138. DATE RECEIVED' 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS SCIENTIFIC USE n/a DOMPLETE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF TRANSIT TRANSIT n/a 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 158 DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION ÖR MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY n/a

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

OFFICIAL RECEIPT	MOONT HOLE CEMETERS	C952 1525 Date:	5 M	19 41	0920 . 19 <u></u>
From:	Address:	& up h	the me	lan	1
In Payment of	and your Aufite	dinge	ollars (\$		
126				Division	
Lot Grave		ection		Block	2
Invoice No	Row S	CREDIT 20% Sales Care 60% Sales	67007 77184		
Invoice No	NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 60% Sales of Lots Opening/	77184		
Invoice No	NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots	77184		
Invoice No	NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	77184		
Invoice No Acct. No W.O. E 9525 BALANCE DUE	NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 60% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Mac. Fees	77184		
Invoice No Acct. No W.O. E 9525	NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burial Containers Handling Fee Recording &	77184		

MT. HOPE CÉMETERY

**City of San Diego** 

Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 344 14 Funeral, date, time Church, Chapel, Graveside All Funefal cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO Row 3 \_ Section Division/Bleek Ve.D) Grave space & Care Fund ..... Additional spaces and care fund Opening/Closing & Setup ..... Burial Container Handling Fees ..... Flower vases - Marker setting fee ..... Recording and filing fee ..... in White Sales taxes 1.0 Total Due .... Paid receipt number . Balance due I hereby certify I am the of the above named decedent

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

Invoice #

Acct. #

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

9526

Signature of recorded holder of deed

Zig Code

Work Order # PY-581 (REV 8-85)

STREET OF DECOMPT	ALT FURT CO.					HITEOUTS OR OT	CONTRACTOR OF	2. DATE OF BIRTH	La DATE	OF DEATH 4. S
Margaret	INI-PINST (GIVEN)	18 MIDDLE	-		Lloyd	AILYJ		8910-19 YEAR		MY. YEAR F
San Diego			6B. COUNTY	Sen D1		NIA, ENTER STATE	Pre	AME, RELATIONSHIP, M 57499MASSmini 01-A Ruffin	strate	
ATYPED NAME AND A Byer Mortus	ary 2859 Ad	ams Av,	San Die	go, CA,		FORMIA LICENSE NUM		n Diego, CA		23
CKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions with was authorized pursuant	triand by Section 1	0376 of the Heatt	and Salety Cod		ATURE OF APPLICAN	-Fureral	Director or Person Act	ting as Suc	BB. DATE SIG
PERMIT	THUS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT NOTE: THIS PERMIT GIVES IN	ORNIA HEALTH	AND SAFETY CO	TED 7.	00	JUN 28	1991			ITRAR ISSUNG PER
CHANGE IN DISPOSI- ON REQUIRES A NEW BMIT TO SHOW FINAL DISPOSITION	P.O. Box 8 San Diego	2222			I BE ADD	RESS OF REGISTRAR SPOSITION IS TO OCCU	OF DISTR	OCT CLOPICALING	JE L'GAR	nal, M.Br
PE OF DISPOSI	TION(S) AUTHORIZED	CHECK ALL AF	PLICABLE ITEM	S .		and the second		G. SHIP IN TO I	CALIFORNIA	
A. BURIAL (INCL	DES ENTOMIMENT)			D D. SCI	ENTIFIC USE			H. TRANSIT TO		OF CALIFORNIA
3 B. CREMATION	OF CREMATED REM	uns other		E. TEM	ENTIFIC USE IPORARY ENVAL NTERMENT	ILTMENT			IONER'S	OF CALIFORNIA
B. CREMATION	OF CREMATED REM	ARESS OF CE	METERY	E. TEM	PORARY ENVAL		TED, 11C	FOR COR	PENDING	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM	Center Certification (CA. 9			PORARY ENVAL		-	FOR COR		USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMA METERY INT. NAME AND AL San Diego 12A. NAME AND AC	DRESS OF CE	ematory 5%	TACT)-3	IPORARY ENVAL	118. DATE INTERF 6-28-91 128. DATE CREMAT	ED   120	FOR COR		USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI INTERMENT CREMATION SCIENTIFIC	OF CREMATED REMA METERY INTENDE San Diego 12A. NAME AND AC N/A 13A. NAME AND AD	DRESS OF CE	CILITY RECEIV	TACT)-3	IPORARY ENVAL	118. DATE INTERF 6-28-91 128. DATE CREMAT	ED 120			USE ONLY

HARGE OF DISPOSING OF THE CREMATED REMAINS.

E9526

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E95Z	6 NS	41170
In Payment of	Un a say here and	D	Divis	
Lot Grave +Invoice No Acct. No W.O	Row S	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 100 77184 100 77181	124

	•
	MT. HOPE CEMETERY
IN	TERMENT ORDER
Pri Herd rust	City of San Diego Date 438/91
You are hereby authorized and instru	cted, subject to your rules and regulations, to inter the remains
of _ William	Hobbs
ina LiNer	Funeral, date, time
Church, Chapel, Graveside	: Mortuary.
and the second	:30 p.m. of regular work day or an extra charge will be applied
Lot Lef Grave _/_ Ro	w Section Division/Bitter //
Course and a Cours Friend	595.00
	595.00
	595.00
Additional spaces and care fund	
Additional spaces and care fund Opening/Closing & Setup	221.00
Additional spaces and care fund Opening/Closing & Setup Burial Container	320.00
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees	
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee .	320.00 100.00 145.00
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee . Recording and filing fee	320.00 100.00 145.00
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee . Recording and filing fee	320.00 100.00 145.00 35.00

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

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

F

9527

Signature of recorded holder of deed

Maynard ST. lattes la 91977 5-2186 Zu Com

Invoice # Acct. # \_

Work Order # .

MT. HOPE CEMETERY he Ment INTERMENT ORDER City of San Diego 6-You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains IN Horne of Funeral, date, time Church, Chapel, 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 NO Lat 3323 Grave Row Section Division/B Grave space & Care Fund .T., Additional spaces and care fund .... Opening/Closing & Setup .

Burial Container ... Handling Fees ...

Recording and filing fee

Sales taxes

Flower vases - Marker setting fee ... JUN .2.8. 1991

Mortuary.

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

HOPE CEMETERY

Paid receipt number

SAN DIEGO CALIF

Total Due 400

Balance due

I hereby authorize the interment in lot I hold under deed.	Signature
Signature of recorded holder of deed	Add 956
	Siate Zip Code
	Telaphume
Work Order # <b>E</b> 9528	Invoice #
PY-583 (NEV. 8-85)	

I hereby certify I am the of the above named decedent

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E952	8 Nº 1	40899
From:Payment of	Address	D.	oliars (\$	<u>,</u>
Lot Grave	RowS	ection	Division Block	12 -
Invoice No Acct. No W.O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 50% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182 100	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 100 77183 63033 9022 60101	20
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	76390	2. 10

	MT. HOPE CEMETERY	
a lad INT	ERMENT ORDI	ER
One Need Theest	City of San Diego	
Pre-Aleed INT		Date 6-28-91
You are hereby suthorized and instruction		and regulations, to inter the remains
in a Double Depth Capp	🗲 Funeral, date, time	
Church, Chapel, Graveside	i	Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work d	ay or an extra charge will be applied
and billed to undersigned. War time ve	teran <u>NO</u> .	
Lot 2_ Grave 2 Row	Section	3 Division/Black 12
Grave space & Care Fund		495.00
Additional spaces and care fund		·····
Opening/Closing & Setup 2.	320.0 =	64000
		220 00
Handling Fees		2-2 4
Flower vases - Marker setting fee		
Recording and filing fee	35.4	70.00
Sales taxes		23.10
R-43TTT full baid in full	Paid receipt number 4	al Due
I hereby certify I am the and this is your authority to make dispo that I have the right to make this author any liability on account of said authoriz	sition of remains as abo ization and I agree to hol	of the shove nemed decident
	1 M C	and a fear

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

E

9529

Signature of recorded holder of dead

-Achtr

61 TIFFIN BUR NDIEZO \$20000 869112 She Tele

Invoice # .

Acct. # .

Work Order # PV-583 (REV. 8-85)

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	1			

59.00

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

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



### JOG NOT MALL ENTIRE BOOK JRCCOUNT NO. ALL & Lewis 6761 I.Login Ave. E-9529 San Diego, Calif. 92114

## Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEPTIOCT NOV DEC JAN FEB

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

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

Amount Received

8

ADDRESS

CITY

STATE ZIP

Sond or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. ORE-Need Lot & Trusis Johnie & Alla Lewis 6761 Tibbin Ave. E-9529 San Diego, Calif. 92114

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

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

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

Amount Received

NAME

CITY

ADDRESS

STATE ZIP

Send or bring one caupon with each remittance COUPON DO NOT MALL ENTIRE BOOK ACCOUNT NO. 6751 Login Ave. E-9529 San Diego, Calif. 92114

#### Month and Day Due Indicated Below

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Amount due when paid on, or before due date above

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

Amount Received

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#### Sand as bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. **BRE**-Need Lot & Trusits Johnie & Alla Lewis 6761 Tibbin Ave. E-9529 San Diego, Calib. 92114

#### Month and Day Due Indicated Below

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

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#### Sand er bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. 6761 I LOOLA AVE. San Diego, Calle. 92114

#### Month and Day Due Indicated Below

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days

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

Amount Received

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Amount Received

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#### Bend or bring one cauges with sech remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. 6751 Logen Auc. E-9529 San Diego, Callo. 92114

#### Month and Day Due Indicated Below

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Amount due when paid on, or before due date above

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

Amount Received

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send at https and coupon with each remittance COUPON 10 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. **WRE-Need Lot 5** Trasts Johnie 5 Alla Lawis 6761 Tillin Ave. - E-9529 San Piego, Calif. 92114

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

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

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

Amount Received

NAME

CITY

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STATE ZIP check ( / ) if this is new address Sand or bring one coupon with each remittance COUPON 11 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. ANC. E-9529 San Diego, Callo, 92114

#### Month and Day Due Indicated Below

N	DV DEC	MAL S	FEB	MAR	APR	MAY	NUR	JUL	AUG	SEP	OCT
				-				59	.00		

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

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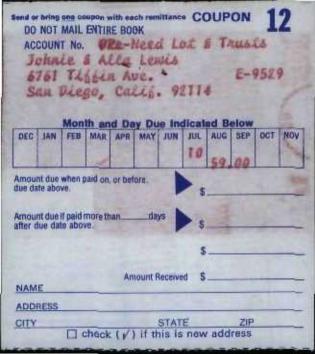
Amount Received

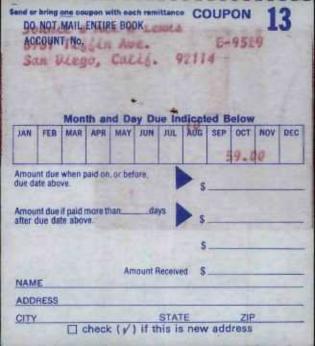
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STATE ZIP check ( // ) if this is new address





COUPON With each remittance COUPON 14 ACCOUNT No. DZE-Need Lat & Trusts Johnie & Alla Leads 6763 Tibbin Ave. E-9523 San Diego, Calib. 92114

#### Month and Bay Due Indicated Below

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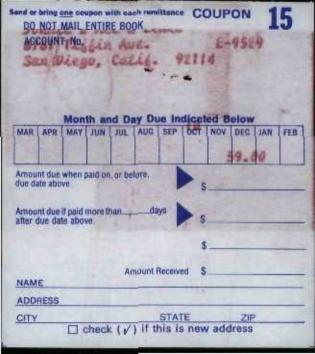
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### Month and Day Due Indicated Selow

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

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

Amount Received

\$ 60,00

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Send er bring one coupen with sech remittance COUPON DO NOT MAIL ENTIRE BOON ACCOUNT NO. WRE-Heed Coll & Trusis Johnie & Alle Lewis 5761 Tigeis Ave. E-952 San Diego, Calle, 92114

# Month and Day Due Indicated Below JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY

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

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

Amount Received

days

NAME

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Send or bring one couper with each remittance COUPON 19 DO NOT MAIL ENTIRE BOOK ACCOUNT No.

10.5

### Month and Day Due Indicated Below

JUL AUG SEP OCT NOV BEC JAN FEB MAR APR MAY JUN

Amount due when paid on, or before due date above

Amount due if paid more than, after due date above.



Amount Received S

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## Month and Day Due Indicated Below

AUG	SEP	OCI	NOV	DEC	JAN.	FEB	MAR	APR	MAY	JON	HUL
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Amount due when paid on, or before, due date above.

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Amount Received \$

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STATE ZIP check (y') if this is new address DO NOT MAIL ENTIRE BOOK COUPON 21

#### Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR	T ()	10.00	AUG
				-			-	37.		

Amount due when paid on or before due date above

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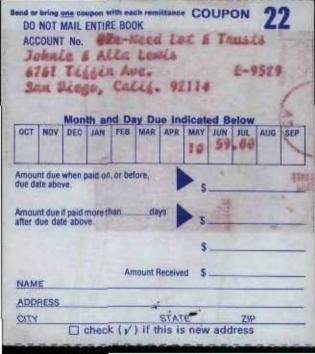
Amount Received

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Sand 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

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

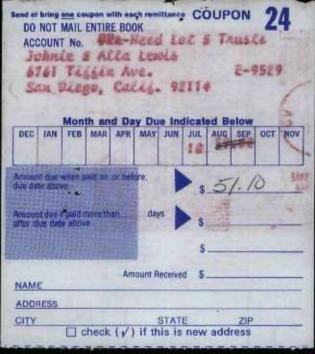
Amount due if paid more than \_\_\_\_\_ days after due date above.

Amount Received

NAME

CITY

ADDRESS



City of San Diego

Date 6/28/91

11)	ucted, subject to your rules and regulations, to inter the remains
of TOSIE 7	eppers 11 man
ina Liner Vault Va	Funeral, date, time Ded, 13 11:0 HA
Church, Chapel, Graveside	ch + prave ; togdale_ Mortuary.
All Funeral cars must arrive before 3	3:30 p.m. of regular work day or an extra charge will be applied
and filled to undersigned. War time	veteran Mo
21 2	1 12
2	w Section Division/Mark /2
Grave space & Care Fund	Mard (1977)
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.10
Handling Fees	145.0
Flower vases - Marker setting fee .	
Recording and filing fee	45.00
Sales taxes	10.50
- Per Martibuich	Tgtal Due
and buch	Paid receipt number 40930 700-
. Loge cr	Balance due
T ID	

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

Signature

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

F

9530

Signature of recorded holder of deed

Work Order # Py-593 (REV. 8-85)

ddress	
itatu	Zip Code
elephone	
nvoice #	
Acct. #	

	APPLICATION AND PERMIT FOR	DISPOSITION OF HU	MAN PEMAINS	E 9530
	USE BLACK INK ONLY-MAKE NO ERAS			E9530
NAME OF DECEDE	I contract and a second s	LAST (FAMILY) PEPPERS	2 DATE OF BIRTH	B. DATE OF DEATH 4. S
CUTY OF DEATH	ego San Diego			ALING ADDRESS AND ZP COO
	DERESS OF APPLICANT-FUNERAL DIRECTOR ON PERSON ACTING SUC	and a state of a first state of	532 S. 35th S San Diego, Ca	
OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized portugant to Section 7100 of the Health and Selety Code.		uneral Director or Person Act	ing as Such   BB. DATE SIG
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE ALTHCORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTL THIS PERMIT GIVES NO ISIDIT OF ORPOSAL OUTSIDE OF CALFORNIA.	OF FEE PAID 98. DATE PERMIT ISSU	91 Donall	CAL RECEISTRAN ISSUINCE PER
	POB 85222; San Diego, CA 92138-5222	BE ADDRESS OF REGISTRAR OF		RNIA
E OF DISPOSI			G. SHIP IN TO C	ALIFORNIA
A BURIAL (INCLI B. CREMATION	OF CREMATED REMAINS OTHER	TARY ENVALLTMENT		OUTSIDE OF CALIFORNIA ONER'S USE ONLY PENDING
A BURIAL (NOLI B. CREMATION C. DISPOSITION	OF CREMATED REMAINS OTHER	TARY ENVALLTMENT		OUTSIDE OF CALIFORNIA
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A BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CO	DE CREMATED REMAINS OTHER	ARY ENVAULTMENT THE DATE INTERRED 7-3-91 128 DATE CREMATED	H. TRANSIT TO FOR COR I I. DISPOSITION THE SIGNATURE OF PER-	OUTSIDE OF CALIFORNIA ONER'S USE ONLY PENDING SON IN CHARGE OF INTERME
A BURIAL (NOLL B. CREMATION C. DISPOSITION THAN IN A CO INTERMENT CREMATION SCIENTIFIC	DE CREMATED REMAINS OTHER DE CREMATED REMAINS OTHER TIA. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery: San Diego, CA 12A. NAME AND ADDRESS OF CREMATORY N/A METAL NON SEAS. TAA. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	ARY ENVAULTMENT PMENT 11B. DATE INTERRED 7-3-91 12B. DATE CREMATED 13B. DATE RECEIVED	H. TRANSIT TO FOR COR I I. DISPOSITION TIC. SIGNATURE OF PER JUC. SIGNATURE OF PER	OUTSIDE OF CALIFORNIA ONER'S USE ONLY PENDING SON IN CHARGE OF INTERME

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS9 (REV. 5/89)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E953		19 40 	930
-In Payment of	Store and the store of the stor	D	ollars (\$	20020	)
Lot Grave	Row S	Section	1	Division Block	à
Image: Annotation of the sector of	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 60% Sales Care 60% Sales of Lots Opening/ Closing 80mal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 63033 9022 60101 78390	212 12 0 14 5 4 5	00
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	78390	750	The second

City of San Diego

7-1-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Funeral, date, time alivater. Mortuary, Church, Chapel, 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 MO Grave Section Division/ Grave space & Care Fund .... Additional spaces and care fund Opening/Closing & Setup ... Burial Container ..... Handling Fees ..... -AUG 1-3-199 Flower vases - Marker setting fee ... MT. HOPE CEMETERY Recording and filing fee Jan OF SAN DIEGO, CALIF Sales tax Total Due 190 Paid receipt numbe **Balance** due bolonce du I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment, I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Invoice # 9531 Work Order # Acct. # PY-583 (REV. 8-86)

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AUDREY 1 54. CITY OF DEATH NATIONAL CITY		18. MIDDLE		1.00	1C. LAST (FAMILY)		2. DATE OF BIRTH 3 DATE OF DEATH 4. MONTH, DAY, YEAR MONTH, DAY, YEAR 4-6-1917 6-29-1991 F			
			SB. COUNTY OF DEATH-OUTBIDE CAN			INTER STATE	& NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE			
		March 1			in the second		Alterna Galdenna (Galden Contraction	and a second second	- HUSBAND	
387 BROADWA					FD-941	IIA LICENSE NUMBER ICABLE	318 ENCINITA SAN DIEGO, C		125710	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispesitions out was authorized pursua	orized by Section 10	376 of the Health und	Salety Code, an Code	· · Al	OKNON X	herel-Director or Person /	-	7-2-91	
PERMIT	THIS PERMIT IS ISSA SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT GNES N	TY FOR THE DISPO	ND SAFETY CODE	9A. AMOUNT \$7.00	)	JUL 0 2 19		1 k Par	strar issuing period	
IV CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	ANT DIEGO	DS P.C		ERVICES			DISTRICT OF DISPOSITION ANOTHER DISTRICT IN CAU			
YPE OF DISPOSI	TION(S) AUTHORIZED	CHECK ALL APP	LICABLE MEMS			1	T a ship in to	CALIFORNIA		
A DURING UNCL	IDES ENTOMEMENT)		Ē	D. SCIENTI	FIC USE		H. TRANSIT T	O OUTSIDE	OF CALIFORNIA	
B. CREMATION					FIC USE RARY ENVAULTM	ENT	H. TRANSIT 1	19242 10111	OF CALIFORNIA	
B. CREMATION	OF CREMATED REM	ains other			RARY ENVAULTM	ENT	H. TRANSIT 1	RONER'S		
B. CREMATION	OF CREMATED REM.	E CEMETE	RY T	] E. TEMPOR	RMENT	****	H. TRANSIT T FOR CO	RONER'S		
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM. METERY 11 NOUNT HOP 3751 MARS SAN DIEGO 12A. NAME AND AN	DRESS OF CEM E CEMETE ET STREE , CA 92 DDRESS OF CRE	RY T 102	E TEMPOR	RAFY ENVAULTMI RMENT	3. DATE INTERRED	H. TRANSIT T FOR CO		USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM. METERY 11 NOUNT HOP 3751 MARS SAN DIEGO 12A. NAME AND AN	POPHESS OF CHATE ECHATE ET STREE , CA 92 DORESS OF CRE A/ NON	RT T 102 MATORY SEA/E	103-9 (/iner	RARY ENVAULTMI RIMENT	9. DATE INTERRED 7-3-91 1. DATE CREMATED	H. TRANSIT T FOR CO	RONER'S IN PENDING ERSON IN CH	USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE INTERMENT CREMATION	OF CREMATED REM. METERY 11 NOWE AND AT 3751 MARS SAN DIEGO 12A. NAME AND AT N/A META N/A 14A. NAME AND AT	DORESS IN RECE	RY T 102 MATORY SSA/E	E TEMPOR	RAFY ENVAULTM RMENT	9. DATE INTERRED 7-3-91 1. DATE CREMATED	H. TRANSIT T FOR CO L. DISPOSITION 11C. SIGNATURE OF PE	PRONER'S IN PENDING PROON IN CH ABOON IN CH	USE ONLY	

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

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		1	N9 41	122
,	Careford and the second		Date:	3	.,1	9.9%
	From: Margar Frank	Address 218 Ener	15 3	2	01 9	21/2
	Tours Unicer 200	- Engl = 50/ma-	Do	ollars (\$	395.50	2)
	In Payment of	103 For A. Stant	the second second	_	1	-
1	LotGrave	Row Se	ection2		Division	2-
-	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007 77184 -		-
	Acct. No		60% Sales of Lota Opening/	100 77184	45	14.3
	w.o. = 9531	DOLEN SALES AND AND AND	Closing Burial	77181	150	00
	BALANCE DUE		Containers	77182	145	00
-			Handling Fee Recording & Misc Fees	77185 - 100 77183 -	45	00
	Pre-Need Lot At Need O On Acct		Pre-Need Trust	63033 9022 -		4
	Pre-need Trust Cash Check	- 11,21	Sales Tax	60101 78390 -	10	50
	AC-212 (Rev 10-87)	ISSUED BY	TOTAL PAID	4_	395	FO

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		NS	40914
			Date:	-1-	, 19
	From Legeld Atomer	Address: FNCINICA	10 photo	ollars (\$	00.
2	In Payment of	uny Starting Le	dance		
	Lot Grave	Row Se	ction	Divis	
	Invoice NoAcct. No Acct. No W.O9531 BALANCE DUE Pre-Need Lot □ At Need □ On Acct □	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pro-Need Trust	67007 77164 100 77164 100 77161 100 77162 100 77185 100 77185 100 77183 63033 9022	
	Pre-need Trust Cash Check AC-212 (Rev 10-87)	ISSUED BY	Sales Tax TOTAL PAID	60101 78390 1	00 00

INTERMENT ORDER

City of San Diego

Data 2 - 1 - 91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains a Cethseine MAI \_\_\_\_ Funeral, date, time in a . Vault/Line Mortuary. Church, Chapel, Graveside 1 All Funeral cars must arrive 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 O Section Division/Block 12 Grave space & Care Fund ..... Additional spaces and care fund . **Opening/Closing & Setup Burial Container**. Handling Fees . Flower vases - Marker setting fee . Recording and filing fee . Sales taxes . 1.523. Total Due Paid receipt number # 40909 Balance due 4

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

I hereby authorize the interment in lot I hold under deed.	Signature	
Signature of recorded heider of deed	Address	
	State	Zp Code
	Telephone	T-mellin
Work Order # <u>E 9532</u>	Invoice #	

City of San Diego

	Date 7 - 1 - 91
	ect to your rules and regulations, to inter the remains
of CATHERINE HALL	
ina Double CRYPT Fu	neral, date, time INED 7/3 2.A.M.
Church, Chapel, Graveside	Gravening Paras D.9/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 169 Grave 7 Row	Section Division/Bleek /2
Grave space & Care Fund	<u> 49500</u>
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	5 330.ad
Handling Fees	320,00
Flower vases - Marken setting ee	
Flower vases - Marken setting ee	195. 45.4
Sales taxes	EMETERALE 23.0
HOPE	1951 <u>UERY</u> DECOUTE Total Due
MT Said re	ceipt number # 40912 156340
lui	Balance due
4.000	
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless from
	AN PRID
I hereby authorize the interment in lot I hold under deed.	stant Hall
	3322 3951 SI SI DI
Signature of recorded holder of deed	CA. 92-105 Page 20 Code
	(619) 281-2376
	Invoice #
Work Order # E 9533	Act #

PY-593 (REV. 8-85)

							Eg	533			
						ITION OF HU			EG	153	B
NAME OF DECEDE	ERINE	18. MIDDLE	-	1	C. LAST (FAM	ALL		ATE OF BIRTH	MONTH	E OF DEATH	
	Diego		S	an Diego	0	IA. ENTER STATE	OF INF	RELATIONSHIP, M	11 -	Husban	
The second s	sdale Hort.				100 Contractor 100 Contra	FORMIA LICENSE NUMBER	10000	n Diego.	NEW DIST COMPANY	92105	
ACKNOWLEDGMENT OF + APPLICANT	I hereby acknowledge of the dispetitions out was authorized persoan	onzed by Section 10.	376 of the Health a	nd Safety Cade, or		unon p	the Dire	ctor or Person Act	ing as Su	ich 88. DA	TE SIGNET
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU BIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT GRUS IN	Y FOR THE DISPO	ID SAFETY COD	5	T OF FEE PAG	UL 0 3 199	JED 9G. 8	tonall	CAL REGI	ISTRAR ISSUI	NG PERMIT
IV CHANGE IN DISPOSI- ION REQUIRES A NEW EIMIT TO SHOW FINAL DISPOSITION.	VITAL Recor POB 85222;	D IN CALIFORNIA			I IF DIS	ESS OF REGISTRAR OF POSITION IS TO OCCUR IN			foria.		
	UDES ENTOMBMENT) OF CREMATED REM. EMETERY	ans other		D. Scient E. Tempo F. Disinte	RARY ENVAU	LTMENY	Ē	G. SHIP IN TO ( H. TRANSIT TO FOR COR I. DISPOSITION	OUTSIDE	OF CALIFOR	1202
HONN IN A C						and the second se		And the second se	Charles and the local division of the local	HARGE OF	NTERMENT
INTERMENT	11A. NAME AND AD	DRESS OF CEM		Diego,	CA	118. DATE INTERRED	11C SIG	lender OF PER	o To	Lagle	e
5	Contract of the second second second	pe Cemet	ery; San	Diego, 9- 7-/	CA -12 e)	118. DATE INTERRED 7-3-91 128. DATE CREMATED	11		070	HARGE OF CI	L. REMATION
INTERMENT	Mt. Ho	DRESS OF CRE	ery; San MATORY /	1 Cryp	CA -12 -12	7-3-91	120, 540	INATURE CENER	D JO SÓN IN CH	0	
INTERMENT CREMATION SCIENTIFIC	Ht. Ho 12A. NAME AND AD N/A 13A. NAME AND AD N/A 14A. NAME AND AD	DRESS OF FAC	ETY; San MATORY // LITY RECEIVING	R COUNTRY W	-12	7-3-91 128. DATE CREMATED	120, 540	INATURE CENER	SON IN C	HARGE OF F	PACILITY

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

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	2953	3 1	19 40	912
		Date:		/1	9
From: Wahn K HALL	Address:	S. B. M	A. 40	510C	
TITER Hursen Lik	THE THERE BUILD	D	ollars (S	1563-	2,
In Payment of	wine to a states in a	Jari.	9709/05/05		
Payment of			The second	211111	-
the second se			-	Division	
Lot Grave	RowSe	iction		_ Block	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007 77184	9	2
Acet No		80% Sales	77185	7526	0.00
Acct. No		of Lots Opening/	77184	746	
Acct. No W.O. E. 9533		of Lots Opening/ Closing Bunal	77184	250	6 F
		of Lots Opening/ Closing Burial Containers	77184	276 276 276 276	A # 100
W.O. E. 9533		of Lots Opening/ Closing Burial Containers Handling Fee Recording &	77184	220 220 220 220	6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
W.O. E. 9533 BALANCE DUE		of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	77184	784 250 230 230 230	00000
W.O. E. 9533 BALANCE DUE Pre-Need Lot D At Need D On Acct D		of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fres Pre-Need Truat	77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 100 77183 — 63033 9022 —	784 350 270 820 45	6 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
W.O. E. 9533 BALANCE DUE	ISSUED BY	of Lots Opening/ Closing Bunal Containers Handling Fee Recording & Misc Fees Pre-Need	77184	7784 350 270 830 45 45	000000

MT. HOPE CEMETERY
INTERMENT ORDER
D. Need City of San Diego
Phended City of San Diego Date Date
Date
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of VALINAINA FORSKY & LUSIA CZERIODONOLA
in a Double Depth Cappt Funeral, date, time 11:30 AM 1/8 Mon.
Church, Chapel, Graveside aliges / Jacob States (GESSAN (1990) Mortuary.
All Funeral cars must arrive 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 Division/9000 8
Grave space & Care Fund Plant Red (1973 D-2923)
Additional spaces and care fund
Opening/Closing & Setup 2. Q. \$350.9
Burial Container
Handling Fees
Flower vases - Marker setting fee
Flower vases - Marker setting fee
Sales tax P. A. L
Total Due
JUL 1 1991 Paid receipt number 40915 1463-10
MT HOPE CEMETERY Balance due
MT. HOPE CEALIE
or the above named decedent

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

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

F

9534

Signature of recorded holder of deed

Unenne Jusky Signary 504-44 81 Adiela Dieso, CA. 92175 Ster 283-0207 The Code Telephone

Invoice # Acct. #

Work Order # .

		CITY OF SAN DIEG MOUNT HOPE		E953	4 6751
		DEC	<b>C</b> E		4/5/1973
то	OW Valintina Forsky	NERSHIP AND INTE	RMENT PRIVILEG		(DOLLARS)
LEGAL	DESCRIPTION Lot	848 Section 1	Division 8		
AS DES	CRIBED ON PURCHASE	DRDER NUMBERD	-2923		
held for hereafte Cemeter	ng to a map of said Ceme burial privileges only wi r be adopted, including th y. The rights hereby con cemetery Authority in each	th endowed care. Sub re right to ingress and veyed for interment priv	egress with essen vileges shall not b	nd regulations now tials for care and o e relinquished with	in force or may operation of the out the consent
repairs after be of plot. natural	pressly understood however to any monument, head store erected or placed on said In no case will the Cemu causes of deterioration, be the Cemetery. The following <u>12" x 24" sing</u>	ne, vaults or other imp lot or plot. Cost of san etery Division be respo ut reserves the right to	provements of like r ne shall be assume onsible for damage, o remove any object ll be permitted:	nature that is alread d by legal owner or malicious mischief	y, or may here- representatives , vandalism and
1	1.1 10 1				
_h'	W. Dehne/Doo		U.L.	Mactor	andano
	ry Manager			Property Director	
	OFFICIAL RECEIPT		SAN DIEGO, CALIFORNIA	Nº	20121
	HITE TO CUSTOME BLUE CEMETERY FINK AUDITOR	PUBLI	C WORKS DEPARTMENT		ELLES
	YELLOW RETAIN	MOONT	HOPE CEMETERT	DATE 4.	-5 - 1,73
	FROM Valintin	a Forsky	ADDRESS _2	74 Caminit	Bede La Jo
•	-two hu	whet an	2 vyin	DOLL	ARS (\$ 20012)
	IN full PAYMENT	OF_ORP-	need -	lat	
	THR		2	1	
	LOT OFF	GRAVE	ROW	SECTION	BROCK
	INVOICE NOC	STAMPED	DAID	SALES CARE HALF SALES	100 100 m
•	w.o. D-292	.3	AID	OF LOTS	100
(			APR 5 1973	OPEN INGS BOXES	100 7782
	UN PAID BALANCE	MI CIT	HOPE CEMETERY	ABARA AND ABARA	100
	AFTER THIS PAYMENT	ISSUED B	or for thely	TOTAL PAID	s00

•		CATION		UT FOR DI	SPOSITION OF	HUMAN REMA	NS		
					ES, WHITEOUTS OR C		Ego	534	1
A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		10. L/	ST (FAMILY)	2. DATE OF BI		OF DEATH	4. SEX
LUSIA			-	CHE	REONOLAPOW	MONTH, DAY,		DAY, YEAR	*
A. CITY OF DEATH			58. COUNTY OF		CALIFORNIA, ENTER STATE	8. NAME, RELATIONS		and the second division of the second divisio	CODE
SAN DIEGO			SAN DIE	GO		OF INFORMANT VALENTIN	A FORSKY	- DAUG	HTER
A. TYPED NAME AND A	DORESS OF APPLICAN		TOR OR PERSON /	ACTING AS SUCH	78. CALIFORNIA LICENSE NU	MBER 4504 - 4	TH STRE	ET	
Lewis Color	nial/Benbou	igh San	El Cajon Diego, CA	82184	PD-480	SAN DIEG	0, CA 92	115	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions authorized pursuant	crimed by Section 100	176 of the Health and	Sofaty Code, and	BA. SIGNATURE OF APPLICA	NT-Funeral Diractor or Para	on Acting us Su		E SIGNED 8-1991
	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GNES M	ORNIA HEALTH AN	ND SAFETY CODE	94. AMOUNT OF	FEE PAIR DE DATE PERM	1991	MAD B	STRAR ISSUIN	ALL BROOM AND
INT CHANGE IN DISPOSI- TION REQUIRES A NEW PERME TO SHOW FINAL POSITION.	IF DEATH OCCURREN	D IN CALIFORNIA		1	PE. ADDRESS OF REGISTRAN	A OF DISTRICT OF DISPOSIT		1	
O. TYPE OF DISPOSIT	San Diego,	and the second	the second second						
TA BURIAL ONCLU	DES ENTOMEMENT)	~	<u> </u>	D. SCIENTIFIC			TO CALIFORNI		NIA
B. CREMATION C. DISPOSITION O THAN IN A CE	OF CREMATED REM	AINS OTHER	L C	+	( ENVAULTMENT NT	111 200	CORONER'S	USE ONLY	
TERMENT	11A. NAME AND AD		Electrony and a second s	-	118 DATE INTER	REDI 11C. SIGNATURE O		HARGE OF IN	TERMENT
Contraction of the	3751 MARK		HIC CONTRACTORY	EGO, CA	17-8-9	1:11/2 0	14	7.	
CREMATION	12A. NAME AND AD			-	12B. DATE CREMA	TED 12C. SIGNATURE O	DEBSON IN C	HARGE OF CRI	MATON
CREMATION SCIENTIFIC USE	13A. NAME AND AD	DRESS OF FACI	LITY RECEIVING	REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE O	F PERSON IN C	HARGE OF FA	CELITY
TRANSIT	14A. NAME AND AD REMAINS OR O		IVING STATE OR AINS ARE TO BE		E 148 DATE SHIP	PED 14C. ADDRESS AND OF TRANSIT	SIGNATURE O	F PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NE/ SUFFICIENT TO	AREST POINT ON D IDENTIFY FINA	N SHORELINE, OR L PLACE AND DE	OTHER DESCRIP	TION 158 DATE OF SITION DISPOSITIO	N 15C. SIGNATURE O CHARGE OF L		15D. UCENSE OF CREM MAINS D JF APP	ATED RE-

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

- 46

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E9530	H Ng E H	40915 534
From:	Address:		ollars (\$	3.2.) on
Lot         Grave           Invoice No	Row S	ection CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	Block 67007 77184 100 77184 100 77184 100 77185 100 77185 100 77185 100 77183 63033 144 8022 60101 78390 \$4	

City of Sarl Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CE Del Feil IAM 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 243 \_Grave 7 Row Section Division/Bie 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

Date 7 - 2 - 9/

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

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

9535

Signature of recorded holder of dead

Work Order # \_

W.O. #E-9535

NOTE

\$ 1,42700 San Diego, California 1991 Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order af 3751 Market Street, San Diego, CA 92101, the sum of ONE Thous AND Fair HUNDESD INENTY SEE DOLLARS QUG. 5. 1991 with interest from \_\_\_\_ on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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.

SIGNATURE Statlene Parker PRINT NAME DARLENE PARKER 47th St#101 San Alege ADDRESS 1281 D. SSN 552-08- 1386 CALIFORNIA DRIVER LICENSE NUMBER



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E9535

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

A. NAME OF DECEDE	and a second	18. MIDDLE	RES	IC LAST (F		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
	DORESS OF APPLICAN		San Diego TOR OR PERSON ACTING A Fed. Bl.; C	S SUCH 78. C/	ARMA, ENTER STATE	and an other sector and the sector of the se		#101
ACKNOWLEDGMENT OF APPLICANT	I hereby ocknowledge of the dispositions with	or applicant that the provised by Section 1007	oposed disposition stated herein & of the Health and Safety Ca Health and Safety Code.	is one BA. SIL	MATURE OF APPLICANT-FI	meral Director or Person Act	ting as Such   SB. DAT	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE: THE PERMIT QUES IN	ORNIA HEALTH AND	TION SPECIFIED	OUNT OF FEE P	JUL 0 3 19	191 , Anall	CAL REGISTRAR ISSUM	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW TT TO SHOW FINAL ISPOSITION.	POB 85222		Nital Records jo, CA 92138-	9E. AD	DRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION-	IRNIA	
A BURIAL (INCLU	TION(S) AUTHORIZED	CHECK ALL APPLI		IENTIFIC USE	Ser He	G. SHIP IN TO I	CALIFORNIA	INIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM.	AINS OTHER	And a	MPORARY ENV	NULTMENT		ONER'S USE ONL'	Y
	Mt. Hope		TERY San Diego,	CA	118. DATE INTERRED	TIC SIGNATURE OF PER	SON IN CHARGE OF IN	ITERMENT
CREMATION	12A. NAME AND AL		non-segle		128. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE CR	EMATION
CREMATION SCIENTIFIC USE	13A. NAME AND AL		ITY RECEIVING REMAINS			ISC. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT			VING STATE OR COUNTR		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	IATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			SHORELINE, OR OTHER PLACE AND DISTRICT		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION I OF CREM	NATED RE

COPY 2 IS RETAINED BY 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 PRO	PERTY DEPT-MT HOPE CEME	TERY	100 ···
INV INV ACCT NO DATE NO	CUSTOMER NAME FUND DEPT ORG	ACCT J/O PAYM PD PAYM DATE BY REF NO OPER BN/EQ FACILI	AMOUNT PAID AMOUNT BILLED UNPAID AMOUNT APPLIED BALANCE
162474 07/25/91 067138 E-9535	DARLENE PARKER 100 072 100 072 100 072 100 072 100 072 100 072 60101 67007	08/20/91 CK 2245 77181 000072 77182 000072 77183 000072 77184 000072 77185 000072 76390 77184	1,427.00 350.00 150.00 65.00 556.00 12.00 139.00

MT HOPECEMETERY INTERMENT ORDER

City of San Diego

Date 7-2-91

You are hereby authorized and instr	ucted, subject to your rules and regulations, to int	er the remains
of LAURENCE	Peterson	
ina Vault	Funeral, date, time Wed, 11-10 F	17-3
Vault/Liner/		-DAN
Church, Chapel, Graveside TRAI	The sub-14/10	Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge	will be applied
and billed to undersigned. War time	eveteran No FAMiles ty Servis	Caser
1	over Doubert	ers/
Lot 36 Grave // Re	ow Section Division/Bis	-6_
PI	1- e la ilaid	2
Grave space & Care Fund . H.	Meller CC-4 det J.	_0_
Additional spaces and care fund	line in the second s	
Opening/Closing & Setup	1 per	3500
Burial Container	O N N N	200.00
	12/2 01	IMEID
Handling Fees	VIL	1_12.00
Flower vases - Marker setting fee .	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1
Recording and filing fee		45,00
Sales taxes		14.00
155 0 000	Total Due	184.00
~ WP r	ilazil 1	484.10
y a ar	Paid receipt number	A
28 20 70 10	Balance due	
28 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.

E

9536

Signature of recorded holder of deed

Work Order #

PT-583 (REV. 8-85)

war

Invoice # Acct. #

	US	E BLACK IN	IK ONLY-MA	KE NO ERASI	JRES, WHIT	TEOUTS OR OTHE	ALTERATIONS	EY	234
AME OF DECEDE	NT-FIRST (DIVEN)	IB. MIDDLE		10.	LAST (FAMIL	m.	2. DATE OF BIR MONTH DAY, Y		OF DEATH 4 DAY YEAR
LAWRE	NCE	HE	NEY		PETER		6. NAME RELATIONSH	6/3	0/91
CITY OF DEATH	up the second		1 SH COUNTY O	F DEATH-OUTSIE	SE CALIFORNIA	A, ENTER STATE	OF INFORMANT	IP, MAILING ALA	meas and the of
TYPED-MAKE AND A	Centro	-FLINERAL DIR	ECTOR OF PERSON	Imperial	TTB. CALIFO	ORMA LICENSE NUMBER	Fod Peters	-	n
	DOGESS OF APPLICAN				10 1 1000 10	PPLICABLE	419 Sandal		
OF APPLICANT	I hereby acknowledge of the dispositions out was authorized pursues	is applicant that the orized by Section 1	n proposed dispetition 0376 of the Health or	nd Safety Code, and	BA. BIGNAT	LAR OF APPLICANT -F	unoral Deuctor of Period	n Acting 18 50	88. DATE S
PERMIT THORIZATION OF CAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE. THIS PERMIT DVIS M	ORNIA HEALTH A	AND SAFETY CODE	E 07.00	Ser Carlottes	98. DATE PEHMIT ISS	ver signature o	HE LOCAL REGI	STRAR ISSUING P
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sear comments	935 Bro	adway	El Centa	ID, CA	P.O.	. Box 85222	San Die	QO, CA	
	935 BTO TION(S) AUTHORIZED			to, CA	P.O.	. Bdax 85222	The second secon	TO CALIFORNIA	v
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5	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E953	100	)924 19 <u>2</u>
	In Payment of Lot Grave	Row Se	De	Division Block	
	Invoice No.         Orave           Acct. No.	NOT VALIDEOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE	CREDIT 20% Sales Caire 80% Sales of Lots Opening/ Closing Burial Cortainers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	57607           77184           100           77181           100           77181           100           77182           100           77185           100           77185           100           77185           100           77183           63033           9022           60101           78990           \$	

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains GANDI ATISA b/ arypi 1:00 P.M. Funeral, date, time . Church, Chapel, Graveside Mutoh Stracs Sins Lola Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO Row \_\_\_\_\_ Section \_\_ \_\_ Division/Slock 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 authorize the interment in lot I hold under deed.

9537

Signature of recorded holder of steel

Telephone

Invoice # / Ce. Acct. #

Work Order # \_

	APPLIC		PERMIT FOR	DISPOSITION OF HU	MAN REMAINS	637
)	USE	BLACK INK ONL	Y-MAKE NO ERASU	RES, WHITEOUTS OR OTHE		1001
NAME OF DECEDE	NT-FIRST (GIVEN) 1	B. MIDDLE	10.	GANDY	2. DATE OF BIRTH 3. DATE MONTH DATESTAR MONTH	OF DEATH 4 SE
CITY OF DEATH	DIEGO	58. 0	SAN DIESO	E CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADD	RESS AND ZIP CODE
5602 EL C			CA. 92115	78. CALIFORNIA LICENSE NUMBER	7786 BLOOMFIELD RD. SAN DEEGO, CA. 9211	Contraction of the second
OF APPLICANT	I hereby acknowledge on a of the dispositions authorize was authorized pursuant to	d by Section 10376 of f	d disposition stated herein is one fie Hauth and Safety Code, and h and Safety Code,	BA SIGNATURE OF APPLICANT	) NCPLess	88, DATE SIGN
PERMIT , THORIZATION OF	THIS PERMIT IS ISSUED SIONS OF THE CALIFOR AND IS THE AUTHORITY F IN THIS PERMIT. NOTE: THIS PERMIT.	OR THE DISPOSITION	SPECIFIED	FFEE PAID 98. GATE PERMIT ISS	De Signature of Local Regis	TRAR ISSUING PER
CHANGE IN DISPOSE ON REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85	CAUFORNIA		9E. ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION-	
	TION(S) AUTHORIZED OF	ieck <u>all</u> applicabl	e nems	C USE	US SHIP IN TO CALIFORNIA	OF CALIFORNIA
	OF CREMATED REMAIN	S OTHER	E TEMPORA	RY ENVALLTMENT AENT		USE ONLY
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THAN IN A CE	TIA NAME AND ADDR	ST. SAN I	Constant and	118. DATE INTERRED		
	TIME WAME AND ADDE	st. SAN 1	DIEGO, CA.	118. DATE INTERRED 7-9-91 128. DATE CREMATED	· Wender De	Lead
INTERMENT	3751 MARKED	ESS OF CREMATOR	DIEGO, CA.	7-9-91 128. DATE CREMATED	· Wender De	HORE OF OREMAN
INTERMENT CREMATION SCIENTIFIC		ESS OF FACILITY F	DIEGO, CA.	12B. DATE CREMATED 12B. DATE CREMATED 13B. DATE RECEIVED	12C. SIGNATURE OF JERON IN CAU	ARGE OF FACILIT

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

STAT T

W.O. # E-9537

NOTE

\$ 166300 7-5-1981 San Diego, California 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 Althen August hit these and The DOLLARS auguar 5 1991 with interest from on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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 GAND			RE Gan			
ADDRESS 3676 Van DYK	e ave. #6	San	plijo	CA.	92100	1
CALIFORNIA DRIVER LICENSE NUMBER	N6427990		SSN 1	550	-08-	6266
W-1012 (11.89)						

City of San Diego

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Church, Chapel, Graveside				Mortuary
All Funeral cars must arrive be	efore 3:30 p.m. o	f regular work	day or an extra charge	will be applied
and billed to undersigned. Wa	r time veteran 🏼	NO.		
.ot /// Grave				
Grave space & Care Fund	Pre	NE.E.R.	L=T	695=
Additional spaces and care fur	nd			
Opening/Closing & Setup				_
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lower vases - Marker setting	fee			
Recording and filing fee				-
Sales taxes				
		Te	stal Due	695-
	Paid red	ceipt number	<u> 40923</u>	6952
			Balance due	P
hereby certify I am the	son	if ramains as a	of the above na	

Signature of recorded holder of deed

E

9538

Mark D. Palm St. Adver. San Augo, Ca. 92/03 Sans (619) 296-2077 20 Cuse Tetephone

Date 7-5-91

nvoice i	#	 _	
Acct. #			
APPRIL 14		 	

Work Order # .

Nº 11784 DEGED NOT HOPE CEMETERY Nº 11784 DOUNT HOPE CEMETERY Nº 11787 Nº		CITY OF SAN DIEGO, CALIFORNIA		
E9538         OWNERSHIP AND INTERMENT PRIVILEGES         TO <u>Patricia Ross/Mark Blunt</u> for the sum of \$ 695.00 (DOLLARS)         LEGAL DESCRIPTION Lot 111; grave 3; section 2; div 11         As DESCRIBED ON PURCHASE ORDER NUMBER <u>E-9538</u> 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 here after 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 matural causes of deterioration, but reserves the right to remove any object that detracts from the embellish ment of the Cemetery. The following type of memorial will be permitted:         Queutity Determine Marker Onfur         Queutity Determine         Queutity Determine         Determine Marker Size is 12" X 24". Flat Marker Onfur         Queuty Determine <td colspa<="" td=""><th>CH:</th><td>MOUNT HOPE CEMETERY</td><td>Nº 11784</td></td>	<th>CH:</th> <td>MOUNT HOPE CEMETERY</td> <td>Nº 11784</td>	CH:	MOUNT HOPE CEMETERY	Nº 11784
TO <u>Patricia Ross/Mark Blunt</u> for the sum of \$ 695.00 (DOLLARS) LEGAL DESCRIPTION <u>Lot 111; grave 3; section 2; div 11</u> AS DESCRIBED ON PURCHASE ORDER NUMBER <u>E-9538</u> 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 here- after 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 matural causes of deterioration, but reserves the right to remove any object that detracts from the embellish ment of the Cemetery. The following type of memorial will be permitted: <u>Reaulation Marker Size is 12" X 24". Flat Marker Onflu</u> <u>Wardy o Legye</u> <u>Cemetery Manager</u> <u>Property Director</u>		DEED	E9538	
TO <u>Patricia Ross/Mark Blunt</u> for the sum of \$ 695.00 (DOLLARS) LEGAL DESCRIPTION <u>Lot 111; grave 3; section 2; div 11</u> AS DESCRIBED ON PURCHASE ORDER NUMBER <u>E-9538</u> 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 here- after 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 matural causes of deterioration, but reserves the right to remove any object that detracts from the embellish ment of the Cemetery. The following type of memorial will be permitted: <u>Reaulation Marker Size is 12" X 24". Flat Marker Onflu</u> <u>Wardy o Legye</u> <u>Cemetery Manager</u> <u>Property Director</u>		OWNERSHID AND INTERMENT PRIVILEGES	E9538	
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 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 matural causes of deterioration, but reserves the right to remove any object that detracts from the embellish ment of the Cemetery. The following type of memorial will be permitted:         Reaulation Marker Size is 12" X 24". Flat Marker Only         Wardy of Leggys         Cemetery Manager	TO Patricia Ross/Mark B			
AS DESCRIBED ON PURCHASE ORDER NUMBER <u>E-9538</u> 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 here after 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 matural causes of deterioration, but reserves the right to remove any object that detracts from the embellish ment of the Cemetery. The following type of memorial will be permitted: <u>Regulation Marker Size is 12" X 24". Flat Marker Onfu</u> <u>Wendy Jo Teegue</u> <u>Cemetery Manager</u>	LEGAL DESCRIPTION Lot	A CONTRACT OF		
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 here- after 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 matural causes of deterioration, but reserves the right to remove any object that detracts from the embellish ment of the Cemetery. The following type of memorial will be permitted:		E orac		
Wendy Jo Teague Cemetery Manager Property Director	repairs to any monument, head after be erected or placed on s of plot. In no case will the C natural causes of deterioration	stone, vaults or other improvements of like natu aid lot or plot. Cost of same shall be assumed b cemetery Division be responsible for damage, ma b, but reserves the right to remove any object to	ure that is already, or may here- y legal owner or representatives alicious mischief, vandalism and	
Cemetery Manager Manager	Regulation	Marker Size is 12" X 24". Flat Marker	Ongu	
Property Director	Wendy Jo Leagu	e di	Jull and	
	Cemetery Manager	khia	roperty Director	
	PY-SH			

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	C	NS	40923
		Date:	ante	, 19
From:	Address:	Son Laste	101 22	Contraction in
	in first an other	D	ollars (\$	)
In Payment of			-	
Lot Grave	Row Se	ection	Div	islon
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007	122
Acct. No	PAULIN THIS SPACE	80% Sales of Lots	100 77184	151 m
ACCLING			The second se	the second se
S-CIEXV	a second s	Opening/ Closing	77181	
W.O. E-9538		Closing Burial	77181	
W.O. E- 9538 BALANCE DUE		Closing Burial Containers	77181	
W.O. E- 9538 BALANCE DUE		Closing Burial Containers Handling Fee Recording &	77181 100 77192 100 77185 100	
W.O. E-9538 BALANCE DUE Pre-Need Lot At Need On Acct		Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	77181 100 77182 100 77185 100 77183 63033	
		Closing Burial Containers Handling Fee Recording & Misc. Fees	77181 100 77182 100 77185 100 77183	

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains N KENNETH R COOK PAT 1114707 Funeral, date, time TUE: 1/9 10:20 R.M. MAVER ON1. Church, Chapel, Graveside DET Mortuary. John All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Lot 18 Grave 5B Roy Section Division/Blook 00 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 \*\*\*\*\*\*\*\* LEEVAMIE Total Due ..... Paid receipt number \_

Balance due

Data 7-8-91

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

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

9539

Signature of recorded holder of dead

ignature	
uddress.	
ijota	Zip Code
elephone	
avoire # 162476	

Acct # OODS.

Work Order # .

				E 953	39
	APPLICATION AND P			-	9539
A. NAME OF DECEDE Kenneth	NT-FIRST (GIVEN) 18. MIDDLE	IG. LAST (FA	MILY)		TE OF DEATH 4. SEX
A. CITY OF DEATH San Diego	SB. COUN	TY OF DEATH-OUTSIDE CALIFO	RNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING A PUDITC Administr	ator
	DDRESS OF APPLICANT-FUNERAL DIRECTOR OR PE	STREAM	LIFORNIA LICENSE NUMBER	5201-A Ruffin Rd San Diego, CA. 9	and the second se
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicate that the proposed disp of the dispositions authorized by Section 10076 of the He was authorized pursuant to Section 7100 of the Health and	atth and Safety Code, and	ANATURE OF APPLICANT FU	ineral Director or Person Acting as S	Buch BB. DATE SIGNED
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH P SIONS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPEC IN THIS PERMIT IN THIS PERMIT GHES NO INSHIT OF DEPOSAL OUTSDE OF CALI	CODE DIFIED 7.00	JUL 0 3 19	ED 9C BIONATURE OF LOCAL REI	GISTRAR ISSUING PERMI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P. ADDRESS OF REGISTRAR OF DISTRICT OF P.O. BOX 85222 San Diego, CA. 92186-52	1 18-1	DRESS OF REGISTRAR OF D DISPOSITION IS TO OCCUR IN	ANOTHER DISTRICT IN CALIFORNIA	
	TION(S) AUTHORIZED CHECK ALL APPLICABLE ITE	ims	STATES.	G. SHIP IN TO CALIFORM	
B. CREMATION	JDES ENTOMEMENT)	D. SCIENTIFIC USE	ULTMENT	FOR CORONER	
C. DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER EMETERY				
INTERMENT	Mt. hope Cemetrey 55-	4B-6-5	118. DATE INTERRED		
CREMATION	12A. NAME AND ADDRESS OF CREMATORY		128. DATE CREMATED	T2C. SIGNATURE OF PERSON IN C	CHARGE OF GREMATION
8			and the second se	13C. SIGNATURE OF PERSON IN	CHARGE OF FACE ITY
1100.00	13A. NAME AND ADDRESS OF FACILITY RECE	IVING REMAINS	138. DATE RECEIVED		
3 1.4450000000000000000		TE OR COUNTRY WHERE	138. DATE RECEIVED	14C. ADDRESS AND SIGNATURE OF TRANSIT	

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

7

OFFICIAL RECEIPT	CUSTOMER CEMETERY AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		3911	100
In Paymer	nt of			Dollars (\$	)
Lot	Grave	Row	Section	Block	
Acct. No Acct. No W.O BALANCE DUE Pre-Need Lot  At Need  Pre-need Trust Cash	On Acct	NOT VALID FOR PURPOSE STATED UNLESS STAMPE "PAID" IN THIS SPACE.	20% Sales Care 20% Sales of Lots Opening/ Closing Burial Containers Handling Fes Recording & Misc. Fes Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185	
AC-212 (Rev 10-87)	Check	ISSUED BY	Sales Tax		

City of San Diego

Date 7-5-91

	et to your rules and regulations, to inter the remains
of MARIEN & VE ina DA Crypt Fund	
Value of these	RESIDE KAGSDAK 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 $\ensuremath{\mathcal{L}}$	YO.
Lot Grave Row	_SectionBlock
Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	330.00
Handling Fees	6 1991 <u>320.00</u>
Flower vases - Marker setting fee	THETERY
Recording and filing fee	DE CEMETERY AN DIEGO CALLE 45.00 33.10
Chies mass	23.10
ARK will BACK. Dist r sehudt services Paid rec	Total Due
EN DINGT DO day Paid rec	eipt number 41081 1667-
3° noten 0	Balance due
I hereby certify I am the Austrand	of the above named decedent
and this is your authority to make disposition of	remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from d interment.
	30/sdie Doser
I hereby authorize the interment in lot I hold under deed.	Summing 05 5. Sources 37
Signature of recorded holder of deed	Adama (Directo CAA. 02/13 State 3203.55 Telephone
<b>E</b> 9540	Invoice #
Work Order # E 9040	Acct. #

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N!	41081
From	Address:	Date:	1. 72110	19
In Payment of	and the three and the	Dol	lars (\$	
Lot Grave Invoice No Acct. No W.OE - 9540 BALANCE DUE	Row Se	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burial Containers Handling Fee Recording &	Block 57007 77184 100 77184 100 77181 100 77182 100 77185 100 7718 10	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C		Pre-Need Trust Sales Tax	63033 9022	

•	APPII	CATION		ALT FOR		TION OF HU		E95	40		
						EOUTS OR OTHE			Eq	SL	+0
A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	ROSE	+C.	JOSEY	'n	2. DATE OF		3 DATE OF		4. SEX
SA. CITY OF DEATH			Wash	DEATH-OUTSID		, ENTER STATE	S. NAME, RELATIO	losey	- Husbe		CODE
Anderson-Ray	DDRESS OF APPLICAN	; San D	iego, CA	ACTING AS SUCH	78 CALIFO	DRINIA LICENSE NUMBER 1929 <sup>E</sup>	705 Grego San Diego	and the second second		921	.13
ACKNOWLEDGMENT OF APPLICANT	Thereby admawindge of the disparitions outh was authorized pyrsuon	araed by Section 10	378 of the Health and	a Salety Code, and	- Sector Concernance	URE OF APPLICANT-F	ungrat Director or P	opean Actin	g as Such	BB. DATE	SIGNER
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE THIS PERMIT SWED W	ORNIA HEALTH AL Y FOR THE DISPO	ND SAFETY CODE ISITION SPECIFIED RUISDE OF CALIFORNIA.	7.00		B. DATE PERMIT ISSU	ed' 9C. SIGNATUR	LA A	Registra	M.B	PERMIT
	POB 85222;	GISTRAR OF DE D IN CALIFORNIA San Die	VICLI RA	brds 138-5222	I IF DISPO	SS OF REGISTRAR OF DSITION IS TO OCCUR IN			a,		
A. BURIAL ONCLU	TION(S) AUTHORIZED	CHECK ALL APP	LICABLE ITEMS	D. SCIENTIFI	C USE			IN TO CA	LIFORNIA DUTSIDE OF	CALIFORNI	IA
B. CREMATION C. DISPOSITION THAN IN A CR	OF CREMATED REM	ains other		E. TEMPORA	NRY ENVAULT	MENT			NER'S US	E ONLY	
INTERMENT	Mt. Hope	Construction of the state	an company of the second	igo, CA		7-5-91		OF PERS	IN IN CHARG	HE OF INTE	ERMENT
CREMATION	12A. NAME AND AD	IDRESS OF CRE	MATORY 9	1-11-1 ler ( di	-12	128. DATE CREMATED	12C. SIGNATURE	PERSE	IN IN CHARG	OF CREM	MATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF FAC	ILITY RECEIVING	REMAINS		13B. DATE RECEIVED	13C. SIGNATURE	OF PERS	ON IN CHARG	E OF FAC	HLITY
TRANSIT	14A. NAME AND AD REMAINS OR (	DRESS IN RECE CREMATED REM.	IVING STATE OR AINS ARE TO BE	COUNTRY WHE	RE	148. DATE SHIPPED	14C. ADDRESS A OF TRANSIT		TURE OF PER	rson in c	HARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEJ SUFFICIENT TO N/A		N SHORELINE, O			15B. DATE OF DISPOSITION	160. BIGNATURE CHARGE OF			DE CREMA MAINS DIS 	TED RE

COPY 2 IS RETAINED BY 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

Data 7-5-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ShED MAN of LENA Funeral, date, time 1/9 3:00 TUES in a Church, Chapel, Graveside CRAVESION GUESNUSODD Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billied to undersigned. War time veteran No Pot 9 Grave 9 Row \_\_\_\_\_ Section Mr95\_ Division/Block Grave space & Care Fund ... Page Need (1)-2979) Additional spaces and care fund Opening/Closing & Setup ... Pre - NAKel (D-0979) Burial Container Pre-Need (1)-29995) PRE-NEED (0-29.75.). Handling Fees ... Flower vases - Marker setting fee . Recording and filing fee Par. 1031 (A-2979) Sales taxes EC AT Grasswop ily to what ke are Total Due ... Paid receipt number **Balance** due I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of dead

Invoice #

Acct. #

Work Order # PY-593 (REV 8-85) 9541

									C	9541	
•	Contraction in the				2121 233	TION OF HU	2008(0)12		SE	ge	,4
A NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE Joseph	ine	10	LAST (FAMIL Sherman	23 A		DATE OF BIRTH		E OF DEATH	4. SE
, CITY OF DEATH			58. COUNTY OF	F DEATH-OUTSI	DE CALIFORNI	A, ENTER STATE		E, RELATIONSHIP,	MAILING AL	DDRESS AND Z	IP CODE
San Diego			San D		-		Tet	ttu Waich		liece	
· GREFFINE AND ·	PORFEY DE ADRUGANO SI	an Diego,		ACTING AS SUC	H 78 CALIF	PIBLICABLE	1.717.54	n Diego,	122	1d 1116	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of of the dispositions auth- was authorized pursuant	prized by Section 103	176 of the Health on	nd Salety Cade, and		INRE OF APPLICANCE	Funeral	Fector of Person	Acting as S	woh B. PA	TE SIGNE
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE: THS PERMIT GRES IN	ORNIA HEALTH AN Y FOR THE DISPO	ND SAFETY CODE BITTION SPECIFIED UTSBE OF CALIFORNIA	5	OF FEE PAID	JUL 0 8 19	iuen ng 191 ►	And And	12	ASTRAR ISSU	Den
ION REQUIRES A NEW ERMIT TO SHOW FINAL	Death occurre Death occurre Co.BOX 85 San Diego	222		тн—		ISS OF REGISTRAR OF OSITION IS TO OCCUM I					
									_		
PE OF DISPOSI	TION(S) AUTHORIZED	CHECK ALL APPL	LICABLE ITEMS					G. SHIP IN TO	CALIFORN	A	
	DON(S) AUTHOHIZED	CHECK ALL APPL	LICABLE ITEMS	D. SCIENTI	FIG USE			G. SHIP IN TO	and a state of the		RNEA
		CHECK ALL APPL	LICABLE ITEMS		FIG USE	TMENT		H. TRANSIT	to outsid		onector -
A BURIAL (INCL)	of cremated rem	-			ARY ENVAUL	TMENT	F	H. TRANSIT	TO OUTSID	e of Califor	onector -
B. CREMATION	OF CREMATED REMAINS OF CREMATED REMAINS EMETERY 11A. NAME AND AD MOUNT HOP	UNS OTHER DRESS OF CEM Cemeter	etery 'y	E TEMPOR	ARY ENVAUL	THENT 118. DATE INTERRED			TO OUTSID DRONER'S	E OF CALIFO S USE ONL	Y
A BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMA EMETERY 11A. NAME AND AD MOUNT HOP 3751 Mark	NNS OTHER DRESS OF CEM Cemeter et Street	eteny 'y t, San Di	E TEMPOR	ARY ENVAUL	118. DATE INTERRED 7-9-91	110.5			E OF CALIFOR	Y VTERMEN
A BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMAINS OF CREMATED REMAINS EMETERY 11A. NAME AND AD MOUNT HOP	NNS OTHER DRESS OF CEM Cemeter et Street	eteny 'y t, San Di	E TEMPOR	ARY ENVAUL		110.5			E OF CALIFOR	Y VTERMEN
A BURIAL INCLU B. CREMATION C. DISPOSITION THAN IN A CO	OF CREMATED REMA EMETERY 11A. NAME AND AD MOUNT HOP 3751 Mark	NINS OTHER DORESS OF CEM Cemeter et Street DORESS OF CRED Septer	ETERY Sy San Di MATORY 99	E TEMPOR	ARY ENVAULT	118. DATE INTERRED 7-9-91	110. 3			E OF CALIFOR	Y VTERMEN MEMATHO
A BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CI INTERMENT CREMATION SCIENTIFIC	ADES ENTOMBMENT) OF CREMATED REMU EMETERY 11A. NAME AND AD MOUNT HOP 3751 Mark 12A. NAME AND AD Metel 13A. NAME AND AD	NNS OTHER DRESS OF CEM CEMETER Et Street DRESS OF CREM Senter DRESS OF FACI	ETERY 'y San Di MATORY 9-9 LITY RECEIVING IVING STATE OF	E TEMPOR	IMENT	118. DATE INTERRED 7-9-91 128. DATE CREMATED				E OF CALIFOR S USE ONL CHARGE OF IT	Y TERMEN MEMATNON ACILITY

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

•	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 E	Date:		40959
1		The second second	D	oliars (\$	
	Lot Grave Invoice No Acct. No W.O BALANCE DUE Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check	Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc Fees Pre-Need Trust Sales Tax	Block  07007  77184  100  77184  100  77184  100  77182  100  77185  100  77185  000  77183  000  7718  000  7718  000  7718  000  7718  000  7718  000  7718  000  7718  000  7718  000  7718  000  7718  000  7718  000  000	

City of San Diego

Date 7-6-9

Inat S. UAULT	Funeral, date, time 1/6 112A.M.	SAT
Church, Chapel, Graveside	15 GRADALLYDAN	A_Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge	will be applied

Lot 123 Grave/	ORow	Section	Division Allock	_

Grave space & Care Fund	495-00
Additional spaces and care fund	
Opening/Closing & Setup	320 00
Burial Container	200
Handling Fees	17500
Flower vases - Marker setting fee	
Recording and filing fee SAT. O.T. A48.0 **	
Sales taxes	1400
Total Due	
Paid receipt number # 40940	175900

Balance due

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

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9542

Signature of recorded holder of deed

upple due lehe

Invoice #

Acct. # \_

Work Order # \_

•			ONLY-MAKE NO ERASU		CIUTE
1A. NAME OF DECEDE	EFINA	18. MIDDLE	and the second se	LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SED MONTH DAY YEAR MONDA DAY YEAR SET 9, 1904 JULY 4, 1991 F.
	DIEGO		SAN DIRGO		a NAME, RELATIONSHIP, MAILING ADDRESS AND ZP CODE GEORGIA ACUNA BARRE-DAUGHTER 13524 SILVER LAKE DR.
2601 IMPERI	TAL AVE, SAN	DIEGO.CA	HOR PERSON ACTING AS SUCH	F9-1425	POWAY, CA. 92064
ABKNOWLEDGMENT OF APPLICANT	of the dispositions auth	orized by Section 103	econsed disposition unterd herein is one 76 of the thealth and Safety Code; and a Health and Safety Code.	BA. SIGNATURE OF APPLICANT	Fungett Officier or Person Acting as Such   BE. DATE, SIGHE
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERIMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	V FOR THE DISPOS	ID SAFETY CODE SITION SPECIFIED & 7.00	JUL 05 19	191 Donall & Comol, M.D.
TION REQUIRES A NEW PERMIT TO SHOW FINAL	OD. ADDRESS OF RE VITAL RECOR	DS P.O. F	OX 85222	9E. ADDRESS OF REGISTRAR OF	E DISTRICT OF DISPOSITION-
A BURIAL (NCL)	TION(S) AUTHORIZED UDES ENTOMBMENT) OF CREMATED REM/ UMETERY		D. SCIENTIFI	RY ENVAULTMENT	G. SHIP IN TO CALIFORNIA  H. TRANSIT TO OUTSIDE OF CALIFORNIA  FOR CORONER'S USE ONLY  I. DISPOSITION PENDING
INTERMENT	NUMPE ANDE 3751 MARKE		DIEGO, CA. 92102	118. DATE INTERRET	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMEN
CREMATION	12A. NAME AND AD	ORESS OF CREA	MATORY	128. DATE CREMATED	12C SIGNATURE OF SERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AD	IDRESS OF FACI	LITY RECEIVING REMAINS	138. DATE RECEIVED	D' 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT			IVING STATE OR COUNTRY WHE	RE 148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			I SHORELINE, OR OTHER DESCR L PLACE AND DISTRICT OF DISP		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 E9542	E954'	2 NS	
From	Address 2000 and 200	in Salar	1000	24
Cartanie Survey acce	need into vina Ter	D	ollars (\$	=7 )
In Payment of	success to a include	alles		
		No. Contraction of the		
Lot Grave	Bow Se	ection	Div	ision
	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT	67007	
Invoice No.	PAID IN THIS SPACE	20% Sales Care 80% Sales	77184	an ou
Acct. No	A A A A A A A A A A A A A A A A A A A	of Lots Opening/	77164	The second
W.O		Closing	77181	324
		Bunal Containers	77182	
BALANCE DUE		Handling Fee	100 77185	125
		Recording & Misc. Fees	77183	
Pre-Need Lot At Need On Acct		Pre-Need Trust	63033	
Pre-need Trust Cash Check		Sales Tax	60101 78390	14.00
AC-212 (Bev. 10-87)	ISSUED BY	TOTAL PAID	\$	59 =

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City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains EDIAARN of Dawin -c-s 2:00 Pilla. in a Funeral, date, time Z Church, Chapel, Graveside Charles - GRADESINS - CAL- OF 2MAtion Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO Grave 9 Row Section vision/Ble Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container ... Handling Fees .... Flower vates - Marker setting fee ..... Recording and filing fee ..... 10,5 Sales taxes Out Total Due ... NOTE Paid receipt number \_ **Balance** due

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

9543

Date 7-5-91

Invoice #

Work Order # \_

W.O. # E-9.5-43

NOTE

1295.54 7-5- 1971 San Diego, California hirty days after date for value received, the undersigned maker r romises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum or TWE YE HUNARED NINETY FIVE AND TO DOLLARS with interest from \_ GuGuST 53/991 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.

RINT NAME FRANK, CREESE SIGNATURE Francie diese ADDRESS 5671 JUBERST S.Q.Ca. CALIFORNIA DRIVER LICENSE NUMBER 14732178 \_\_\_\_\_\_ SSN # 457-644 PY-1012 (11-88)

	APPLICAT	TION AND PERMI	T FOR DISPO	SITION OF HU		7543
		ACK INK ONLY-MAKE		(W) E A A A B M A C SAM / (C S O A A A A		
NAME OF DECEDE	Test-contract Values 1 agen	EDWARD	IC. LAST (FA	ESE	2. DATE OF BIRTH 3. DAT	-1991 4. SEX
CITY OF DEATH	IGO	Control and a strong to the strong to the strong to	ATH-OUTSIDE CALIFOR	INIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING AD	
	CALIFY CARLENTION		102115 F	IFORNIA LICENSE NUMBER	5671 LUBER ST. SAN DIEGO, CA. 92	114
CKNOWLEDGMENT OF APPLICANT	I hersby acknowledge as applic of the dispositions authorized by	ant that the proposed disposition state y Section 10376 of the Haulth and Sa an 7100 of the Heulth and Safety Cod	fety Code, and	Light	uneral Director or Person Acting as Si I MPLesso	BB. DATE SIGNE
PERMIT	THIS PERMIT IS ISSUED IN SIDNS OF THE CALIFORNIA AND IS THE AUTHORITY FOR IN THIS PERMIT. NOTE: THIS PERMIT. CARS NO RIGHT O	HEALTH AND SAFETY CODE THE DISPOSITION SPECIFIED	SA AMOUNT OF FEE P	1111 0 0 109	Abrall & C	Connect, M.D
CHANGE IN DISPOSI- ON REQUIRES A NEW IMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 852		1 11 11		DISTRICT OF DISPOSITION	
	TION(S) AUTHORIZED CHECH	ALL APPLICABLE ITEMS		Section Section	G. SHEP IN TO CALIFORNI	
B. CREMATION	JDES ENTOMBMENT)		D. SCIENTIFIC USE E. TEMPORARY ENVA	UL TRACAT	H. TRANSIT TO OUTSIDE	S SALANDARA ANNAL
	OF CREMATED REMAINS O	L.	F. DISINTERMENT	ULIMENT		Design of the set
	11A. NAME AND ADDRESS	OF CEMETERY		118. DATE INTERRED	11C. SIGNATURE OF PERSON IN C	HARGE OF INTERMEN
INTERMENT	MT. HOPE ( 3751 MARK	TEMELIERY ET ST. SAN DIEGO	, CA.	7-8-91	Alla de to	hances
CREMATION		ATTEL SEA	rleR	128- DATE CREMATED	THE SIGNATURE OF BEASON IN C	HARGE CREMATION
SCIENTIFIC USE -	13A. NAME AND ADDRESS	OF FACILITY RECEIVING RE	MAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		IN RECEIVING STATE OR CO TED REMAINS ARE TO BE SP		146. DATE SHIPPED	14C. ADDRESS AND SIGNATURE O	F PERSON IN CHARG
SCATTERING AT SEA		POINT ON SHORELINE, OR C		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	TISD LICENSE NUMBER

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



	AUDITOR	SAN DIE	ROLLER				PAID 1		INTS RECE E REPORT S CF 08/2	IVABLE BY DEPARTMENT 24/91			DATE TIME PAGE	: 08/24/9 : 001410 : 15	1
	DEPARTME	the second s		PERTY DEP	т-мт но	PE CEME									
100	INV	INV DATE	ACCT	CUSTOMER FUND	NAME	ORG	ACCT	J/0	DATE OPER	PD PAYM BY REF NO BN/ED FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED		UNPAID BALANCE	
	162473 ( E-95	49	067136	100	REESE 072 072		77181	0000	08/20/91	CK 102	1,295.50 350.00 150.00	1,295.50	PAID	IN FULL	
				100 100 100 60101 67007	072 072 072 072 072		77183 77184 77185 78390 77184	0000	72		45.00 476.00 145.00 10.50 119.00				and a second

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Date 7-8-91

# MT. HOPE CEMETERY

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains PERK METT of \_ IP.M. Funeral, date, time// Church, Chapel, Graveside APPENDESIDS REATHERING, 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 IVO Lot 194 Grave Division/Block 12 Row Section Grave space & Care Fund . Additional spaces and care fund Opening/Closing & Setup **Burial Container** Handling Fees Setting Flower vases - Marker Recording and filing for Sales taxes **Total Due** Paid receipt number . Balance due I hereby certify I am the 201 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. anature of recorded holder of deed Zip Code Invoice # 9544

Acct. #

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Work Order #

PY-593 (REV. 8-86)

	USE	BLACK INK ONLY-	-MAKE NO ER	ASURES, WI	HITEOUTS OR OTHE	R ALTERATIONS	4247
NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1	IC. LAST (FAN	nl.v)	2. DATE OF BIRTH 3. DA	TE OF DEATH 4. SEX
LORE	ATTA	LYNN		PECK		//30/196/ //:	3/1991   F
CITY OF DEATH		58. COL	UNTY OF DEATH-O		NIA, ENTER STATE	B. NAME, RELATIONSHIP, MAILING A OF INFORMANT	DORESS AND ZIP CODE
Sant	And the second se	FUNERAL DIRECTOR OR	San Dieg	No. of Concession, Name of			other
WILE PLANT OF MANY PORT		6322 El Cajo		SD -	1085 ABLE	Santee, CA 9207	and the second s
+OF APPLICANT	just the dispositions authori	applicant that the proposed di and by Section 10376 of the P to Section 7100 of the Neabh or	Health and Safety Code		Twand te	funeral Director or Person Acting as :	7-8-91
PERMIT HORIZATION OF CAL REGISTRAR	SIONS OF THE CALIFOR AND IS THE AUTHORITY IN THIS PERMIT	D IN ACCORDANCE WITH RNIA HEALTH AND SAFET FOR THE DISPOSITION SP INCHT OF DISPOSAL OUTSIDE OF C	Y CODE PECIFIED	NUNT OF FEE PA	1	991 Donall &	GISTRAR ISSUING PERMIT Compacts M.D.
CHANGE IN DISPOSI- REQUIRES A NEW IT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRED	Sistrar of district of in california 5222, San Die				DISTRICT OF DISPOSITION- V ANOTHER DISTRICT IN CALIFORNIA	
BURIAL (INCLU	TION(S) AUTHORIZED (	DHECK ALL APPLICABLE I	D. SCIE	ENTIFIC USE		G. SHIP IN TO CALIFORI	
B. CREMATION					and there where the		
C. DISPOSITION THAN IN A CE	OF CREMATED REMAIL	NS OTHER		PORARY ENVAL	ILTMENT		
	EMETERY	RESS OF CEMETERY				The second	IG
THAN IN A CE	METERY 11A NAME AND ADD Mt. Hope 3751 Mark	RESS OF CEMETERY	F. DISH				ig Charge of interment There has
THAN IN A CE	METERY 11A NAME AND ADD Mt. Hope 3751 Marki 12A NAME AND ADD n/a	Comotory et St., San	Diego		1118. DATE INTERRED	I. DISPOSITION PENDIN TIC. SIGNATURE OF PERSON IN 120. SIGNATURE OF PERSON IN	
THAN IN A CE	METERY 11A NAME AND ADD Mt. Hope 3751 Marki 12A. NAME AND ADD n/a 13A. NAME AND ADD n/a 14A. NAME AND ADD	DRESS OF CEMETERY Comptory et St., San DRESS OF CREMATORY	Diego	NTERMENT	118. DATE INTERRED 7-8-91 128. DATE CREMATED	I. DISPOSITION PENDIN TIC. SIGNATURE OF PERSON IN 120. SIGNATURE OF PERSON IN	CHARGE OF INTERMENT

14

City of San Diego

7-8-91

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Funeral, date, tir 7/10 2:80 P.A. esida 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 //6 Grave /C Row Section Division. P.Ke-Need 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 ..... BE ready by Sales taxes ......... Total Due Paid receipt number **Balance** due I hereby certify I am the of the above named decedent

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

I hereby authorhold under de	orize the	e interment in lot I	Signature	
Signature of recorded	holder of the	wit	Address	
			State	Zip Code
			Telephone	
Work Order #	E	9545	Invoice #	
PY-593 INEV. 8-85)			ACCL #	

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		LAST (FAMILY)		TE OF DEATH 4. SED
A. CITY OF DEATH			58. COUNTY OF DEATH-OUTS	DE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING / OF INFORMATI KENNETH R. WISE	- HUSBAND
NEED "LENOW 307 BROADWA'		ROVE, CA	108 OR PERSON ACTING AS SUC 91945-1533	78. CALIFORNIA LICENSE NUMBE	R 8726 JACKIE DRIV SAN DIEGO, CA 92	1920 10.000
ACKNOWLEDGMENT OF APPLICANT	of the dispositions outfut	mzed by Section 103	eopound dispusition statual herein is one 76 of the Health and Schety Code, an e Health and Schety Code.		Penetal Director or Reman Acting as	Such BB. DATE SIGN
PERMIT	THIS PERMIT IS ISSUE SIONS OF THE CALIFIC AND IS THE AUTHORITY IN THIS PERMIT NOTE THIS PERMIT NOTE THIS PERMIT GIVES NO	POR THE DISPOS	SAFETY CODE	CARL CONTRACTOR AND AND AND AND AND A CARL	991 SC SIGNATURE OF LOCAL RE	GISTRAR ISSUING PERN
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B. CREMATION B. C. DISPOSITION C. DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC	OF CREMATED REMA METERY 11 A NAME AND AD 3751 MARK SAN DIEGO 12A. NAME AND AD N/A 13A. NAME AND AD N/A 14A. NAME AND AD	DRESS OF CREAT T STREET , CA 9210 DRESS OF CREA A / E R DRESS OF FACIL	E TEMPOR E F. DISINTE 2 12 116-10-2-1	ARY ENVAULTMENT RMENT 11B. DATE INTERRED 7-10-90 12B. DATE CREMATED 2 13B. DATE RECEIVED	H. TRANSIT TO OUTSIL	DE OF CALIFORNIA 'S USE ONLY IG CHARGE OF INTERMEN CHARGE OF CREMATION CHARGE OF FACILITY

CHARGE OF DISPOSING OF THE CREMATED REMAINS

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 TANNIE CONVERS DO A.M. Funeral, date, time 1 in a \_ AGSDALE Church, Chapel, Graveside Church - GRANASIOS Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No 101 151 Grave 7 Row Section 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 ENDING CAT FROM RAGE OF FOCULA Total Due 600 Paid receipt number Balance due

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

Acct. #

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

Signature of recorded huider of dead

Work Order # 9546

Invoice #

WO # E- 9546

NOTE

595.50 7-8-1991 San Diego, California Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order a 3751 Market Street, San Diego, CA 92101, the sum of twe Hundred herety five ? To DOLLARS Juguest 12, 1991 with interest from \_ on the unpaid principal at the rate of 12 percent per armum, 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 make, 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 CIARENCE CONVErS SIGNATURE Clause Brusers ADDRESS 5379 - Palama pdi SSN# 258-24-0 PY-1012 (11-99)



## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINSE 9546

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

Fannie	INT-FIRST (OLVEN)	1B. MIDDLE		1	ST (FAMILY) XIYETS	2. DATE OF B		DAY, YEAR	4. SEX
CITY OF DEATH			San Die	ego	CALIFORNIA, ENTER STATE	6. NAME, RELATION	aniels -	Niece	CODE
derson-Rag	sdale Mort	; San Di	rederative ego, Call	Tornia	B. CALIFORNIA LICENSE NUMBER	Party of the second sec	Pico Str ardino,		11a
OF APPLICANT	of the depositions out	orized by Section 10	proposed disposition its 376 of the Health and he Health und Solwty Co	Safety Code, and	A SAMATURE OF APPLICANT-S	Ur, may	no	7-10-	-91
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OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Eq54	6 N	9 40	955
No. of the second secon		Date:	- 7		19
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### ORDER FOR INSTALLING GRANITE MARKERS

Date

### Gentlemen:

You are hereby authorized to set a marker furnished by <u>Riverside Monumental Co.</u> Marker Company on the grave of <u>Fannie</u> <u>Convers</u> 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.

Sigred Marion hancel Address 1364 Jan Bernarkino

blarence Congers 5379-Palama Kd. Riverside, Ca. 92509

AUDITOR	E COMPTINO. C65-	ROLLER				PAID I	NVDICE	REPORT DF 08/0	BY DEPAR	TMENT				DATE: 08/09/91 TIME: 212735 PAGE: 12
DEPARTH	ENT 072	PRO	PERTY DEPT	-MT HOP	E CEME	TERY								
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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 and caret (ando	1.
in a Kinek O Funeral date time Thurs.	Pm 111
Vaun Line Quandarda landad	,
Church, Chapel, Graveside & Laweston ; Corroa	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra cha	arge will be applied
and billed to undersigned. War time veteran Ale	
2 5 2	12
Lot Grave Row Section Division	ABlock
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Balance	due
	ve named decedent
and this is your authority to make disposition of remains as above indicated. I c that I have the right to make this authorization and I agree to hold Mt. Hope Ceme any liability on account of said authorization and interment.	ertify and represent atery harmless from
I hereby authorize the interment in lot I	
hold under deed. Signmen	1. T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Address Address	SE SIZAR

Address
State Zip Code
Tellephone
Invoice # \_\_\_\_\_

Work Order # .

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L CAJON		SAN DIEGO	CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGARET T. ONDO-Self/Pre-new			
	GROWE MORTBANYERAL DIRE	STOR OR PERSON ACTING AS SUCH 91945-1533	78 CALIFORNIA LICENSE NUMBER				
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicate that the of the dopositions authorized by Section 10 was authorized pursuant to Section 7160 of	176 of the Health and Salary Cade, and	BA NGINGTURE OF APPLIGANT	vacral Director or Person Acting as Such 88. DATE SIGN			
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MT PPE CEMETERY

City of San Diego

of _ gerflan	Cunner	gham y	2
ina Vacatt	Funeral, date, time	Tue 7/16 11:00	A.M
Church, Chapel, Graveside	roveside :-	Rospitale	Mortuary.
All Funeral cars must arrive bef	ore 3:30 p.m. of regular work	day or an extra charge w	ill be applied
and billed to undersigned. War	time veteran		
Lot_BI Grave_G	_ Row Section		12
Grave space & Care Fund			4.00
Additional spaces and care fund	4		
Opening/Closing & Setup			230.00
Burial Container			200.00
Handling Fees			175.00
Flower vases - Marker setting f	68		
Recording and filing fee			45.00
Sales taxes			14,00
headle -	Te Paid receipt number	HO957	188.00
r		Balance due	-0_
I hereby certify I am the	Valter	of the above nam	med decedent

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

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

F

9548

Signature of recorded holder of dead

Claram, Cuningen Signande Her Malber vister De Katron State State

7/8/91

Date

Invoice #

Acct. # .

Work Order # \_

Cunningham, Clara E-7249 NAME ACCT. NO. 2541 Balboa Vista, SD, Ca 92105 ADDRESS RATING LIMIT DATE ITEMS. DEBIT CREDIT BALANCE 1 990 00 88 Lot 21, Grave 6, Section 2, Division 12 and Lot 22, Grave 1, Section 2, Division 12 accept 35944 Vari Do 360 AIGNER FORM NO. 25-204 Cunningham, Clara PRINTED IN USA - 12

NAME	and the second state of the second state of the state of the second state of the secon		ACCT. NO.	
ADDRESS	RA	TING	LIMIT	293.00
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TYPED NAME AND A	gadale Mort.; 50	50 Fed. BI.;	AS SUCH 7B. CALL	ORNIA LICENSE NUMBER	2541 Balboa Vista Drive San Diego, CA 92105
ACKNOWLEDGMENT OF APPLICANT	Lhereby acknowledge on applicant t of the dispositions authorized by Sec was authorized pursuant to Section 7	tion 10376 of the Health and Salet 100 of the Health and Salety Cade.	y Code, and	Cowella .	noral Director or Person Acting as Such 88. DATE S
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and a second second	tion(s) authorized check <u>al</u> Ides entomement)		SCIENTIFIC USE	1.2978	G. SHIP IN TO CALIFORNIA
B. CREMATION C. DISPOSITION THAN IN A CR	OF CREMATED REMAINS OTHE IMETERY		TEMPORARY ENVAU	LTMENT	
	11A NAME AND ADDRESS OF Mt. Hope C	cemetery; San D	iego, CA	118. DATE INTERRED	Usendy Jo League
INTERMENT		CREMATORY		128. DATE CREMATED	12C, SIGNATURE OF PERSON IN CHARGE OF CREMA
CREMATION	21-11/16	2-12 NON.	SEAKR		
	12A NAME AND ADDRESS CH	2-12 NON.	SEALER ARIS	138. DATE RECEIVED	ISC. SIGNATURE OF PERSON IN CHARGE OF FACIL
CREMATION	2/-14/16	2 - 12 NON	INTRY WHERE	138. DATE RECEIVED	TIC. SIGNATURE OF PERSON IN CHARGE OF FACILI

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OFFICIAL RECEIPT	MOUNT HODE CEMETERY	Date:	Nº 40957
In Payment of	e 6 Row S	Bection Do	Division
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City of San Diego

Date 1-9-91

You are hereby authorized and instructed, subject to your rules and regulations, to	inter the remains
of VIDLA HShford	1100 -01-
in a T.S. Vault Funeral, date, time FRI, 112	1,00 pm
Church, Chapel, Graveside GRAVESide : FRYE Chapel	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra char	ge will be applied
and billed to undersigned. War time veteran	
Lot 531 Grave Row Section 5 Division/	
Grave space & Care Fund Are Need (B-870)	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	.200.00
Handling Fees	.175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.00
Tunton and Cherrie Total Due	
Paid receipt number# 40987	78400
Will fine D Balance	lue _d_
I hereby certify I am the daughter of the above	
and this is your authority to make disposition of remains as above indicated. I cer	a named decedent tify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemete any liability on account of said authorization and interment.	ery harmless from

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

9549

Signature of recorded holder of deed

Signature	July	ar.	Water
Addrage	Darie	C.	92223
Stans (C19)	348-	235	Zip Code
Telephone			

Invoice # Acct. # \_

Work Order # E

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	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E954			
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	Berry Kan Budden To	shere und for	D	ollars (\$	19:20	)
	In Payment of	in gan della Mall	mart		-	
ð	Lot Grave	Row	Section		vision ock	
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	AC-212 (Rev 10-87)	ISSUED BY	TOTAL PAID			

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

7-9-91 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Holams Funeral, date, time / in a TARIS-FREderick Church, Chapel, Graveside TRAVe. Sido mai Mortuary. All Funeral cars must arrive 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/Bie 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 ..... 16 ChAIRS UP. Sales taxes Total Due 40970 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. ignature of recorded holder of deed

Invoice # Acct. #

Work Order # PY-582 (REV. 8-85)

9550

of

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E950

A. NAME OF DECEDE BETTY	ME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE MARCELINE			LAST (FAMILY)	14	2 DATE OF BIRTH	3. DATE OF DEATH	
A. CITY OF DEATH			OUNTY OF DEATH-OUTSI		1		ams-Husband	IP CODE
Raris-Frede	rick Mortu	ary-El Cajon	CA 92020	7B. CALIFORNIA LICE	a state of the sta	339 60th Stan Diego, C	the second second second	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions out	as applicant that the proposed iorized by Section 10376 of th if to Section 7100 of the Health	disposition statut tumin is one a Health and Safety Code, and and Safety Code,	NA. SIGNABURE OF A	PPLICANT-Futer	al Oirector or Person Ac	ting as Such 68. DA	9 91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	DED IN ACCORDANCE WI FORNIA HEALTH AND SAF I'Y FOR THE DISPOSITION IN MILIT OF DISPOSAL OUTSIDE ON	SPECIFIED	111	E PERIMIT ISSUED	Dec. SIGNATURE OF LO	Land M	100 11
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	3851 Ros	EGISTRAR OF DISTRICT CON CAUFORNA CON CA 92110	OF DEATH-			TRICT OF DISPOSITION- IOTHER DISTRICT IN CALIFO	Aimac	
and the second second	non(s) authorized	OHECK ALL APPLICABLE	: ITEMS	IC USE			CALIFORNIA	RNIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM.	AINS OTHER		ARY ENVAULTMENT			IONER'S USE ONL	.Y
INTERMENT		DDRESS OF CEMETERY e Cemetery go, CA		118. DATI 7-12	E INTERRED, 11	C. SIGNATURE OF PER	ISON IN CHARGE OF I	NTERMENT
CREMATION		DDRESS OF CREMATOR	and the second second	128: DATE	CREMATED 12	C SIGNATURE OF OPR	SON IN CHARGE OF CR	REMATION
-SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF FACILITY R	eceiving remains	138. DATI	E RECEIVED 13	C SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
TRANSIT		DRESS IN RECEIVING I CREMATED REMAINS AN	TATE OR COUNTRY WH RE TO BE SHIPPED	ERE 14B. DATI	E SHIPPED 14	G ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON I	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			Reline, or other desc is and <u>district</u> of di		E OF 15	C. SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CRE	E NUMBER MATED RE- DISPOSER IPLICABLE

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

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	000548	Equ	40970
From	Address		7-	, 19
La man ting these			ollars (\$	
Lot Grave	Row	Section		vision ock
Invoice No Acct. No W.O9550 BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID'IN THIS SPACE CITY AUDITOR JUL 16 1991	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77185 100 77182 100 77185 100	199
Pre-Need Lot At Need On Acct	ISSUED BY	Misc Feen Pro-Nend Trust Sales Tax	77183 63033 9022 60101	28 2

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains WDITTER OSTER A 10115 Funeral, date, time Thur 11:00 AM SiDE ERINGON ANDSESAMORTUBER Church, Chapel, 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 NO 1 32.57 Grave Row Division/Bleck Section 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.

h

9551

Services of recorded holder of deed

In Code

Date 7-9-91

Acct #

Work Order # \_

NOTE

\$ 400, 50 1991 San Diego, California Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order a 3751 Market Street, San Diego, GA 92101, the sum of Seven Skindred Leller 5/100 DOLLARS Unquest 11, 199 with interest from on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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.	Cuppy SIGNATI	JRE Staron K.	Curry
ADDRESS 8301 Mission	Garge Rd sport	365	1
CALIFORNIA DRIVER LICENSE NUMBER	N5799496	SSN # 547-	46-7139
PY-1012 (11-89)			

	APPLICA	TON AND PER	RMIT FOR DI	SPOSITION OF HU		Egssi
		and the second sec		ES, WHITEOUTS OR OTHE		E9551
A. NAME OF DECEDE Geral	the subscription is a set of	W.	1.372-752	ST (FAMILY) litter		A SEX
A CITY OF DEATH	Diego	The receiver	of DEATH-OUTSIDE	CALIFORNIA, ENTER STATE	S. NAME RELATIONSHIP, MAIL OF INFORMANT Sharon K. Curr	THE PROPERTY OF THE PROPERTY.
The second se	DORESS OF APPLICANT-FUN		and the second second in the	7E. CALIFORNIA LICENSE NUMBER	8301 Mission G Santee, CA 92	lorge Rd. Sp.365
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as appli- of the dispositions authorized b was authorized pursuant to Sect	y Section 10376 of the Health	and Safety Code, and	BA. SIGNATURE OF APPLICANT - FO	neral Director or Person Acting	r as Such   88. DATE SIGNE 7-11-91
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN SIONS OF THE CALIFORNIA AND IS THE AUTHORITY FOR IN THIS PERMIT, NOTE: THIS HEAVIT GRES NO REALT	HEALTH AND SAFETY CO THE DISPOSITION SPECIFI	0E ED 7.00		ED SC SIGNATURE OF LOCA	Registrar issuing permi
Second and the second s	90. ADDRESS OF REGISTR IF DEATH OCCURRED IN C Vital Records	P.O.Box 852	autoria (	9E. ADDRESS OF REGISTRAR OF I IF DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION-	NA.
PE OF DISPOSI	San Diego, CA	92186-5222 K ALL APPLICABLE ITEMS	4		C G. SHIP IN TO CAL	ICODA(A
A. BURIAL (INCL)	UDES ENTOMBMENT)		D. SCIENTIFIC	USE		UTSIDE OF CALIFORNIA
B. CREMATION				ENVAULTMENT	FOR CORON	NER'S USE ONLY
T C DISPOSITION	OF CREMATED REMAINS O	THER	F. DISINTERME	NT		
THAN IN A CE					LI I DISPOSITION PE	INDING
	11A, NAME AND ADDRES	aetery			had	
THAN IN A CE	METERY 11A NAME AND ADDRES Mt. Hope Cen 3751 Market	St. San Dieg	o, CA	118. DATE INTERRED	IIC. SIGNATURE OF PERSO	
THAN IN A CE	11A, NAME AND ADDRES	St. San Dieg	o, CA		IIC. SIGNATURE OF PERSO	
	METERY 11A NAME AND ADDRES Mt. Hope Cen 3751 Market	St. San Dieg sof CREMATORY	0, CA	118. DATE INTERRED 7-11-91 128. DATE CREMATED	IIC. SIGNATURE OF PERSO	
THAN IN A GE	ILA. NAME AND ADDRESS Mt. Hope Cen 3751 Market 12A. NAME AND ADDRESS MON SEA 15A. NAME AND ADDRESS 14A. NAME AND ADDRESS	St. San Dieg St. San Dieg S OF CREMATORY	IG REMAINS	118. DATE INTERRED 7-11-91 128. DATE CREMATED 138. DATE RECEIVED	11C. SIGNATURE OF PERSO	

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



AUDITO	ND. C65-	ROLLER				PAID 1	NVOICH	UNTS REC E REPORT S OF 08/:	BY DE	PARTMENT			DATE: 08/14/91 TIME: 222735 PAGE: 11
DEPART	MENT 072	PRO	PERTY DEP	T-MT HO	PE CEME	TERY							
INV	INV DATE	ACCT	CUSTOMER	NAME	DRG	ACCT	J/0	PAYM DATE OPER	PD BY BN/E	REF NO Q FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162481 E-91	07/25/91 55 1	067143	SHARDN C 100 100 100 100 60101	UR RY 072 072 072 072 072		77181 77182 77183 77185 78390	00000	08/09/9) 72 72 72 72	1 CK :	1151	700.50 350.00 150.00 45.00 145.00 10.50	700.50	PAID IN FULL

City of San Diego

Date 7-9-91

	ZADA	and the second second	
Veut/Liner - /	Funeral, date, time		
Church, Chapel, Graveside	GRAVE SIDE		Mortuary
All Funeral cars must arrive before 3:80 p	.m. of regular work day o	or an extra charge will	be applied
and billed to undersigned. War time veter	an		
	/	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Lot GraveRow	Section	Division/Block	
Grave space & Care Fund			
Additional spaces and care und			
Opening/Closing & Setue	$\wedge$		
Burial Container			
Handling Fees	••••••••		-
Flower vases - Marker setting feb			-
Recording and filing fee			-
Sales taxes			A
ERUNE PENDING	Total D	Due	1
	id receipt number	11	
	1	Balance due	
+	/ /		
		11	
I hereby certify I am the		of the above name	d deceder
and this is your authority to make disposit	tion of remains as above	indicated I certify any	1 renteser
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorizat	tion of remains as above tion and lagree to hold b on and interment.	indicated I certify any	1 renteser
and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorizati	tion of remains as above tion and lagree to hold h ion and interment.	indicated I certify any	1 renteser
and this is your authority to make disposit	tion of remains as above tion and I agree to hold M ion and interment.	indicated I certify any	1 renteser
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and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorizati I hereby authorize the interment in lot I hold under deed.	tion and interment.	indicated I certify any	1 renteser

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ANT THE MENT	
	IOPE CEMETERY
INTERN	MENT ORDER
a after with city	of San Diego
The property scity	7-991
- 1 T-	Date
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of TO: ELIAS E. G	Mezada
in a Fi	uneral, date, time
Veuit/Liver	Mortuary.
and the second second and the second s	
	of regular work day or an extra charge will be applied
and filled to undersigned. War time veteran	
Las 43 Grave 9 Bow -	Section Division/Block_//
Glave 100	OWSIGN
Grave space & Care Fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	Total Due
Recording and filing fee	er jee 40.00
Sales taxes	
NATO as AWST	Total Due
Paid R 205 Paid r	receipt number
Davic	Balance due
-	
I hereby certify I am the	of the above named decedent n of remains as above indicated. I certify and represent
that I have the right to make this authorization	n and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I	di GO.
hold under deed.	2950 ARBODAR RU.
	SAN DIEGO CAL 92155
Signature of recorded holder of dawat	Stata COA 14114 Tap Code
	Telephone
	and the second sec
<b>F</b> 9553	Invoice #
Work Order # E 9000	Acet. #
PY-593 (REV. 8-85)	

City of San Diego

Date 7-9.9

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 11ezada of 2:00 P.M. Funeral, date, time IUUF BetGeRoharts unch + Prase-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 Grave Row Section Division/ 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 the DUL E-8041 Sec.No Sales taxes Total Due ... Paid receipt number Balance due hereby certify i am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed. Address Signature of recorded holder of deed Gaute Zip Code Telephone

Invoice #

Acct. #

Work Order # **E** 9554

						ETSOT
•				RES, WHITEOUTS OR OTHE		E 9554
A NAME OF DECEDE		18. MIDDLE	10.1	LAST (FAMILY) UEZADA	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
A CITY OF DEATH	0	1.00006003	NTY OF BEATH OUTSIDE	CALIFORNIA, ENTER STATE	If Southan -D	
A. TYPED NAME AND A		National City		7B. CALIFORNIA LICENSE NUMBER	3772 37th Str San Diego, CA	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions with	as applicant that the proposed dis arized by Section 10376 of the H I to Section 7106 of the Health and	ealth and Salley Code, und	RA. SIGNATUSE OF APPLICANT-F	imprat Director or Person Act	ing as Such de DATE SIGNES
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPI O RIGHT OF DESPOSAL DUTSIDE OF CA	CODE ECIFIED		11 0 0	CAL REGISTRAR ISSUING PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8 San Diego.	5222		BE ADDRESS OF REGISTRAR OF # DISPOSITION IS TO OCCUR IN		enia
V	TION(S) AUTHORIZED	CHECK ALL APPLICABLE I	D. SCIENTIFI	C USE	G. SHIP IN TO C	OUTSIDE OF CALIFORNIA
B. CREMATION	OF CREMATED REM.	AINS OTHER		RY ENVAULTMENT IENT		ONER'S USE ONLY
	MOUNT HOPE	CEMETERY CEMETERY at St. San Di	ego, CA	118. DATE INTERRED	TIC. SIGNATURE OF PER	SON IN CHARGE OF INTERMEN
CREMATION	124. NAME AND AL	DRESS OF CREMATORY	EALER	128. DATE CREMATED	12C. BIGNATURE OF PER	SON IN CHARGE OF CREMATION
1100	13A, NAME AND AL	DDRESS OF FACILITY REC	EIVING REMAINS	13B. DATE RECEIVED	13C SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING ST CREMATED REMAINS ARE		RE 148. DATE SHIPPED	14C. ADDRESS AND SIGN	ATURE OF PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHOREL O IDENTIFY FINAL PLACE			15C. SIGNATURE OF PER CHARIGE OF DISPOS	

COPY 2 IS RETAINED BY 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

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains . HARK of . Funeral, date, time/ hurll-Church, Chapel, Graveside GRAUESIDE HALSDALE \_ Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 10 Grave 7 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

7-9-91

Date

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

9555

Signature of recorded huider of deed

Acct. #

Work Order # \_

	APPI	ICATION AND PERM	AIT FOR DISPO	SITION OF HU	E 9555
		SE BLACK INK ONLY-MAK			Equin
1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FA	MILY) ARRIS	2. DATE OF BIRTH 3. DATE OF DEATH 4. SE MONDA 12/15/23 MONDA 1991
SA. CITY OF DEATH		58. COUNTY OF	DEATH-OUTSIDE CALIFO	RNIA, ENTER STATE	6. NAME RELATIONSHIP, MALING ADDRESS AND ZP CODE
TA. TYPED NAME AND A	DURESS OF APPLICAN	t-funeral Director of Penson t. 5050 Federal B		IFORNIA LIGENSE NUMBER	7251 Peter Pan Avenue San Diego, California 92114
ACKNOWLEDGMENT OF APPLICANT	nd me dispositions outh	as applicant that the proposed dissources arrived by Section 10376 of the Health and It to Section 7100 of the Health and Safety C	sented harmin is one BA SIS Solvey Code, and	NATURE OF APPLICANT-F	neral Deservor or Person Acting as Such 88 DATE Sign
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	NED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE I'Y FOR THE DISPOSITION SPECIFIED O RIGHT OF SCHOOL OUTSIDE OF CALIFORNIA	94. AMOUNT OF FEE P.	JUL 1 1 1991	HED " AC SIGNATURE OF LOCAL REGISTRAR ISSUING PER
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	BISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA VILL RE San Diego, Ca. 92138-52	cords #	DRESS OF REGISTRAR OF INSPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION-
YPE OF DISPOSI	and the state of the second state of	I CHECK ALL APPLICABLE ITEMS	D. SCIENTIFIC USE	2 199	G. SHIP IN TO CALIFORNIA
B CREMATION	OF CREMATED REM EMETERY	AINS OTHER [	E TEMPORAHY ENVA	ULTMENT	
	HA NAME AND AN	metery; San Diego	), Ca.	7-11-91	TIC SIGNATURE OF PERBON IN CHARGE OF INTERME
CREMATION	IRA NAME AND AL	T-1-12 NON SE	Alee	128. DATE CREMATED	120. SIGNATURE OF PERSON IN CHARGE OF OSEMATIO
CREMATION SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF FACILITY RECEIVING	REMAINS	138. DATE RECEIVED	ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	TAC. ADDRESS AND SIGNATURE OF PERSON IN CHARG
SCATTERING AT SEA QR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	AREST POINT ON SHORELINE, OF O IDENTIFY FINAL PLACE AND DI		158. 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.

PY-1012 (11-89)

W.O. # E-9555

7-9- 1991

NOTE

San Diego, California

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 <u>ONE The us And Two Harves D Novely Five</u> And The DOLLARS with interest from \_\_\_\_\_\_\_ On the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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.

SIGNATURE PRINT NAME ADDRESS CALIFORNIA DRIVER LICENSE NUMBER

AUDITO	F SAN DIE R & COMPT NO. C65-	ROLLER			PAID I	NVOICE	INTS RECE E REPORT S OF 08/1	BY DEPARTMENT			DATE: 08/13/91 TIME: 233754 PAGE: 12
DEPART	MENT 072	PR	OPERTY DEPT-MT HO	PE CEME	TERY						
INV	INV	ACCT	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/0	PAYM DATE OPER	PD PAYM BY REF NO BN/EQ FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
162478 E95	55	067140	ALICE LLOYD 100 072 100 072 100 072 100 072 100 072 100 072 60101 67007		77181 77182 77183 77184 77185 78390 77184	0000 0000 0000 0000	72	. CA	600-00 162-10 69-47 20-84 220-46 67-16 4-86 55-11	1,295.50	PARTIAL PATAENT

City of San Diego

Date 7-9-91

of BETTY AD	AMS			
in a	F	uneral, date, time _	and the second second	
Church, Chapel, Graveside _	-		a la contra de la contra de	Mortuary.
All Funeral cars must arrive t	pefore 3:30 p.m	of regular work day	or an extra charge v	vill be applied
and billed to undersigned. W	ar time veteran	<u> </u>		
Lot 2756 Grave	Row	Section	Division/Black	* 10
Grave space & Care Fund				
Additional spaces and care fu	und			
Opening/Closing & Setup				
Burial Container				
Handling Fees				
Flower vases - Marker setting	g fee Flore	F.R.CHN. LNS.	TALATION	23-0
Recording and filing fee				
Sales taxes				- 70
		Total	Due	25
	Paid	receipt number	40971	23
			Balance due	
I hereby certify I am the			of the above na	mud decederal
and this is your authority to n that I have the right to make th any liability on account of sai	nake disposition his authorizatio	n and I agree to bold	e indicated. I certify	and represent
I hereby authorize the interm hold under deed.	ent in lot l	Signature 1.3	39 - 100	72 3
Signature of recorded holder of deed	100.000	State	1. Z rey	2115 <sup>211 Cude</sup>
Work Order # <b>E</b> 95	556	Invoice #		

INTERMENT ORDER

**City of San Diego** 

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains au uneral, date, time S ase Church, Chapel, Graveside puestac fortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an be applied sunnd 1 and billed to undersigned. War time veteran Row Division/B Section Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup **Burial Container** Handling Fees . F. Kert Flower vases - Marker setting fee 10 Recording and filing fee Nerd (2 Sales taxes Total Due Paid receipt number Balance due

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

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

9557

Date 7-10

Invoice # Acct. #

Work Order # \_

11-3,4,5 At Hand 31 4)5 exchaige Nieles But in 1-11 2 Per Wendy

2	USE BLACK INK ONLY-MAKE NO ERASURES, WH	THE REAL AND A STREET OF	R ALTERATIONS E9551
NAME OF DECEDE	NT-FIRST (GIVEN) 18. MICDLE IC. LAST (FAM JOSEPH KOSIA	100	2. DATE OF BIRTH 3. DATE OF DEATH 4. 1 MONTH, DAY, YEAR MONTH, DAY, YEAR
CITY OF DEATH	SUSTER ROSTA		08-06-1926 07-07-1991 & NAME, RELATIONSHIP MAILING ADDRESS AND ZIP COD
San Diego	San Diego	IN STREET STREET	OF INFORMANY TELOPHASE PRENEED
the second s	DEFER OF APPLISANT THINER PORTOR DRIVERSON CATING 92 408 78. CALL	FORNIA LICENSE NUMBER	
CKNOWLEDGMENT OF APPLICANT	I hereby ocknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Socian 10376 of the Health and Sofety Code, and was authorized pursuant to Section 7100 at the Health and Safety Code.	ATUREAOF APPLICANT-F	uneral Dispector or Person Acting as Such 88. DATE SIG
PERMIT THORIZATION OF CAL REGISTRAR	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 FERMIT GHIS NO RIGHT OF DISPOSAL DUTIDE OF CALIFORNIA.	JUL 11 19	MA A
N REQUIRES A NEW MIT TO SHOW FINAL			DISTRICT OF DISPOSITION-
DISPOSITION.	00100 0000		a second and a second se
A BURIAL (INCL)	IDDN(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS 92138-5222		G. SHIP IN TO CALIFORNIA
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A BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE	TION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS 92138-5222 DES ENTOMBMENT) D. SCIENTIFIC USE E TEMPORARY ENVAU OF CREMATED REMAINS OTHER F. DISINTERMENT ITA. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92113 12A. NAME AND ADDRESS OF CREMATORY CREMAR CREMATORY	118. DATE INTERRED 7-19-91 128. DATE CREMATED 7-15-91	H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY L. DISPOSITION PENDING 11C SIGNATURE OF PRISON UNCHARGE OF INTERN Wendy of League
A BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE INTERMENT CREMATION	TION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS 92138-5222 DESS ENTOMBMENT) D. SCIENTIFIC USE E TEMPORARY ENVAU OF CREMATED REMAINS OTHER F. DISINTERMENT ITA. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92113 12A. NAME AND ADDRESS OF CREMATORY CREMAR CREMATORY 2299 MANCHESTER AVE., ANAHEIM, CA.	118. DATE INTERRED 7-19-91 128. DATE CREMATED 7-15-91	H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY L. DISPOSITION PENDING 1 1C. SIGNATURE OF PERSON UN CHARGE OF INTERN Wendy Of Legge 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT

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E-9557

19×9/



# SAN DIEGO

THE CITY OF

 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 Armol 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/184X8Xk 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 # 8 day of x July

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Swindael

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	N!	41012
From.	Address:		20.112	. 13
Entra Euro par 200		D	oliars (\$	)
Ip Payment of	fre : Ter LECANDE	Contraction of the second		
LetGrave	Row S	Section		ision 61
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184 100 77164 100 77181 100	070
BALANCE DUE	JUL .26 1991	Containers Handling Fee Recording & Misc. Fees Pre-Need	77182	23
Pre-Need Lot At Need On Acct		Trust		

City of San Diego

7-10-91 Date \_

11	ject to your rules and regulations, to inter the remains
	MOTO AHI
	neral, date, time Thur # 10:00 A.M.
Church, Chapel, Graveside	IDE Aturi C Perkough Mortuary.
All Funeral cars must 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/BlookO
Grave space & Care Fund T. Kes. Nach.	(.19.74. 205)
Additional spaces and care fund	······································
Opening/Closing & Setup	350.
Burial Container	D 11) A 10000
Handling Fees	175.00
Flower vases - Marker setting fee	Q.1.2-1. 1
Recording and filing fee	_4500
Sales taxes	
Sales taxes	Total Due
Paid re	ceipt number

Balance due

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

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

9558

Signature of recorded holder of deed

92113 Zip Code Telephone

Invoice # 11 Acct. #\_ OC

Work Order # E

W.O. # E-9558

NOTE

\$ 78400 7-10 - 1991 San Diego, California \_ 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 DEVEn Hundred Bighter four and DOLLARS Juguest 13 1991 with interest from on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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	UMERO	KAWAMOTU	SIGNATURE	Umek	Kewternito	
ADDRESS	416 Sc		SAN DIFEGO, CA.	92113		
CALIFORNIA D	RIVER LICENSE	NUMBER B057	10296		-24-3845	
PY-1012 (11-89)						

		ACK INK ONLY-MAK			MAN REMAINS	F 422
NAME OF DECEDE		MIDDLE	IC LAST (F	CONTRACTOR OF CARANYARY AND	2. DATE OF BIRTH	3. DATE OF DEATH 4. SE
HARAY		EAREO	KAWA	MOTO	MONTH, DAY, YEAR	MONDOWD YEAR
CITY OF DEATH	860		DEATH-OUTSIDE CALIF	ORNIA, ENTER STATE	second statement of the	LING ADDRESS AND ZIP CODE
E and and	of the dispositions outhorized b	ERAL DIRECTOR OR PERSON 3051 E1 Caje San Diego. Cont that the proputed ilippointes to y Section 10376 of the Health and ino 7100 of the Health and Solity C	n Place nued herein a one Safety Code, and	ALIFORNIA LICENSE NUMBER IF APPLICABLE PD-490 GNATURE OF APPLICANT-FI	416 SOUTH 363 SAN DINGO, C2 oneral Director or Person Actin	the second se
PERMIT	SIONS OF THE CALIFORNIA AND IS THE AUTHORITY FOR IN THIS PERMIT	ACCORDANCE WITH PROVI- HEALTH AND SAFETY CODE THE DISPOSITION SPECIFIED OF DISPOSAL OUTSEE OF CALFORMA.	GA. AMOUNT OF FEE	PAID 98. DATE PERIMIT ISSU		AL REGISTRAR ISSUING PERI
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRED IN C	S P.O. Box 8	1 18	DDRESS OF REGISTRAR OF I DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CAUFOR	NIA
Sanatan	TION(S) AUTHORIZED CHEC		] D. Scientific Use ] E. Temporary Env	AULTMENT		DUTSIDE OF CALIFORNIA
C. DISPOSITION THAN IN A C	OF CREMATED REMAINS C EMETERY	OTHER [	] F. DISINTERMENT	191400		ENDING
	11A. NAME AND ADDRES	S OF CEMETERY	Contractor and	118. DATE INTERRED	11C. SIGNATURE OF PERS	ON IN CHARGE OF INTERMI
INTERMENT	MOUNT HOPE C 3751 MARKET	and the second second second second	EGO, CA	7-11-91	Mende	la Lena
CREMATION	12A. NAME AND ADDRES		Ion SEAlER	128. DATE CREMATED	12C. SIGNATURE OF	IN IN CHARGE OF CREMATI
SCIENTIFIC_ USE	13A. NAME AND ADDRES	S OF FACILITY RECEIVING			13C, SIGNATURE OF PERS	ON IN CHARGE OF FACILIT
1		S IN RECEIVING STATE OR ATED REMAINS ARE TO BE		14B. DATE SHIPPED	14C. ADDRESS AND SIGNA OF TRANSIT	TURE OF PERSON IN CHAR
TRANSIT					15C. SIGNATURE OF PERS	ON IN TISD. LICENSE NUMBE

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

2

AUDITOR	SAN DIE & COMPTINO. C65-	ROLLER				PAID I	NVDICE	TS RECE REPORT OF 08/2	BY DEPARTNE	ENT				DATE: 08/28 TINE: 22275 PAGE: 17	/91
DEPARTM	TENT 072	PRO	PERTY DEPT	-MT HO	PE CENE	TERY									
INV	INV DATE	ACCT	CUSTOMER FUND	NAME	DRG	ACCT	J/0	PAYN DATE OPER	PD PAYM BY REF M BN/EQ FAC	NO	AMOUNT PAID	AMOUNT B	ILLED	UNPAIL	E
<b>162479</b> E- 955	07/25/91	067142	UMEKO KAN 100 100 100 100 60101	A MBTD 072 072 072 072 072		77181 77182 77183 77185 78390	0 000072 000072 000072 000072		CK 4975		784-00 350-00 200-00 45-00 175-00 14-00	٦	84.00	PAID IN FULL	00

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains R VONNE Alla of Funeral, date, time //ON ina le Church, Chapel, Graveside Chops 3 GRACES 1 Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and miled to undersigned. War time veteran NO 100 85 Grave Row Division/Bleck Section Grave space & Care Fund Additional spaces and care fund **Opening/Closing & Setup** Burial Container ... Handling Fees . Flower vases - Marker setting fee 100000 Recording and filing fee Sales taxes 30 DA Nore Total Due Paid receipt number .

Balance due

7-10-91

Date

9559

I hereby certify I am the <u>UTOPPIC I</u> of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any 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

Acct. #

Work Order # \_

W.O. # E-9559

SSN# 547-98-6454

NOTE

137900 7-10-1991 San Diego, California 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 Thirtes NHUNDRED SELENTY NINE AND DOLLARS Auchur 13 1991 with interest from \_ on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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.

PRESSIEY PRINT NAME DOIS J. ADDRESS 324 GLORIA ST.

SIGNATURE

CALIFORNIA DRIVER LICENSE NUMBER E0442229

PY-1012 (11-88)

• 1		AND PERMIT F				E9559
IA NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	TORINE	IC. LAST OFAN	RLY)	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
San Diego	Constitute J	San Diego	and a second second second	NIA, ENTER STATE	6 NAME, RELATIONSHIP, MA	ILING ADDRESS AND ZIP CODE
TA TYPED NAME AND A	sdale Hort.; San I	Construction of the second	AS SUCH 78. CAL	FORNIA LICENSE NUMBER	324 Gloria St San Diego, Cl	Contraction of the second
ACKNOWLEDGMENT OF ACPLICANT	I hereby acknowledge as applicant that of the dispositions comorized by Section was authorized pursuant to Section 7100	10376 of the Health and Safety Co		ATURE OF APPLICANT-	eneral Director or Person Acti	ng as Such BB. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FRAL DISPOSITION.		AND SAFETY CODE POSITION SPECIFIED AL OUTLIDE OF CILIFORNIA.		JUL 1 5 199		CAL REGISTRAR ISSUING PERKA Compacts M.D.
A. BURIAL INCLU	ION(5) AUTHORIZED CHECK ALL / DES ENTOMBMENT) OF CREMATED REMAINS OTHER METERY	0.8 	CIENTIFIC USE EMPORARY ENVAL SINTERMENT	ILTMENT	best of the state of the state	OUTSIDE OF CALIFORNIA
	Mt. Hope Cemeter	San Diego,	Contraction of the second s	118. DATE INTERRED	11C SIGNATURE OF PERS	ION IN CHARGE OF INTERMENT
CREMATION	12A. NAME AND ADDRESS OF C	2 METRIS	s#/ER	128. DATE CREMATED	12C. BIGNATURE OF EBS	ON PECHARGE OF CREMATION
CREMATION SCIENTIFIC USE	TOA. NAME AND ADDRESS OF P	ACILITY RECEIVING REMAIN	8	138. DATE RECEIVED	13C. SIGNATURE OF PERS	SON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RE REMAINS OR CREMATED R	CEIVING STATE OR COUNT EMAINS ARE TO BE SHIPPE		148. DATE SHIPPED	14C. ADDRESS AND SIGNA	NTURE OF PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT SUFFICIENT TO IDENTIFY F	ON SHORELINE, DR OTHER MAL PLACE AND DISTRICT		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERS	

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

162497 07/25/91 067148 E-9559	LOIS PRESSLEY 100 072 100 072 100 072 100 072 100 072 100 072 100 072	C8/08/91 CK 529 77181 000072 77182 000072 77183 000072 77184 300072 77184 300072 77185 000072	1,379.00 350.00 200.00 45.00 476.00 175.00 14.00 119.00	1,379.00 PAID IN FULL
	60101 67007	77184	119.00	

and the second second	
•	
A THE ALL PROPERTY.	MT. HOPE CEMETERY
IN	TERMENT ORDER
fa	City of San Diego
Jean ste	
marter IN	Date 7-10-91
	icted, subject to your rules and regulations, to inter the remains
of TO: Gene W.	attey Azency
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	
1309 8	6
Lot 1310_Grave Ro	wSectionDivision_Black
Opening/Closing & Setup Burial Container Handling Fees	
Sales taxes	•••••••••••••••••••••••••••••••••••••••
	Total Due
	Paid receipt number 40780 3540
	Balance due 10.00
that I have the right to make this auth	of the above named decedent sposition of remains as above indicated. I certify and represent porization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authority	rization and interment.
I hereby authorize the interment in I hold under deed.	ot 1 Shavon Chehald
	294 Shata ST SWITE AT
Signature of recorded holder of dead	Some H25-48100 ZUCODE
	Telephone

In	voice #	

Acct. #

Work Order # E 9560



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

DEED

E9560

2416

E9560 3/8/1966

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.

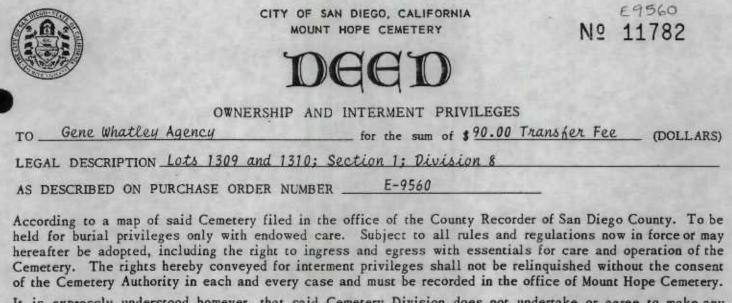
It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner 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 embellish ment of the Cemetery. The following type of memorial will be permitted:

Cemetery Manager

X 1 FLUSH MARKER ONLY

Public Works Director

FORM PW-584



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:

Cemetery Manager

**Property Director** 

PY-SM

# GENE E. WHATLEY AGENCY

Cemetery Broker

P.O. BOX 178 BONITA, CALIFORNIA 91908 Telephone: 125-1860

E9560

E

		TRANSFER	INFO FORM			
Please	transfer the followi Lots 1309 and 1		erty described as: tion 1, Division 8	- Tu 20	SPACES S	ack with pr
in Deed	/Certificate number	2416	from Mount Hope	Memorial	Park	
dated _	3/8/66	to:				

### NEW OWNER

NAME :	Gene E.	Whatley	
ADDRESS	P.0.	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

## 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

NUMBER OF STREET

My Commit on Expires July 15, 1994

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature	Signature
state of California	county of San Ciego
on <u>AUAUS</u> a Notary Public in and for sa	, 19 <u>90</u> before me, the undersigned id State personally appeared
J.F. Farher	Williams
subscribed to the within instr he/she executed the same.	he person/s whose name/s(is/are rument, and acknowledged to me that
WITNESS my hand and officia	il seal. Christy D. Avau
	Notary Public in and For Said State

•		
•		
	MT. HOPE CEMETERY	
deed IN	ITERMENT ORDER	
nearth	City of San Diego	
Scapitle	M-A	0.
Draster In	Date0.	71
	ucted, subject to your rules and regulations, to inte	r the remains
of the surge	E Hendurson Canpbell	
in a	Funeral, date, time	
Church, Chapel, Graveside	1	Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge w	vill be applied
and billed to undersigned. War time	a veteran	
1.91 +		0
Lot 692 Grave Re	ow Section Division/Blee	r_X
Grave space & Care Fund		-
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		1.25
Flower vases - Marker setting fee		
Recording and filing fee 22	usfer Fee	\$5.0
Calma tawar		
Just Charles		15.00
anot potter	Total Due	350
for the	Paid receipt number 4098/	11 11
	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 intermedit.

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

9561

Signature of recorded holder of deed

L	havon	NEG	cher	eh	
Hannture	94 :	Shast	a St	Surte +	4
Address	nula	Vista	+ CA	91910	
State	25-	4860	ſ.	200	iodie .
Telephone					

	ice	

Acct. #

Work Order # E

	CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY	E9561 Nº 11632
Cone F Utatla	OWNERSHIP AND INTERMENT PRIVILEGES	
TO Gene E. Whatle	Lots 691 & 692, Section 5, Division 8	(DOLLARS)

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"

laque

Property Director



\*\*\*\*\*\*

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY



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.

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Regulation Marker Size is 12" X 24" Elat Marker Only Cemetery Manager

Property Director

F9561

Nº 11783

## E9561

## GENE E. WHATLEY AGENCY F.9561 P.O. BOX 178 Cemetery Broker BONITA, CALIFORNIA 91908 Telephone: 125-4860

TRANSFER INFO FORM

Please transfer the following property described as:

-	Lots 691	and 692,	Section	5, Divi	ision 8	and the second	
in	Deed/Certificat	e 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

City of San Diego

7-10-91

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ADER NEFA in a . Funeral, date, time BENROG & Mortuary. Church, Chapel, 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 \_\_\_\_\_. 101/81 Grave 5T 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 PEN PING Schu 1700 Total Due ..... Paid receipt number Balance due I hereby certify I am the of the above named decadent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed. Achirman Signature of recorded holder of read Zip Code State Telephone 9562 Work Order # PY-593 (REV. 8-05)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	Nº 41172
From: In Payment of	Address:		ollars (\$)
Lot Grave	RowSe	ection	Division Block
Involce No Acct. No W.OE_9562 BALANCE DUE Pre-Need Lot □ At Need □ On Acct □ Pre-need Trust □ Cash □ Check □	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closung Buriat Containers Handling Fee Recording & Misc, Fees Pre-Need Trust	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77185 100 77185 100

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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OF APPLICANT	I hereby acknowledge of the dispositions authorized pursuant was authorized pursuant	retard by Section 100	376 of the Health and	d Safety Code, m		OUL TAS	TO	ector or Person Ad	cting as Su	ch 88. DATE SIG
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CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

**City of San Diego** 

Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains BONDE PA# 1115081 of hArliE Funeral, date, time NNI \_\_\_\_ Mortuary. Church, Chapel, 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 \_\_\_\_\_ Grave 9 B Row Lot 12 Section \_\_\_\_ Division/Stock /2 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 ..... ...... 1 whi DiNG Schud 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.

9563

Signature of recorded heider of deed

Signature	
Address	THE REAL PROPERTY OF
State	Zip Code
Telephone	The state of the s
11-211	66
Invoice # 1024	18
Acct. # 0009	52

7-10-91

Work Order # PY-593 (NEV. 8-85)

A. NAME OF DECEDE		nLY)	R ALTERATIONS	3. DATE OF DEATH 4 SE
CHARL				M7978/91 YEAR M
A. CITY OF DEATH	iego San Diego	NA, ENTER STATE	Support and a support of the support	strator Records
A. TYPED NAME AND A	DORESS OF APPLICANT-FUNERAL DIRECTOR OR PERSON ACTIVENS SUCH 78. CALL gsdale Nort.; 5050 Fed. Bl.; San Diego -F	FORNIA LICENSE NUMBER	5201 Ruffin R San Diego, CA	and the second se
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Heath and Sofety Code, and was sufficiented pursuant to Section 7100 of the Heath and Sofety Code.	ATURE OF APPLICANT-	unergi Directar for Person Acting	an Such 88 DATE SIGNE
* PERMIT	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. IN THIS PERMIT.	JUL 1 5 199	DED DC FSIGNATURE OF LOCA	a Connol, M.D.
TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-		DISTRICT OF DISPOSITION-	1A
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

\*

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OFFICIAL RECEIPT				E 7563
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	956	3 <sup>NS</sup>	41184
		Date:	2/2	, 19
From:	Autreas	Hitting	1 E.M. 199 198	101-50
	alesto For Charlie Be	0	ollars (\$	
In Payment of	and the second sec		1.41.29	
Lot Grave	Row Se	ection		vision
* Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care	67007 77184	
Acct. No		80% Salas of Lots Opening/	100 77384	121
W.O		Closing Burial	77387	- Aller
BALANCE DUE		Containers Handling Fee	100 77185	
	NET REPERTING STREET	Recording & Misc. Fees	100 77183	
Pre-Need Lot At Need On Acct	PL DI HEALING BERT	Pre-Need Trust	63033 9022	
Pre-need Trust Cash Check		Sales Tex	60101 78390	
AC-212 (Hev 10-87)	ISSUED BY	TOTAL PAID		Sell the

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\_ Funeral, date, time in a \_\_\_\_ Vault/Liner Mortuary. Church, Chapel, 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/20 Grave 7 Row Section / Division/Bleek /2 Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup ..... Burial Container ..... Handling Fees Flower vases - Marker setting fee Flower LASE INStalation Recording and filing fee . Sales taxes . Total Due IIII 1 0 1994 receip number **Balance due** I hereby certify ram the HOPE CEMETERS of the above named decedent and this is your autility to make (b) host for of remains as above indicated. I certify and represent that I have the right to make the suthorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Invoice # 9564 Work Order # Acct. # PY-683 (REV. 8-86)

Thomas

Date 7-11-91

## MT HOPE CEMETERY INTERMENT ORDER

**City of San Diego** 

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IKIDENE THOMAS Funeral, date, time MON. 7/15 2300 P.M. VAU in a T Church, Chapel, Graveside Chu Role + Grange sies · KAGSDALE \_ Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran -----77 Grave / Lot Row \_\_\_\_ Section \_\_\_\_ Division/Block 12 Grave space & Care Fund ..... Additional spaces and care fund ..... Opening/Closing & Setup ..... Burial Container Handling Fees .... Flower vases - Marker setting fee ..... Recording and filing fee ..... ×61 Sales taxes 20 DA NO Total Due ..... Paid receipt number \_

**Balance due** 

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

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

Work Order # PY-893 (REV. 0-86)

9565

PAID 10-9-97 E9565

CHECK CLEAREP 10-14-97 PER DAWN AT TREASURERS. Jue attached receipt

E956512/16/91

Jan - we took Judgment against Mr. Thomas He didn't pather to appear. Thanks. Bonnie

WO # E-9565

7-11-1991

NOTE

137900

San Diego, California \_

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order all 3751 Market Street, San Diego, CA 92101, the sum of Thir TEEN HUNDRED Swarty Nine BOLLARS with interest from \_\_\_\_\_\_ Guggust 14 1991 \_\_\_\_\_\_ on the unpaid principal

at the rate of 12 percent per annunf, 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 SAMUE DAV. D Thomas SIGNATURE Samuel D. Fromp ADDRESS 3715 I St. ISAN DICHO CH. 92113 SSN#467-38-1861 CALIFORNIA DRIVER LICENSE NUMBER 102/6263

CITY OF SAN DIEGO TREASURER COLLECTIONS OFFICIAL RECEIPT DAJE 10.09.'97 THU

E9565

Thomas, Burnuel

NON-ADD # MT HOPE TOTAL CHECK CLERK 3 TIME 09:33

176413 \$2261.90 \$2261.90 \$2261.90 \$2261.90 NO.000003 0000

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego Date 7-11-91	45-65- T-1/- 1951 ity Treasurer gr order at the treasurer gr order at the unpaid principal on the unpaid principal terest after maturity will nited States. The maker tereof before, at or after on the unpaid filmitations. A matried perty for any obligation such sum as the Court of States. The maker of States. The maker of the and unpaid. 421/56/
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of <u>TRIDENE THOMAS</u> in a <u>T.S. UAULT</u> Funeral, date, time <u>Mon.7/15</u> 2300 P.M. Church, Chapel, Graveside <u>Churak</u> ; <u>Graves</u> ; <u>ReGSDALE</u> Mortuary.	W.O. # <i>E-75-65</i> W.O. # <i>E-75-65</i> pay San Diego City Treasurer pay San Diego City Treasurer wo A 50 Severy Mine on the unpai on the unpai on the unpai on the unpai on the unpai on the unpai on the unpai to pay such sum as promise(s) to pay such sum as there price is past due and unpa <i>and D. Henne</i> <i>and D. Henne</i>
All Funeral cars must arrive 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	W.O. # E-45-65 NOTE San Diego. California San Diego. California A, the undersigned maker promises to pay San Diego City Treasurer of the undersigned maker promises to pay San Diego City Treasurer of the undersigned maker promises to pay San Diego City Treasurer of the undersigned maker promises to pay San Diego City Treasurer of the undersigned maker promises to pay San Diego City Treasurer of the undersigned maker promises to pay such sum as the ncipal and interest are payable in lawful money of the United States. The ncipal and interest are payable in lawful money of the United States. The ncipal and interest are payable in lawful money of the United States. The ncipal and interest are payable in lawful money of the United States. The ncipal and interest are payable in lawful money of the United States. The ncipal and interest are payable in lawful money of the United States. The ncipal and interest are payable in lawful money of the United States. The ncipal and interest are payable in lawful money of the United States. The number of the undersigned promise(s) to pay such sum as the paragraph 7528 of the State of California Health and Safety Code remains from a plot for which the purchase price is past due and unpaid. The mains from a plot for which the purchase price is past due and unpaid. The mains from a plot for which the purchase price is past due and unpaid. The mains from a plot for which the purchase price of States of California Health and Stety Code are also and the index states of California Health and Stety Code are also and the purchase price is past due and unpaid. The mains from a plot for which the purchase price of States of California Health and Stety Code are also and the index states of California Health and Stety Code are also and the index states of California Health and Stety Code are also and the index states of California Health and Stety Code are also and
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I hereby authorize the interment in lot I hold under dead. Signature of noorded holder of dead Signature of noorded holder of dead	MT. HOPE CEMETERY MT. HOPE CEMETERY ST51 Market Street, San I with interest from with interest from at the rate of 12 percent I Should this note not at the rate indicate will be liable and consen maturity, and waives pre- person who signs this no contained herein. If any i may fix as attorney's fees Part II, Chapter Part II, Chapter Part II, Chapter Part II, Chapter Part II, Chapter Part II, Chapter PAINT NAME <i>Xmuc</i> PRINT NAME <i>Xmuc</i>
Work Order # E 9565 Invoice # 162496 Acct. # 067147	MT. HOPE C Thirty days a 3751 Market with interest with interest at the rate of Should the stherathe will be liable maturity, and person who contained he may fix as ath Part Part autho

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PY-1012 (11-89)

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TYPED NAME AND A	DORESS OF APPLICANT-FUNERAL DIREC	TOR OF PERSON ACTING AS BUCH 78.	CALIFORNIA LICENSE NUMBER		et
CKNOWZEDGMENT + OF APPLICANT	I hereby acknowledge as applicant that the of the dispositions authorized by Section 100 was sufficient pursuant to Section 2100 of th	75 of the Health and Safety Code, and	SIGNATURE OF APPLICANT-F		171 1
PERMIT	THIS PERMIT IS ISSUED IN ACCORDAN SIGNS OF THE CALIFORNIA HEALTH AN AND IS THE AUTHORITY FOR THE DISPON IN THIS FERMIT. NOTE: THIS FERMIT GREE NO RIGHT OF DISPONLO	O SAFETY CODE SITION SPECIFIED 7.00	JUL 1 5 199	HED BC SIGNATURE OF LO	COL REGISTRAR ISSUING PER
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COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS9 (REV. 5/89)

City of San Diego

Date 7-11-91

You are hereby authorized and instructed, suffect to your rules and regulations, to inter the r of REGINALD Blain HEARN AL	emains
in a TES. UAULT Funeral, date, time SATIA 200 P	m
Church, Chapel, Graveside Church Banus Sins . Cal-Buenal M	lortuary.
All Fuperal cars must arrive 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/Blook	2
Grave space & Care Fund	500
Additional spaces and care fund	
Opening/Closing & Setup	000
Burial Container	2000
Handling Fees T. S.O.T. SER. 5.80.00	500
Flower vases - Marker setting fee	5.10
Recording and filing fee .SAT. D.T. Serwice	500
Sales taxes	400
Total Due 21:	59.00
Paid receipt number	
Balance due	

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

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

F

9566

Signature of recorded holder of deed

Work Order # \_

Se	linin	7.0	1Je	ear	~
	85 1	NOUDA			41#2
2	TON	DIEGO		CA	92122
	55	8 36	47		Zip Code
wiphone		10-			
nvoic	e#	162	49	3	
CCL.		6710	45	-	

W.O. # E-9566

NOTE

215900 7-11- 1991 San Diego, California\_ Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order a 3751 Market Street, San Diego, CA 92101, the sum of WENTY ONE HUN WSD FIFTY NINE AND The DOLLARS AUGUST 15 1991 with interest from \_\_\_\_\_ on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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 ELL ISON J	. HEARN SIGNATURE	Ellin Itean
ADDRESS 8285 AVENIDA	NAVIDAD # 2	//
CALIFORNIA DRIVER LICENSE NUMBER	50 400 748	
PY-1012 (11-00)		

	INT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST FAM		2 DATE OF BIRTH	3. DATE OF DEATH 4. SE
REGINALD	INT-PINOT (GIVEN)	HLAIR		HICA	2018	MONTH DAY YEAR	7-10-1991
CITY OF DEATH		58. CO	UNTY OF DEATH-O		NA, ENTER STATE	OF BUTODLASHT	LING ADDRESS AND ZIP CODE
SAN DIEO			SAN DIEG			8285 AVENDA	
5602 章 C	AJON IZAD.	SAN DIEGO, C	92115	SUCH 7B. CAL	FORNIA LICENSE NUMBER		. 92122
OF APPLICANT	of the dispositions out	as applicant that the proposed a orized by Section 10376 of the t to Section 7100 of the Health o	Health and Safety Code and Safety Code.	e. and	KK G	uneral Director or Person Actin	7-12-91
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH DRNIA HEALTH AND SAFE' Y FOR THE DISPOSITION S D BIGHT OF DISPOSAL OUTSIDE OF (	PECIFIED S7	OUNT OF FEE PA	JUL 1 2 199	DED SC SIGNATURE OF LOC	Compact, M.D. 4
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THAN IN A G	CMETERI						ENDING
		DRESS OF CEMETERY CONSTRUCTION	DIBGD, CA.	92113	118. DATE INTERRED		
	11A NAME AND AL 3751 MARS	ET ST. SAN I DRESS OF CREMATORY SEALER 19	3-3-2	92113	7-13-91 128. DATE CREMATED	11C. SIGNATURE OF PERS	ON IN CHARGE OF INTERMEN
INTERMENT	11A NAME AND AL 3751 MARS	er st. san i	3-3-2	92113	7-13-91 128. DATE CREMATED	11C. SIGNATURE OF PERS	ON IN CHARGE OF INTERMEN
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162493 07/25/91 067145 E-9566	ELLISON HEARN 100 072 100 072 100 072 100 072 100 072 100 072 60101 67007	08/22/91 CK 5419 77181 000072 77182 000072 77183 000072 77184 000072 77185 000072 77185 000072 77184	2,159.00 350.00 200.00 625.00 635.00 175.00 14.00 159.00	2,159.00 PAID IN FULL
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**City of San Diego** 

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 1 GADDNER'S DP of 9:00 A.M. Funeral, date, time /4E Services, Family HAS Creman Mortuary. Church, Chapel, Graveside NO All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO at 205 Grave Section \_4 Division/Block Row Grave space & Care Fund THE-NIEEN TOUS + E- 900 C Additional spaces and care fund Opening/Closing & Setup 7. 2- NEED TRUET. 5-9.99.6 Pre-NEGD. TRUST. E.S. Burial Container .... Handling Fees ... PRE-NEETTAST. E.T. 999 2370 Flower vases - Marker selling lee E-MERD TRUD E- 90.95 Recording and filling fee JUL 1.1.1991 Sales taxe Total Due PE CEMETERY DIEGO. GALTEript 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. andres I hereby authorize the interment in lot I hold under deed.

Signature of recorded ficibler of deed

5430 Ball	timore	#35-
La Marca	CA	9194
State 41.1-1894	/	Zip Code
Talephone		

Date 7-11-91

38-2723 WORK

9567

Invoice #

Acct. #

Work Order # \_

						States of the	Perm	it # 891	287		
	APPL		AND PERM	AIT FOR	DISPO	SITION OF HU	MAN		NS	acr	-
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COPY 3

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains GINEN Shaw #PAILLEIN Funeral, date, time TUES NEP. JULY 16 ONTH BETOR Roberts 151 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 142 Grave 91 Row Section \_\_\_ Division/Bleek 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 . inwhi 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.

9568

Signature of recorded horder of deed

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idreas		-
ane		Zp Q
ilepinone		-
and an all	162495	•
nvoice # .	62.499	,

000 700

Acct. #

Date 7-12-91

Work Order # \_



## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E9568

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)   18.	MIDDLE	IC. LAST (FA	MILY)	2. DATE OF BIRTH S. DAT	E OF DEATH 4 SEX	
SA. CITY OF DEATH		58. COUNTY OF DEA	TH-CUTSIDE CALIFOR	NA, ENTER STATE	6 NAME, RELATIONSHIP, MAILING A		
San Diego		San	Diego	- WARANESS FILS - CONTRACTOR	Fublic Administrator		
A. TYPED NAME AND A	DRESS OF APPLICANT	SS OF APPLICANT SUTRANDIES OF APPECIPE ACTIBIANTUCH 78. CALIFORNIA LICENSE N MORTUARY National City, CA			MBER 5201 'A' Ruffin Rd. San Diego, CA 92123		
ACKNOWLEDGMENT OF *APPLICANT	of the dispositions authorized	cant that the proposed disposition statud by Section 10376 of the Health and Sala tion 7100 of the Health and Salary Code.		ADDRE OF APPLICANT-F	uneral Director or Person Acting as S	och 09 195/199	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT	ACCORDANCE WITH PROVI- HEALTH AND SAFETY CODE THE DISPOSITION SPECIFIED OF DISPOSAL OUTSDE OF CALIFORNA.	\$7.00	10 98 ONTE PERMIT ISSU	191 Donald & G	LARCE M. D.	
TION REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8522 San Diego, CA				DISTRICT OF DISPOSITION		
	TION(S) AUTHORIZED CHEC	K ALL APPLICABLE ITEMS	SCIENTIFIC USE	C. S. C.	G. SHIP IN TO CALIFORN		
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMAINS	I ER REHITC	TEMPORARY ENVA	JLTMENT			
INTERMENT	Nount Hope 3751 Market		A	7-16-91	HE SIGNATURE OF PERSON IN		
CREMATION	12A. NAME AND ADDRES	s of crematory	-1-12	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HANGE OF CREMATION	
SCIENTIFIC	13A. NAME AND ADDRES	S OF FACILITY RECEIVING REN	IAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN 1	CHARGE OF FACILITY	
, TRANSIT		S IN RECEIVING STATE OR CO ATED REMAINS ARE TO BE SHI		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE C	of Person in Charge	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		POINT ON SHORELINE, OR OT TIFY FINAL PLACE AND DISTR		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE MAINS 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	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E9568	, NP	41166
		Date:	8/31	, 19
From:	Address:	her and for	S. 4. 721	121 - 21 (3) 10 - 2
In alternation State of	ISEVEN AND TED	Do	illars (\$	7=-)
In Payment of	2008 - Frai Grand The	W. F.M.	1115111	
Lot Grave	Row	ection	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	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Matc Fees Pie-Need Trust Sales Tai	67007 77184 77184 100 77181 100 77182 100 77185 100 77185 100 77185 63033 9022 60101 75990	
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	1	11

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains HARNER Funeral, date, time 7/31 LUED 200 P. Church, Chapel, Graveside WIDNESSS 104/4 Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ND 99 Grave 9 Row Section 2 \_ Division/Block Grave space & Care Fund ... PVE-NEED G-5901 Additional spaces and care fund Opening/Closing & Setup ..... Burial Container Handling Fees ..... Flower vases - Marker setting fee ..... 00 Recording and filing fee ..... Sales taxes apamains Ship FROM L.A. CA. Total Due . Paid receipt number#40993 Balance due I hereby certify I am the of the above named de

I hereby certify I am the \_\_\_\_\_\_\_\_\_ of the above harmod desedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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** 9569

Kestarper -	_
5455 JAN ONOTRE TER	( ) ( )
S. D. CA 92114	
Statu 264-0332	Zip Corte
Talightone	

Date 7-12-91

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Acct. #

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BARBARA	1	LOUIS	SE		ARPER		M	9-23-35	AR MONTH	-91 F
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San Diego			San	Diego			Re	ginald E	. Harp	er - Brothe
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OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	E9560	Nº	40993
		Date:	7-12	, 19
From	Address	1 40 7000		
KINE LOU DIRES AMA P	00064:	<u> </u>	Dollars (\$	
In Payment of	The Making Marga	CITY ALA		
Lot Grave	Row	Section	Divisi Block	
Acct. No W.O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	100 77184 100 77181 100 77181	
BALANCE DUE Pre-Need Lot  At Need  On Acct Pre-need Trust Cash Check		Handling Fee Recording & Misc. Fee Pre-Need Trust Sales Tax	100 77185 100 77183 63033 60101 78390	
AC-212 (Rev. 10-87)	ISSUED BY	- TOTAL PAIR	•	and the second

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	69569	NS 41029
-			Date:	7 19.2
	From:	Address	CREFFE TH	12 5-0. 38 Sallet
	WE shere to the Ty That	Part the man	D	ollars (\$)
	In Payment of	is The TREPER	HEADER	Hard Barris
	Lot Grave	Row	Section	Division Block
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPE	CREDIT	67007
	Acct. No		80% Sales of Lots	100 77184 - 200
	WO E-9569	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Closing Burial	100 77181 P_1
	BALANCE DUE	and the second	Containers	77182 70 70
			Handling Fee Recording &	100 5 0.0
	Pre-Need Lot At Need On Acct	FEED OF THE FEED OF	Misc. Fres Pre-Need Trust	77183 63033 9022
	Pre-need Trust Cash Check	At 1 +	Sales Tax	8022 60101 78390
	AC-212 (Rov. 10-87)	ISSUED BY	TOTAL PAID	s 182 °C

INTERMENT ORDER City of San Diego

MT. HOPE CEMETERY

Date 7-12-91

You are hereby authorized and instruct	ted, subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time Tuz T/16 8:00 P.m.
Church, Chapel, Graveside	Harmus sige ; Recspale Monuary.
All Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time ve	ateran ,
Lot 88 Grave 1 Row	Section Division/Bleck_12
Grave space & Care Fund	59500
Additional spaces and care fund	
Opening/Closing & Setup	350
Burial Container	<u></u>
Handling Fees	14500
Flower vases - Marker setting fee	
Recording and filing fee	45-00
Sales taxes	1050
Cart -	Total Due
30 to	Paid receipt number # 4/040 300 00
710	Balance due 99500
that I have the right to make this author	of the above named decadent rization and Lagree to hold Mt. Hope Cemetery harmless from
any liability on account of said authori	zation and interment.
I hereby authorize the interment in lot hold under deed.	Burner 03 West St
Signature of recorded holder of deed	- 2/13 State 2/02-3/29 20 Caste

Telephone

Invoice # 162500 Acct # 067150

Work Order # E 9570

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		E9570 Nº 41040
From	Address: 203955	Date Do	<u>7-27</u> , 19 <u>7</u>
In Payment of Lot Grave		ection	Division Block
Acct. No W.O. E. 7576 BALANCE DUE Pre-Need Lot D At Need D On Acct		CHEDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 100 77184 100 77181 100 77181 100 77185 100 77185 100 77185 100 77183 100 77183
Pre-need Trust Cash Check		Sales Tax TOTAL PAID	60101 78390 \$

W.O. # = - 9.5

NOTE

1295-00	San Diego, California	7-12 19.91
Thirty days after date for va	alue received, the undersigned maker promises to pay \$	San Diego City Treasurer, or order at
3751 Market Street, San Di	iego, CA 92101, the sum of Twelve Hunarcon	WETY FINS AND TO 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.

ADDRESS CALIFORNIA DRIVER LICENSE NUMBER SSN # FY-1012 (11-89)



### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE DONALD CHAR		and the second se	YOUNG, JR.	2 DATE OF BIRTH	3. DATE OF DEATH	A. SEX M	
SA. CITY OF DEATH San Diego		SB. COUNTY OF DEATH-OUTSID	E CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, M	11 - Sister	CODE	
7A. TYPED NAME AND	ADDRESS OF APPLICAN	TFUNERAL DIREC	CTOR OR PERSON ACTING AS SUCH	78. CALIFORMA LICENSE NUMBER	803 West St		
Anderson-Ra	gsdale Mort	., 5050	Fed. BL.; CA	r - f.1329	San Diego,	CA 92113	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions cut	orized by Section 103	propriated disposition shated herein is one 576 of the Health and Safety Cade, and he Health and Safety Code.	BA SIGNATURE OF APPLICANT-	uneral Director or Perage Act	ting as Such BB. DAT	TE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT GIVES IN	ORNIA HEALTH AN	ID SAFETY CODE SITION SPECIFIED	OF FEE PAID 98. DATE PERMIT ISS		ICAL REGISTRAR ISSUM	110.0.0 million 11 million
ANY CHANGE IN DISPOSI- TION REQUIRES & NEW DISPOSITION.		D IN CALIFORNIA	Vital <sup>oe</sup> Records co, CA 92138-5222	9E ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN		ятна	
Contraction and Acou	ITION(5) AUTHORIZED	CHECK ALL APP	LICABLE ITEMS	C USE	G. SHIP IN TO (	OUTSIDE OF CALIFOR	INIA
B. CREMATION	OF CREMATED REM EMETERY	AINS OTHER		RY ENVAULTMENT WENT		PENDING	r
INTERMENT	Mt. Hope		ETERY San Diego, CA	118. DATE INTERRED	Wendy	SON IL OHARGE OF IN	TERMENT
CREMATION	NIA NON	SCHER	88-1-1-12	128. DATE CREMATED	120. SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND AL	ORESS OF FAC	LITY RÉCEIVING RÉMAINS	138. DATE RECEIVED	ISC SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT			IVING STATE OR COUNTRY WHE NINS ARE TO BE SHIPPED	RE 14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	NATURE OF PERSON IN	CHARGE
BCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT T		A SHORELINE, OR OTHER DESCR L PLACE AND <u>DISTRICT</u> OF DIS		15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION I OF CHEM	AATED BE- DISPCSER

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

F9578

162500 07/25/91 067150 E-9570	REGINA CAMPBELL 100 072 100 072 100 072 100 072 100 072 100 072 60101 67007	09/12/91 CA 77181 000072 77182 000072 77183 000072 77184 000072 77185 000072 77185 000072 77185 000072 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	200.25			

RECEIVED SEP 2 3 1991 MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains N SAMMANN of A - Funeral, date, time/427/16 11:00 AM Church, Chapel, Graveside (HAVESIDE ERIE 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 ND Grave 1 Row Section 2 Division/Block Grave space & Care Fund PRE-NEED (1937) Additional spaces and care fund Opening/Closing & Setup . PRE-NEED. (E-9426.). ARE- NEED (4-9426) Burial Container ..... Handling Fees ..... Flower vases - Marker setting fee ... Recording and filing fee ..... ARANGED (E-9426) Pre-NEES. 1.E. - 9426.1. Sales taxes . Total Due Paid receipt number # 40709 **Balance due** 

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

9571

Signature of recorded holder of deed

Date 7-15-91

Invoice # Acct. #

Work Order # \_

•				DISPOSITION OF HU	/	59571	
A NAME OF DECEDE Patty	NT-FIRST (DIVIEN)	18. MIDDLE Jean		AST (FAMILY)	2. DATE OF BIRTH	S. DATE OF DEATH	4. SEX
EL Cajon	1.2.1.1		Diego	CALIFORNIA, ENTER STATE	6 NAME, RELATIONSHIP, M		
Erickson	DORESS OF APPLICANT	TUNET - OTA		78. CALIFORNIA LICENSE NUMBER	La Mesa, CA		
ACKNOWLEDGMENT DF APPLICANT	of the dispositions outho	a applicant that the proposed dispo arteed by Section 10376 of the Hea to Section 7100 of the Health and 3	Mt and Salety Code, and	BA SIGNATORE OF APPLICANT	Fundral Director or Person Act	ing as Such 88. DAT	E SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFORNIT AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO	ed in accordance with PF Ornia Health and Safety ( Y for the disposition spec) I hart of disposal outside of calle	IFIED \$ 7.0	JUL 1 6 19	syled sc signature of LC	CAL REGISTRAR ISSUM	Chr
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PEIMIT TO SHOW FINAL	LE DEATH OCCUMINE	GISTRAR OF DISTRICT OF I DIN CALIFORNIA 22CA 92186-522		9E. ADDRESS OF REGISTRAR OF # DISPOSITION IS TO OCCUR I	DISTRICT OF DISPOSITION-	RDRA	
A BURIAL (INCLU		CHECK ALL APPLICABLE ITER	D. SCIENTIFI	) USE	G. SHIP IN TO (	OUTSIDE OF CALIFOR	NIA
B. CREMATION		UNS OTHER		RY ENVAULTMENT		ONER'S USE ONLY	'
NTERMENT	ME. Hope 3751 Mark San Diego			118. DATE INTERRET	Wendy	SON IN CHARGE OF IN	TERMENT
CREMATION	12A. NAME AND AD	DRESS OF CREMATORY	-2-6	128. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CRU	EMATION
SCIENTIFIC	13A. NAME AND AD	DRESS OF FACILITY RECEI	VING REMAINS	138. DATE RECEIVED	D 13C. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT		DRESS IN RECEIVING STATI DREMATED REMAINS ARE T		RE 145. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELIN DIDENTIFY FINAL PLACE AN			15C. SIGNATURE OF PER CHARGE OF DISPOS		ATED RE-

COPY 2 IS RETAINED BY 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 CEMEJERY INTERMENT ORDER

City of San Diego

Date TULY 15, 1991

You are hereby authorized and i	instructed, subject to your rules and regulations, to inte	er the remains
of LAURA WOOD	on hi	- Anna -
	Funeral, date, time USD 7/17 11	:00 A.M.
Church Chanal Gravasida	AppliBRANZSIDE ; Cypress View	Mortuary
	and an and a set of the set of th	
All Funeral cars must arrive be	fore 3:30 p.m. of regular work day or an extra charge v	vill be applied
and billed to undersigned. War	time veteran <u>JO</u> .	
Lot 79 Grave	_ Row Section 1945 Division/Bloc	*P_
Grave space & Care Fund	PRE-MED A-5005	ø
	d	35000
Opening/Closing & Setup		200
Burial Container		15000
Handling Fees		14500
Flower vases - Marker setting t	fee	
Recording and filing fee		4500
Sales taxes	Total Due	12-30
	Total Due	70238
	Paid receipt number# 40996	702 38
	Belance due	ø

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

9572

Signature of recorded helder of deed

in

Invoice # Acct. #

Work Order # PY-683 (REV. 8-66)

A. NAME OF DECEDE	and the second se	E BLACK INK ONLY-MAKE N	IC. LAST (FAN		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Laura		Loraine	Wood		MONTH DAY, YEAR	7-15-1991	Femal
A. CITY OF DEATH		SB. COUNTY OF DEA	TH-OUTSIDE GALIFOR	NIA, ENTER STATE	NAME, RELATIONSHIP, M	the second s	The second se
Lemon G	The first state of the second state of the sec		Diego	a sum a	C. Phyllis J	ackson - Dau	whter
A TYPEPNAME AND A Spress View		T-FUNERAL 1953 of Tapesdal	the second se	FORNIA LICENSE NUMBER	10750 Foxwoo San Diego, C	d Drive	
ACKNOWLEDGMENT POF APPLICANT	of the dispositions out	as opplicant that the proposed disposition stated orized by Section 10376 of the Health and Safet t to Section 7190 of the Health and Safety Code		ATURE OF APPLICANT-FU	neral Director or Person Act		E SIGNED
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED	\$7.00	10 96. DATE PERMIT ISSU			
NY CHANGE IN DISPOSI- TION REQUIRES A NEW	San Diego	GISTRAR OF DISTRICT OF DEATH- D IN CALIFORNIA County - Vital Recor 5222, San Diego, CA 92	ds i FDI	include and the second statute of the	STRICT OF DISPOSITION	INIA	
A BURIAL (INCLU			SCIENTIFIC USE		G. SHIP IN TO C	ALIFORNIA OUTSIDE OF CALIFORM	NIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMA		. TEMPORARY ENVAL DISINTERMENT	ILTMENT		ONER'S USE ONLY PENDING	
NTERMENT	Mt. Hope (	DRESS OF CEMETERY Demotory at Street, San Diego	, CA.	118. DATE INTERRED;	ILL SIGNATURE OF PERI	SON IN CHARGE OF INT	TERMENT
CREMATION	12A. NAME AND AD	MAS-P	ERLER / LINER	128. DATE CREMATED	12C. SIGNATURE AFFERS	ON IN CHARGE OF CRE	MATION
SCIENTIFIC USE	134. NAME AND AD	DRESS OF FACILITY RECEIVING REM	AINS	13B. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF FA	CILITY
TRANSIT	14A NAME AND AD REMAINS OR (	DRESS IN RECEIVING STATE OR COU CREMATED REMAINS ARE TO BE SHIT	INTRY WHERE	148. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER	15A ADDRESS, NEA SUFFICIENT TO	AREST POINT ON SHORELINE, OR OT D IDENTIFY FINAL PLACE AND DISTRI	HER DESCRIPTION	158 DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		ATED RE-

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



and a summer of the sum

	TO CUSTOMER	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E9 57 Date:	2 NS	
<u>-508.00</u> In <u></u>	Payment of	ins the Laurenson		ollars (\$	)
	Grave	Row Se	ection	Divis Bloc	
Acct. No W.O BALANCE DUE	- 22 	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 100 77184 100 77181 100 77182 100 77182 100 77185	<u>- 1)</u> /**

Recording & Mrsc. Fees

Pre-Need

Sales Tax

TOTAL PAID

Trust

100 77183

63033 9022

60101 78390

At Need D On Acct D Pre-Need Lot Pre-need Trust Cash Check ISSUED BY

AC-212 (Rev 10-87)

.

3

City of San Diego

Date 7-15-91 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains M TERRENCE WAINEIRIGH in a Church, Chapel, Graveside Chapes / Graves Side · thes 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 8D Row Section / Division/Block Grave / 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. SIL I hereby authorize the interment in lot I hold under deed. took to redevid botter of sectors

Work Order #

W.O. # E-9573

NOTE

1297-38 7-15-1991 San Diego, California \_\_\_\_\_ 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 WE VE HUND DED NINETY SEVEN AND 365 DOLLARS august 23 1991 with interest from on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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.

ADDRESS SSN# 433-86-CALIFORNIA DRIVER LICENSE NUMBER

			S and les			A Contraction	21-1-	
			ND PERMIT FO			MAN REMAINS	East	73
1A. NAME OF DECED	DENT-FIRST (OVEN)	18 MIDDLE TERREL		IC. LAST (FAI	TRIGHT	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX M
SA. CITY OF DEATH	0	10	San Diego	ITSIDE CALIFOR	NIA, ENTER STATE		eton - Mothe	
TA. TYPED NAME AND		5050 Fee	ICTAL BLVC.	BUCH 78. CAL	FORMA LICENSE NUMBER	453 34th St. San Diego, C	and the second second	
ACKNOWLEDGMENT GF APPLICANT	of the dispesitions with		panel disposition statud horain is of the Health and Safety Code. Socith and Safety Code.		ATURE OF APPLICANT-F	uneral Director or Persion Act	ing as Such 88 DAT	E SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERIMIT IS ISSU SIGNS OF THE CALIF AND IS THE AUTHORIT IN THIS PERIMIT INTHIS PERIMIT INTE: THIS POINT UNITS IN	ORNIA HEALTH AND Y FOR THE DISPOSIT	SAFETY CODE	UNT OF FEE PA	JUL 1 8 1991	Deb' 9C. SIGNATURE OF LC	CAL REGISTRAR ISSUM	IS PERMIT
ANY CHANGE IN DISPOSI IN REQUIRES A NEW IT TO SHOW FINAL DISPOSITION.		Cords; P.(	D. Box 85222			DISTRICT OF DISPOSITION-	upua.	
	SITION(S) AUTHORIZED	CHECK ALL APPLIC	D. SCIE			G. SHIP IN TO C	ALIFORNIA GUTSIDE OF CALIFOR	INIA
C. DISPOSITION	OF CREMATED REM/	uns other		PORARY ENVAL	JLTMENT		ONER'S USE ONLY PENDING	٧
INTERMENT	Mt. Hope	Sametery;	San Diego, CA		118 DATE INTERRED	Uencly	SON IN CHARGE OF IN	
	12A. NAME AND AD	DRESS OF CREMA	tory 80-1-1-	12	128. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CRI	EMATION
INCOMPANY SCIENTIFIC USE	13A. NAME AND AD	DRESS OF FACILIT	Y RECEIVING REMAINS		138. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT			NG STATE OR COUNTRY S ARE TO BE SHIPPED	WHERE	148. DATE SHIPPED	14C ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT TO		SHORELINE, OR OTHER D PLACE AND <u>DISTRICT</u> OF		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		NATED RE-

COPY 2 15 RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Laszz

City of San Diego

Date July

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains TDA 5 DWARDS Funeral date time / Church, Chapel, Graveside remon. Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_ at 131 Grave Row Section Division Block Prenneed 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 00 Total Due 40999 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 lagree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

9574

Signature of recorded holder of dead

alman	ma Chang
Signature 69511	hear ley
Address Cli -	92311/
Telephone	2-0738

Invoice #

Acct. #

Work Order #

IDA	NT-FIRST (GIVEN)	18. MIDDLE PEARL		IC. LAST (FAN	THE REAL PROPERTY AND A DESCRIPTION OF A		TE OF DEATH 4. SE
CITY OF DEATH		5B. C	OUNTY OF DEATH	and the second second second second	NIA, ENTER STATE	E NAME RELATIONSHIP MAILING	
CEREMENTER M	BRTENRY PPLICAN	DIEGO, CA 9211	PERSE ACTING A	S SUCH 7B. CAL	FORMA LICENSE NUMBER	6951 IMEATLEY STREET SAN DIEGO, CA 92111	
OF APPLICANT	of the dispositions outh	as applicant that the proposed orized by Section 10376 of the It to Section 7100 of the Health	a Health and Salety Co		ATUBE OF APPLICANT	useral Director or Person Acting as	Such 88 DATE SIGN
	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WI ORNIA HEALTH AND SAF Y FOR THE DISPOSITION D RIGHT OF DEPOSAL OUTSER OF	ETY CODE SPECIFIED	NOUNT OF FEE PA	JUL 17 199	UED SC. SIGNATURE OF LOCAL R	CONSTRAR ISSUING PERA
CHANGE IN DISPOSI	IF DEATH OCCURRS	EGISTRAR OF DISTRICT D IN CALIFORNIA 222, SAN DIEGO,		1 10		DISTRICT OF DISPOSITION-	
Committee Maria	non(s) authorized des entombment)	CHECK ALL APPLICABLE		CIENTIFIC USE		G. SHIP IN TO CALIFOR	
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	ains other	teres of the last	EMPORARY ENVAL SINTERMENT	JLTMENT		All and a second second
INTERMENT	"AT. MEAP CE	METERY, 3950 M	and the second se		118. DATE INTERRED	11C. SIGNATURE OF PERSON IN	CHARGE OF INTERIME
CREMATION		DRESS OF CREMATOR REMATORY, 1-905 SAN DI		AVENUE	128. DATE CREMATED	Ray S	CHARGE OF CREMATIC
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF FACILITY R	ECEIVING REMAINS	9	13B. DATE RECEIVED	13C SIGNATURE OF PERSON IN	I CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING CREMATED REMAINS A			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF TRANSIT	OF PERSON IN CHAR
Chorton	15A. ADDRESS, NE	AREST POINT ON SHOP	RELINE, OR OTHER	DESCRIPTION OF DISPOSITION	15B. DATE OF DISPOSITION	150. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	OF CREMATED I

COPY 3

	RECEIPT	264-3151	E957	E 95 74 40999 00821 19
From	Payment of	Sugar I a Se		ollars (\$) Division
Acct. No W.O BALANCE DU	E At Need D On Acct D	Row S	Section DHEDIT 29% Sales Cen 80% Sales of Long Optimol Closing BGrai Containers Handling Fee Recording & Misc. Fees Pre-Nees Trust Sales Tax	Block 57007 77184 100 17184 100 100 105 100 100 100 100 100

	1	1		
cab.	MT. HORE CEMET	ERY		
NO NO IN	TERMENT O	States and the second		
8 5 2 0	City of San Dieg			
6 4 C X			7 11 .	2,
VW		Date	1-16-4	1/
You are hereby authorized and instru	cted, subject to your	rules and regulati	ons, to inter t	heremains
of JUANITA 1	Valdez	SAUCE	do C	<u>AHD</u>
ina Ash Vault	Funeral, date,	time Thur	5, 7/18	Hilly
Church, Chapel, Graveside Dal	. Only	; RAZZ	ple "	Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular v	vork day or an extr	a charge will	be applied
and billed to undersigned. War time	veteran Alo			
Lot 110 Grave 2 Ro	-	2 .		11
Lot Grave Ho	w Sectio	n Div	ision/	
Grave space & Care Fund				00.00
Additional spaces and care fund				
Opening/Closing & Setup		••••••	14	5.00
Burial Container			4	10.00
Handling Fees			4	00.00
Flower vases - Marker setting fee				12-
Recording and filing fee	f		5	15.00
Sales taxes	J		200	3.30
dely ning till		Total Due	200	1.30
Jage her per	Paid receipt numb	ner# 4/00	27_2	59-
2005in Or Dun	- 1 .	l Ba	ance due	P
I hereby certify I am the	y signed for	Tomily of the	above name	d decedent
and this is your authority to make did that I have the right to make this auth	position of refrains orization and agree	to hold Mt. Hope	d. I certify an Cemetery har	d represent miess from
any liability on account of said author	prization and interme	me />	1	
12 14 15 TO THE AND THE A	-1	1 al to	Th.	

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

Signature of recorded holder of dead

2020 17	
Address Son Days	a grand
Stata 263-31	41 Zu Code
Telephone	

Acct. # \_

Work Order # **E** 9575

NAME OF DECEDE	100 C-	B. MIDDLE	A selection of the selection of the	LAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH 4 SE
JUANI	TA	VALDEZ	į.	SAUCEDO	MOST24799EAR	MO173791 YEAR F
CITY OF DEATH	onal City	1 million and a second	San Diego	DE CALIFORNIA, ENTER STATE		ALING ADDRESS AND ZIP CODE
TYPED NAME AND A		FUNERAL DIRECTOR OR PI		H 78 CALIFORNIA LICENSE NUMBE	Och utante I	Drive
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as a of the dispositions authoriz	applicant that the proposed dia and by Section 10376 of the H Section 7100 of the Health and	outh and Safety Code, and		Funeral Director or Person Act	ting as Such   88. DATE SIGN
PERMIT	SIONS OF THE CALIFOR AND IS THE AUTHORITY F IN THIS PERMIT	IN ACCORDANCE WITH NA HEALTH AND SAFETY FOR THE DISPOSITION SPE GRT OF DISPOSAL OUTSIDE OF CN	CIFIED 7.0	OF FEE PAID 98. DATE PERMIT IS	SUED 9C SIGNATURE OF LC	Canalas M.D.
Y CHANGE IN DISPOSI- ION REQUIRES & NEW TO SHOW FINAL DISPOSITION.		STRAR OF DISTRUT CA N CALIFORNIA CAN Diego, CA			F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CALIFO	ANIA
X	TION(S) AUTHORIZED CI	ECK ALL APPLICABLE IT			C G. SHP IN TO C	CALIFORNIA O GUTSIDE OF CALIFORNIA
B. CREMATION	IDES ENTOMEMENT)		D. SCIENTIN	ARY ENVAULTMENT	The second	IONER'S USE ONLY
C DISPOSITION	OF CREMATED REMAIN	s other	F. DISINTER	RMENT		
					D. 11C SIGNATURE OF PER	SON IN CHARGE OF INTERME
	TTA NAME AND ADDR	JESS CH CEMETERY				
INTERMENT	Nt. Hope Ce	metery; San	Diego, CA	7-18-9	Wendy Jo	League
INTERMENT	Ht. Hope Co	metery; San	m, CA	7-18-9	Wendy Jo	League
	Ht. Hope Co 12A. NAME AND ADDR NXX Leneda,	HESS OF CREMATORY	n, CA Lode Highw	7-18-9 128 DATE CREMATER 128 DATE CREMATER	Wandy Jo 12C SIGNATE OF PER	League
CREMATION	Ht. Hope Ce 12A. NAME AND ADDE NXR Leneds, 13A. NAME AND ADDE N/A///0 14A. NAME AND ADDE	HESS OF CREMATORY ElCejo Inc.; 14065	INT. CA	7-18-9 128. DATE CREMATER 128. DATE CREMATER 128. DATE RECEIVE	D 13C SIGNATUR OF PER	SON IN CHARGE OF CREMATIO

Date:	4
In Payment of Save etc. Juanite V. Lot Grave Row Section Block II	
In Payment of Save etc. Juanite V.	-
In Payment of Save etc. Juanite V.	
Lot Grave Row Section Block	
- Lot Grave Row Section Block	
PAID IN THIS SPACE. 20% Sales Care 77184	
Anot No. 01 Jon 77184	-
Poct. No 100	Y.
W.O. <u>6-9575</u> Burial 100 Burial 27182	
BALANCE DUE 100	
Recording & 100	
Pre-Need 63033	
Pre-need Trust D Cash D Check D Sales Tax 60101	
AC-212 (Rev. 10-87) ISSUED BY TOTAL PAID \$	



### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time in a Mortuary. Church, Chapel, 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 \_\_\_\_\_. Section Division/B 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

of

9576 Work Order # PY-503 (NEV. 8-86)

LOOKaU

PY-1012 (11-89)

W.O. # E- 9576

NOTE

\$		San Diego, California	7-17-19.91
Thirty day	s after date for value received,	the undersigned maker promises to pay Sa	n Diego City Treasurer, or order at
3751 Mark	et Street, San Diego, CA 9210	D1, the sum of Leven Hundred Tur	o and too DOLLARS
with intere	est from and	Just 30 1991	on the unpaid principal
at the rate	of 12 percent per appum pay	able on demand	

at the rate of 12 percent per annum, payable on demand.

nd

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.

ADDRESS 229 SOUTHLOOKAVE S. D. CA92113	PRINT NAME TERRY LEE SMITH SIGNATURE	py hee m
	ADDRESS 229 SOUTHLOOKAVE S. D. C.	A 92113
CALIFORNIA DRIVER LICENSE NUMBER 50585472 SSN # 552-78-4551	CALIFORNIA DRIVER LICENSE NUMBER 50585472	SSN # 552-78-4551



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E9576

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

14	MARGARET	NT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (FAN	ULYS		TE OF DEATH 4. SEX
5/	San Dieg	O		San Diego	UTINDE CALIFORI	RA, ENTER STATE	a NAME RELATIONSHIP, MAILING A	
77	derson-Rag	BORESS OF APPLICAN	ary; San	Diego, CA	SUCH 78. CAU	FORMA LICENSE NUMBER	2633 Louise Ave. Arcadia, CA 910	and the second se
100	ACKNOWLEDGMENT OF APPLICANT	of the dispositions out	prized by Section 162	propoved disposition stated herein 26 of the Health and Sofiety Cash in Health and Sofiety Cash.		ATURE OF APPLICANT-F	uneral Director or Person Acting as t	Such BB. DATE SIGNED
	PERMIT	THES PERMIT IS ISSUE SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT GIVES N	ORNIA HEALTH AN	ID SAFETY CODE SITION SPECIFIED \$7.	DUNT OF FEE PA	JUL 1 8 199	1 10 10 10	GISTRAR ISSUING PERMIT
ļ	CHANGE IN DISPOSI- W REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION.	VITAL REC	ords; P.O	Box 85222 Diego, CA			DISTRICT OF DISPOSITION	
	TYPE OF DISPOSI		CHECK ALL APP		ENTIFIC USE	- and the state	G. SHIP IN TO CALIFORM	
同語	B. CREMATION C. DISPOSITION THAN IN A CE		AINS OTHER		IPORARY ENVAL	LTMENT		Contraction of the second
-	INTERMENT	ALC NAMED THE A	Sameteryy	San Diego, C		118. DATE INTERRED	TIC SIGNATURE OF PERSON IN	CHARGE OF INTERMENT
ABLE	CREMATION	IZA. NAME AND AD	NORESS OF CRE	METHILSEA	150.	128. DATE CREMATED	12C. SIGNATURE O PERSON IN	CHARGE OF CREMATION
APPLICABLE	SCIENTIFIC	13A. NAME AND A	ODRESS OF FAC	LITY RECEIVING REMAINS		138. DATE RECEIVED	ISC. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
ALL				And the second se	WHERE	148. DATE SHIPPED	14C ADDRESS AND SIGNATURE	OF PERSON IN CHARGE
COMPLETE ALL	TRANSIT			IVING STATE OR COUNTRY	. In the P		OF TRANSIT	

COPY 2 IS RETAINED BY 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

Date 7-16-91 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains FARI VADEAS of ISA Funeral, date, time 7/18 INFA PRIESIDE TAGEDALE 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 101 87 Grave Bow Section Division/Blook 12 Grave space & Care Fund ..... Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes ...... Total Due ... aig regginumber Balance due Of CoFithe above named decedent I hereby certify I am the AMY and the store of the above named decedent and this is your authority to make the store of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

9577

Signature G S S	1 gase
Address & Dias	5/
Station Daring	24p Code
Telephone Colty:	

Invoice # Acct. #

Work Order #

RAFAEL	NT-FIRST (GIVEN)	IB. MIDDLE		IC LAST (FAN	and the second sec	2. DATE OF BIRTH	A DATE OF DEATH 4. SE
El Cajon			SE. COUNTY OF DEATH-C		IIA, ENTER STATE	Gaadality Gar	AILING ADDRESS AND ZIP CODE
A. TYPED NAME AND A	sdale Mort.	5050 Fi	TOR OR PERSON ACTING AS MORTAL BIVG. MGO, CA	SUCH 78. CALL	FORNIA LICENSE NUMBER	3993 "C" St. San Diego, CA	92102
ACKNOWLEDGMENT OF APPLICANT	of the dispositions out	inized by Section 103	roposed disposition stated hermin 76 of the Health and Sofety Coo a Health and Sofety Code.		ATURE OF APPLICANT	uneral Director or Person Act	ing as Such BB. DATE SIGNE
PERMIT	THE PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, NOTE: THE POINT GIVES IN	ORNIA HEALTH AN Y FOR THE DISPOS I NIGHT OF DISPOSAL OK	D SAFETY CODE	7.00	JUL 1 8 19	91 Donall	CAL REGISTRAR ISSUING PERM
NY CHANGE IN DEPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	D ADDRESS OF RE	rds; P.O.	Box 85222 Diego, Ch			DISTRICT OF DISPOSITION-	8944.
THE OF DISPOSI	DES ENTOMBMENT)	CHECK ALL APPL		IENTIFIC USE		G. SHIP IN TO ( H. TRANSET TO	OUTSIDE OF CALIFORNIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	INS OTHER	tered (	MPORARY ENVAU	LTMENT		ONER'S USE ONLY
	"Mer Hope	Chietery	San Diego,		118. DATE INTERRED	U.C. SIGNATURE OF 970	SON MARGE OF INTERMEN
CREMATION	NON SE	ORESS OF CREA	14TORY 2-1-1-	-12	128. DATE CREMATED	12C. SIGNATURE OF PER	SON-INCHARGE OF CREMATION
SCIENTIFIC	ISA NAME AND AD	dress of FXCI	ITY RECEIVING REMAINS		136. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANISIT			VING STATE OR COUNTR		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON IN CHARG
SCATTERING AT SEA			SHORELINE, OR OTHER		158. DATE OF DISPOSITION	15C. SIGNATURE OF PER	

And a state of the

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

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E957	7_11,19
	From           In           Payment of	Address:	Do	Dillars (\$)
11.	Lot Grave		ection	Division Block
2	Invoice No Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales Care 01 Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 60033
	Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87)	ISSUED BY	Trust Sales Tax TOTAL PAID	9022 60101 78390 \$

City of San Diego

Date 7-17-91

You are hereby authorized and instructed, subj	ect to your rules and regulations, to inter the remains
A / Ila II	neral date time MON, 8/19, ASD
	In Miller Talas (HENET)
Church, Chapel, Graveside	
	of regular work day or an extra charge will be applied
nd billed to undersigned. War time veteran	<u>NO</u> .
.ot <u>45</u> Grave Row	Section/00F Distriction/Block 42
Grave space & Care Fund L.M.C. T. Sec.	L (01948)
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
landling Fees	60.00
lower vases - Marker setting fee	
lecording and filing fee, ef. :	<u>45.0</u>
Sales taxes	3.30
u Digg 3543	Total Due
10-00	ceipt number 4/136 253.30
01 mel	Balance due
Her.	
hereby certify I am the construction of this is your authority to make disposition of hat I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify and represen and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I hold under deed.	3839 Brockton AUR
gnature of recorded holder of devel	XII VETS, JE CA. 92501 State XII VETS, JE CA. 92501 Zipted Xiiuphane
Nork Order # <b>E</b> 9578	Invoice #

NAME OF DECEDE		T (FAMILY)	2. DATE OF BIRTH 3. DATE OF BEATH 4. SE
CITY OF DEATH	SB. COUNTY OF BEATH-OUTBIDE CA	ALIFORNIA, ENTER STATE	S. NAME, RELATIONSHIP, MAILING ADDRESS AND ZP CODE
	DDRESS OF APPLICANT-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 71	B. CALIFORNIA LICENSE NUMBER	3839 Brockton Ave. Riverside, CA 92501
OF APPLICANT	I tensity acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized personn to Section 7100 of the Health and Safety Code.	A SIGNATURE OF APPLICANT-FU	neral Director or Person Acting as Such 88, DATE SIGN
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE THIS FEMALE.		Dale B. Sparks, MD
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	ALTERTH DC GREEN WY EVERNIN		ANOTHER DISPOSITION- ANOTHER DISTRICT IN CALIFORNIA IN Diego, CA 92138
2	TION(S) AUTHORIZED CHECK ALL APPLICABLE TEMS		
A BURIAL (NCLU J. B. CREMATION J. C. DISPOSITION THAN IN A CI	DES ENTOMBMENT) D. SCIENTIFIC U D. SCIENTIFIC U D. E. TEMPORARY D. E. TEMPORARY D. SCIENTIFIC U D. SCIENTIFICU U D. SCIENTIFICU U D. SCIENTIFICU U D. SCIENTIFICU U D. SCIENTIFICU U	ENVAULTMENT T	G SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY I DISPOSITION FENDING 11C SIGNATURE OF PERSON IN CHARGE OF INTERMEN
A. BURIAL (NCL) B. CREMATION	DEES ENTOMBMENT) D. SCIENTIFIC U DE CREMATED REMAINS OTHER EMETERY F. DISINTERMEN 11A, NAME AND ADDRESS OF CEMETERY ML. HOPE CEMETERY 3751 Market St., San Diego, CA 92102	ENVAULTMENT T 11B. DATE INTERRED; 8 -19-9	H TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY II I. DISPOSITION FENDING IIC SIGNATURE OF PERSON IN CHARGE OF INTERMEN Wendy Or League
A BURIAL (NCLU J. B. CREMATION J. C. DISPOSITION THAN IN A CI	DEES ENTOMEMENT) D SCIENTIFIC U D E TEMPORARY D E TEMPORARY D E TEMPORARY D F DISINTERMEN F DISINTERMEN 11A, NAME AND ADDRESS OF CEMETERY ML. HOPE CEMETERY 3751 Market St., San Diego, CA 92102 12A, NAME AND ADDRESS OF CREMATORY Miller-Jones Floridary & Crematory 1501 V. Florida Ave., Hemet, CA	ENVAULTMENT T 11B. DATE INTERRED 8 - 19-91 12B. DATE CREMATED 2 - 18 - 91	H TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY I. DISPOSITION FENDING IIC SIGNATURE OF PERSON IN CHARGE OF INTERMEN Wandy Jo League IZC SIGNATURE OF PERSON IN CHARGE OF CREMATION W. Searly
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CI INTERMENT	DEES ENTOMBMENT) D SCIENTIFIC U D E TEMPORARY D E TEMPORARY D E TEMPORARY D F DISINTERMEN F DISINTERMEN 114, NAME AND ADDRESS OF CEMETERY MIL HOPE CEMETERY 3751 Market St., San Diego, CA 92102 124, NAME AND ADDRESS OF CREMATORY Hiller-Jones Portugery & Crematory	ENVAULTMENT T 11B. DATE INTERRED 8 - 19-91 12B. DATE CREMATED 2 - 18 - 91	H TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY I DISPOSITION PENDING I. DISPOSITION PENDING IIC SIGNATURE OF PERSON IN GHARGE OF INTERMEN
A BURIAL (NCLU B. CREMATION C. DISPOSITION THAN IN A CI INTERMENT CREMATION SCIENTIFIC	DEES ENTOMEMENT) D SCIENTIFIC U D E TEMPORARY D E TEMPORARY D E TEMPORARY D F DISINTERMEN F DISINTERMEN 11A, NAME AND ADDRESS OF CEMETERY ML. HOPE CEMETERY 3751 Market St., San Diego, CA 92102 12A, NAME AND ADDRESS OF CREMATORY Miller-Jones Floridary & Crematory 1501 V. Florida Ave., Hemet, CA	ENVAULTMENT T 11B. DATE INTERRED 8 - 19-91 12B. DATE CREMATED 2 - 18 - 91	H TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY I. DISPOSITION FENDING IIC SIGNATURE OF PERSON IN CHARGE OF INTERME Wandy Jo League IZC SIGNATURE OF PERSON IN CHARGE OF CREMATION W. S. Searchs

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	EN	957	136
From:	Address:	the stor	- 101	At In C	Phy 1
- le Speinbrach	Fight It is a man	- / De	ollars (\$ .	2 and the	)
In Payment of	there of thear	( " Caren	12 200	C. sha	-
the second s		S. S. Law		Sec. 3	
1 Lot Grave	Row S		2	Division Block	-
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007 77184	-	-
Acct No		80% Salen of Lots	77184	1	
w.o	and the second second second	Opening/ Closing	77181	10-	the states
w.o		Burial Containers	77182	40	6
BALANCE DUE		Handling Fee	100	64	122
		Recording & Misc. Fees	77163	# 2	-
Pre-Need Lot At Need On Acct	PROPERTY AND DUTY	Pre-Need Trust	63033 9022 —		1
Pre-need Trust Cash Check	11 0 4	Sales Tax	60101 78390 —		-
AC-212 (Nev. 10-87)	ISSUED BY	TOTAL PAID	8	252	30

City of San Diego

Data 7-19-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of  $\underline{JOSEPH}$   $\underline{OESPH}$   $\underline{OESPH}$ in a  $\underline{DbI-CRYPT}$  Funeral, date, time  $\underline{MONT22}$   $\underline{2500}$   $\underline{PH}$ . Church, Chapel, Graveside  $\underline{MPEITCRA2ESUPS}$ ;  $\underline{DGSDAE}$  Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran  $\underline{VES}$ .

Lot 4526 Grave	Row	Section	Division/Blee	10
Grave space & Care Fund				89500
Additional spaces and care	fund			
Opening/Closing & Setup				35000
Burial Container				33000
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setti				32000
Flower vases - Marker sett	ing fee			
Recording and filing fee				75
Sales taxes			Secondaria a concesso	27 28
		1.517.517	Oue	196723

Paid receipt number 7 4

Balance due

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

9579

Signature of recorded holder of deed

erment	1 1		07	14
11	dd	40	slee	4
Sidmaure	205	Be	to a	UT-
Address	alis	19	195	0
Stole	264	98	29	Zip Code
Telephone	~+ /-	60		-

Invoice #

Acct. #

Work Order # .

I NAME OF DECED			1.00		The same an event		1
JOSEPH	INT-FIRST (GIVEN)	IB. MIDDLE	10	LAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4 SE
CITY OF DEATH	L City	5B. CO	an Diego	DE CALIFORNIA, ENTER STATE	A NAME, RELATIONSHIP, MA		CODE
	DDRESS OF APPLICANT ale Mort.;	San Diego, C		H 78. CALIFORNIA LICENSE NUMBER -IF APPLICABLE F-1329	1805 Beta St. National City		
OF APPLICANT	of the dispositions outline	as applicant that the proposed d orized by Section 10376 of the # to Section 7100 of the Health a	liposition stated herein is one Health and Safety Code, and	BA SIGNATURE OF APPLICANT	Uneral Director or Person Act	ing as Such BB 98TE	SAN S
PERMIT	SIONS OF THE CALIFI AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SP D RIGHT OF DISPOSAL DURSUE OF D	PECIFIED \$7.0	OF FEE PAID UB. DATE PERMIT ISS		CAL REGISTRIAR ISSUING	PERN A
Y CHANGE IN DISPOSE ION REQUIRES A NEW EMUT TO SHOW FINAL DISPOSITION.		GISTRAR OF DISTRICT O TOS; F.O. Box San Diego	85222	9E. ADDRESS DF REGISTRAR OF IF DISPOSITION IS TO OCCUIL IN		RNIA	
CERENT INTERNAL AND	TION(S) AUTHORIZED	CHECK ALL APPLICABLE	ITEMS	IC USE	G. SHIP IN TO C	OUTSIDE OF CALIFORN	IA:
G. DISPOSITION	OF CREMATED REMA	AINS OTHER		ARY ENVAULTMENT		ONER'S USE ONLY	
and the second second					the second se		
INTERMENT	Mt. Hope	DRESS OF CEMETERY Cemetery; 375 San	Diego, MA	118. DATE INTERRED	11C. SIGNATURE OF PER	SON IN CHARGE OF INT	
•	Mt. Hope	Cemetery; 375	and the second se	118. DATE INTERRED		breag	ed
INTERMENT	Nt. Hope	Cemeizery; 375 San	METAL SE	7-22-91	12C SIGNATURE OF PERS	SONTIN CHARGE OF RED	MATIC
INTERMENT CREMATION SRIENTIFIC	Mt. Hope 12A. NAME AND AD N/A 45 13A. NAME AND AD N/A 14A. NAME AND AD	Cemetery; 375 Sam DDRESS OF CREMATORY 56 -10	Diego, EA	128. DATE CREMATED	12C SIGNATURE OFFERS	SON IN CHARGE OF FAC	MATIO

3

HARGE OF DISPOSING OF THE CREMATED REMAINS.

2

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E9579	NS		013
		Date:	1-	19-,1	9
From ALDIE ESTES	Address: 20000079	ST. Palant	419-	020	-
Alex = Alexine 22 5103	WE EVEN EN Stre-	D	ollars (\$		=
	The THE THE END	Cartore -			
In Payment of	and the second second				
17		the second second	r	Division	
'Lot Grave	Row Se	ection		Block	-
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT	67007	179	10
And No.		80% Sales	100	-714	00
Acct: No	ALL PLAY OILD THE REAL	Opening/ Closing	100	350	1717
W.O		Burial	100	Bar	20
BALANCE DUE	A CARENCE OF LOSS AND	Handling Fee	100	20.	
		Recording & Misc. Fees	77183	45	-
Pre-Need Lot At Need On Acct	and the second of	Pre-Need Trust	63033		_
Pre-need Trust Cash Check		Sales Tax	60101 78390	127	-
AC-212 (Rev. 10 87)	ISSUED BY	TOTAL PAID	5	117	22

City of San Diego

Date JULY 19, 1991

You are hereby authorized and instruc	and the second	and the second		r the remains
of James Hackne	y P.	A. # 11	15405	
in a Liner	Funeral, date, ti	me MON	6 7/22	11:30 AM
Church, Chapel, Graveside DELI	VERY ONLY ;	Heckle	y- Mitche	Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular wo	rk day or an	extra charge v	vill be applied
and billade undersigned. War-time v	eteran No			
100 - 812	v Section	_/	Division/Bloc	*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				
1 tor		Total Due .		297.00
Aller istro	Paid receipt number	r		
Kinte White blic inistrator			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.

F

9580

Signature of recorded holder of deed

Signature	
Address	
Stars	Zip Code
Telepivone	_
Invoice # 162575	
Acct. # 000952-	

Work Order # \_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS F.9580

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

	ENT-FIRST (GIVEN)	18. MIDDLE	DEAN	IC. LAST	HACKNEY		OF BIRTH	3. DATE C	AY YEAR	4. SEX
SAL CITY OF DEATH	60		5B. COUNTY OF	SAN DIEGO	IFORMA, ENTER STATE		ANHACKNEY	, MOTHER		CODE
MERMLEY MITCH SAN DIEGO, CA	PELESAGR TURKY	13895 PFIFT	FTAVERUE, SON /	CTING AS SUCH 78.	CALIFORNIA LICENSE NUMBER	SAN DIEG				
ACKNOWLEDGMENT OF APPLICANT	of the dispositions with	orized by Section H	proposed disposition of 2374 of the Health used the Health and Safety C	Sofety Code, and	SIGNATURE OF APPLICANCE	Fineral Director	or Person Act	ting as Such		E SIGNED
PERMIT	THUS PERMIT IS ISSU SIONS OF THE CALF AND IS THE AUTHORI' IN THIS PERMIT NOTE: THS PERMIT GIVES N	ORNIA HEALTH A	ND SAFETY CODE	BA. AMOUNT OF FE	The second s	These trees were the	TURE OF LO	Section Section		
TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION	P.O. BOX 852	D IN CALIFORNIA	and the second	The second s	ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR I			RNIA	121	
W.	TION(S) AUTHORIZED	OHECK ALL API	PLICABLE ITEMS	D. SCIENTIFIC US	E	ter all	SHIP IN TO O		F CALIFORI	NIA
B. CREMATION			E	T E. TEMPORARY E	NVAULTMENT			ONED'S I	SE ONLY	
C. DISPOSITION THAN IN A CI	OF CREMATED REM EMETERY	AINS OTHER	Ē	F. DISINTERMENT		0	ISPOSITION	1000 C	JOE ONE!	
	EMETERY	DERESS OF CE	CHARKET STR	F. DISINTERMENT	118. DATE INTERRED		ISPOSITION	PENDING		
	INT HOPE CEN	ETERY, 375		F. DISINTERMENT	118. DATE INTERRED		IRE OF PER	PENDING		TERMENT
	METERY	DORESS OF CE		F. DISINTERMENT	118. DATE INTERRED			PENDING	NRGE OF INT	
CREMATION	IZA NAME AND A	DDRESS OF CRI CA	EMATORY 5 	EET.	118. DATE INTERRED 7-22-9/ 128. DATE CREMATED		JRE OF PER JRE OF PER JRE OF PER	PENDING SON IN CHAS	NRGE OF INT	CILITY

COPY 2 IS RETAINED BY 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

Date 7-

You are hereby authorized and ins	structed, subject to your rule	s and regulations, to	inter the remains
of BARBARA	BAKER		
ina T.S. Vault		Tues, 7	
Church, Chapel, Graveside	apel + Gilple	Razdale	Mortuary.
All Funeral cars must arrive befor and billed to undersigned. War ti	No 4		AT 11.00 AM
Lot 178 Grave	Row Section	Division/	10
Grave space & Care Fund			795.00
Additional spaces and care fund			
Opening/Closing & Setup			350.00
Burial Container			200.10
Handling Fees			A COLOR OF A CARD
Flower vases - Marker setting fee			
Recording and filing fee			45.10
Sales taxes	*****		
Dayte	T Paid receipt number	otal Due	1.581.50 400.00
U.		Bajance	19 81.50
	the second se		

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

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

F

9581

Signature of recorded holder of deed

N SanDia

Invoice # 14 Acct. #\_06

Work Order #

W.O. # E- 9581

NOTE

\$1181.50 7-22 San Diego, California 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 aleve Hundred Eigty One Mrs DOLLARS ugust 23 with interest from on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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. SHINAMET SIGNATURE AN DISEM ADDRESS CALIFORNIA DRIVER LICENSE NUMBER 0150 6742 SSN #\_4 18-44-466 PY-1012 (11-89)



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

BARBARA	NT-FIRST (GIVEN)	18. MIDDLE	Е	- Carelo	LAST (FAMILY)		2 DATE OF BIRTH	A DATE OF DEAT	
National	City		58. COUNTY OF I		E CALIFORNIA, ENTER STATE	Mi	ME, RELATIONSHIP, MA		
Cerson-Rage	dale Mortu	ary; San	Diego, CA	HING SUCH	7B. CALIFORNIA LICENSE NUME	16-15 T	n Diego, Cl	A 92113	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispetitions out was controlized puriods	onzed by Section 103	76 of the Health and I	Safety Code, and	BA SIGNATURE OF APPLICANT	Funoral	Director or Person Act	1 71	19/9/
PERMIT	THIS PERMIT IS ISSU SIDNIS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT NOTE: THIS PERMIT GALS IN	ORNIA HEALTH AN	D BAFETY CODE	9A. AMOUNT ( \$7.00	JUL 2 2 19	and the	Donall &	CAL REGISTRAR ISS	Children of State of State
REQUIRES & NEW TTO SHOW FINAL DISPOSITION.	D. ADDRESS OF RE	de AUPPNO.			SE ADDRESS OF REGISTRAR			RHIA	
A BURIAL ONCLU		CHECK ALL APPL	ICABLE ITEMS	D. SCIENTIFI	C USE		G. SHIP IN TO C	CALIFORNIA OUTSIDE OF GALIF	ORNIA
							and the second se		
B. CREMATION C. DISPOSITION O THAN IN A CE	OF CREMATED REM.	ains other		] E. TEMPORA ] F. DISINTERN	RY ENVAULTMENT WENT			PENDING	ILY
C. DISPOSITION			5751 Mar San Dieg	F. DISINTERN	VENT	ED, 11C.	The state of the s	PENDING	(231)
	EMETERY	Caesa Ca Lay	San Dieg	F. DISINTERN	VENT	1:00			INTERMENT
	METERY	DRESS OF CHEN	San Dieg	Ket St.	118 DATE INTERN 7-23-9		BIGNATURE OF PER	PENDING SON IN CHARGE OF	
	TAL NAME AND AL	DRESS OF CREM	San Dieg	Ket St.	118. DATE INTERN 7-23-9 128. DATE CREMAT	ED 13C		PENDING SON IN CHARGE OF ON IN CHARGE OF	

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

€9581

CAL	CEIPT ITETO CUSTOMER WARY CEMETERY K	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E9581	N!	41023
From	Payment of	Address:	D	Pollars (\$	)
Lot	Grave	Row	Section	Divisio Block	200
Acct. No W.O BALANCE DUE	581 At Need □ On Acct □ Cash □ Check □	NOT VALID FOR PURPOSE STATED UNLESS STAMPE "PAID" IN THIS SPACE.	D CREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 300 77184 100 77182 100 77185 100 77183 630033 9022 60101	

- 7 -

City of San Diego

Date \_7-19-9/

You are hereby authorized and instructed, of DENNIS O. JAY		es and regulat	ions, to in	ter the remains
	Funeral, date, tin	AYD	9-1	4-91
Church Chapel Graveside DECIVE	RY	MERKLEY	Moth	ZL Mortuary
All Funeral cars must arrive before 3:30 p.	m. of regular wor	day or an ext	change ra charge	will be applied
and billed to undersigned. War time vetera				
Lot 349 Grave Row		4 -		. 8
Lot Grave Row	Section _	Div	vision/BH	
Grave space & Care Fund				215.00
	• • • • • • • • • • • • • • • • • • • •			
Opening/Closing & Setup 1			• • • • • • • •	105,00
Burial Container JUL 1 9 1991				
nonunny rees	Mal	wep Q-		TAE OF
Flower varent MOPBECEMETERX . Record CITY of SAN DIEGO. CALLE	<i>111AK</i>	nek del.		125,00
		••••••	•••••	45.00
Sales taxes		Total Due		490.00
Pai	d receipt number			490.00
			lance due	-0-
Broth	(es			
and this is your authority to make dispositi	ion of remains as	above indicate	d. Lcertif	amed decedent y and represent
that I have the right to make this authorizat any liability on account of said authorization	tion and I agree to on and interment.	hold M. Hope	Cemetery	harroless from
	X	Serence	J.	T
I hereby authorize the interment in lot I hold under deed.	LAW	RENCE	S.	JAY
Signature of recorded holder of deed	258	CALLE	NAU	ARRO
	CAMA	RILLO	CA4	93020
T	(80	5) 987	-99	40
- 0500	Invoice	#		
Work Order # E 9582	Acct. #			
PY-503 (HEV 8-86)			114.5	

DENNIS	NT-FIRST GRIVENO	18. MIDDLE	OLIVER		IC. LAST (FAN	YAL		2 DATE OF BIRTH	S. DATE C.		A SEX
CITY OF DEATH			SB. COUNTY	WEST GE		KA, ENTER STATE	C.N	ME RELATIONSHIP, M	BROTHER		CODE
IEVB, SAV DI	ESO, CA 9210/	HOME AL DOR	8-SUNSET-	CLIFFS AS 8	UCH 7B. CALL	FORMA LICENSE NUMBE		8 CALLE NAVARR MARILLO, CA 9	3010		
CKNOWLEDGMENT OF APPLICANT	I hamby acknowledge of the dispositions with was nothinged particular	meed by Section 10	376 of the Hoolth i	and Sofery Code,		ATURE OF ANDLUCANT-	Futeral	Director or Person Act	ting as Such		E SIGNE 9, 19
PERMIT	THE PERMIT IS ISSU SIONS OF THE CALIFI AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GNES NO	Y FOR THE DISPO	ID SAFETY COD SITION SPECIFIE	50 <b>\$7</b>	NT OF FEE PA	AUG 29 19	SUED'S	tonall	CAL BEGIST	al, M.	S. PERMI
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF RE		STRICT OF DE	ATH-	1 16 28	BOX 85222, SA	IN AND	THER DISTRICT IN CALIFOR			
L'agreen and	TION(S) AUTHORIZED	CHECK ALL APP	LICABLE ITEMS	T D. SCIEN				G SHIP IN TO C		F CALIFOR	NIA.
LUC DALINE MINE	NEED CHILDRENNERITY			L D' D'OILD							
	OF CREMATED REM/	INS OTHER			ORARY ENVAL	LTMENT				ISE ONLY	
and the second second		ETERY, STS	I'MAKET S	F. DISIN	ORARY ENVAL		DI 110		PENDING		
C. DISPOSITION THAN IN A C	11 MT HOPE CE	ettery, 375 Ca	MATORY	F. DISIN	ORARY ENVAL					AGE OF IN	TERMEN
C. DISPOSITION THAN IN A C	METERY SAN DIEGO,	ETISKY, <sup>F</sup> 373 CA DRESS OF CRE	MATORY	STREET,	ORARY ENVAL	118. DATE INTERRE	120			AGE OF IN	TERMEN"
C. DISPOSITION THAN IN A C	11 MILADE OCO SAN DIEGO, 12A. NAME AND AD 3449- 13A. NAME AND AD	CA DRESS OF CRE DRESS OF FAC	MATORY	E DISINT		118. DATE INTERRE	D 120		PENDING SON IN CHA	RGE OF IN	EMATION

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

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	N9	E 7582 41017 1991/
	From: LAWPENCES, JAY FOUR hundred ninety	Address: 258 CALLE NA	Dollars (\$ 4	0, CH 92010
	In FULL Payment of CRAIL	IESPHOE Y INTERMEN,	T FEES FOR	
	Lot Grave	Row Se	ection Blo	vision
1.	Invoice No Acct. No W.O95_82	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 57007 20% Sales Care 77184 60% Sales Care 77184 0 of Lots 77184 Opening/ 100 Closing 77181 Burnat 100 Containers 77182	<u>43</u> - 172 - 105 -
	Pre-Need Lot  At Need  On Acct Pre-need Trust Cash Check		Handling Fee         100           Handling Fee         17135           Recording & 100         100           Misc Fees         17183           Pre-Need         63033           Trust         9022           Sales Tax         60101	045-
	AC-212 (Rev. 10-87) 2326	ISSUED BY Defiteaglie	TOTAL PAID \$	490 -

	*		
	MT. HOPE CEMETERY	-	
IN	TERMENT ORD	ER	
	City of San Diego		
		Date9	91
		PA	
You are hereby authorized and instru	Charbers	and regulations, to inte # 1/1549	9
ina, For Vault	Funeral, date, time	Fi 7/26. 2:	co p.m.
Church, Chapel, Graveside DE			Mortuary.
All Funeral cars must arrive before 3		lay or an extra charge v	will be applied
and billed to undersigned. War time	veteran AQ		
Lot 115 Grave 3 Ro	w Section	2 Division/200	m 11_
Grave space & Care Fund		12600 -	5950
Additional spaces and care fund		all and the second second	(Free La)
Opening/Closing & Setup		17/ 10	350.00
Burial Container		FAND	200.00
Handling Fees		t	75.00
Flower vases - Marker setting fee .			
Recording and filing fee	. Ale		45.00
Sales taxes note	P	many w	16.50
Jen any	Tot	tal Due	81.50
Phone	Paid receipt number		
All M		Balance due	

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

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

9583

Signature of recorded holder of deed

Stan Diego Ca 3495-2971 Telephone Invoice # 162753 Acct. # 000952

eline and

Work Order # \_

## MT. HOPE CEMETERY

W.O. # E-9583

NOTE

San Diego, California <u>7-19</u> 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 <u>Actace Eight - bre</u> <u>9/10</u> DOLLARS with interest from <u>8-23-9/</u> 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 understand 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.

ADDRESS 8460 Moeline ave	
ADDRESS 8460 Moeline ave	
CALIFORNIA DRIVER LICENSE NUMBER 370 24163 N.M. SSN # 585-81-6462	-

		ICATION AND PERMIT		The design of the second second		E9583
TA NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAN		2. DATE OF BIRTH	S. DATE OF DEATH 4. SEX
SA. CITY OF DEATH		58. COUNTY OF DEA San Die	TH-OUTSIDE CALIFOR	NA, ENTER STATE	White My! Gree	
TA. TYPED NAME AND AD	dale Mort.	; San Diego, CA	NG AS SUCH 78. CALL	FORNIA LICENSE NUMBER	8460 Noeline San Diego, CM	State of the second sec
ACKNOWLEDGMENT OF APPLICANT	of the dispositions with	is applicant that the proposed disposition stated evident by Section 10376 of the Health and Salu # to Section 7100 of the Health and Saluty Code.		etter of applicant - F	igersi Director or Person Activ	ng as Such 88. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GNIS N	OFINIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED 0 RIGHT OF INSPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	JUL 2 4 199	ED' AC. SIGNATURE OF LOO	CAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERAIT TO SHOW FINAL DISPOSITION.		San Diego, CA			ANOTHER DISTRICT IN CALIFOR	NIA
A BURIAL UNCLU	IDES ENTOMEMENT)		). Scientific USE 2. Temporary Enval 3. Disinterment	LTMENT	LUCK COLUMN	OUTSIDE OF CALIFORNIA
INTERMENT	WILL NAME AND AL	San Diego,		118. DATE INTERRED	· Wender a	SON IN CHARGE OF INTERMENT
CREMATION	124. NAME AND AL	Pressed loss	3-2-11 6/2111-ev	128. DATE CREMATED	120. SIGNATURE OF BERS	ON IN CHARGE F CREMATION
BYONAL SCIENTIFIC USE	13A. NAME AND AD	DORESS OF FACILITY RECEIVING REN	tains	138. DATE RECEIVED	13C SIGNATURE OF PERS	ION IN CHARGE OF PACILITY
* TRANSIT	14A. NAME AND AU REMAINS OR	DORESS IN RECEIVING STATE OR COU CREMATED REMAINS ARE TO BE SHI	UNTRY WHERE PPED	148 DATE SHIPPED	14C. ADDRESS AND SIGN	ATURE OF PERSON IN CHARGE
SCATTERING AT BEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR OT O IDENTIFY FINAL PLACE AND DISTR		15B DATE OF DISPOSITION	ISC. SIGNATURE OF PERS CHARGE OF DISPOSE	

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

MT. HOPE CEMETERY

**City of San Diego** 

Date 7/22/91

You are hereby authorized and insti of MARGRET			stions, to inte	r the remains
ina LINER.	Funeral, date,		Thur	1:00 P.M.
Church, Chapel, Graveside				Mortuary.
All Funeral cars must arrive before	and the second s	vork day or an a	ktra charge v	vill be applied
and billed to undersigned. War tim	e veteran NO .			
Lot 97 Grave 2 R	low Sectio	n	ivision/Blog	12
Grave space & Care Fund				59500
Additional spaces and care fund .				
Opening/Closing & Setup		) for		35000
Burial Container		A		15000
Handling Fees	VS/A.		<b>.</b>	14500
Flower vases - Marker setting fee	11/	) 100		
Recording and filing fee		5		-4500
Sales taxes				1238
		Total Due		129738
	Paid receipt numb		21	2000
			Balance due	10977

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.

9584 V

Signature of recorded hulder of dead

Josuphue E. Lena 147 E. Chospiet St. Mula Vista, Ca 91911 Stare 1091-0738 Tanana

Invoice # Acct. #

Work Order #

# MT. HOPE CEMETERY

W.O. # E 9584

NOTE

\$ 1097 20		San Diego, California	7-22 - 1991
Thirty days after date for v	alue received, the under	signed maker promises to pay S	San Diego City Treasurer, or order at
3751 Market Street, San D	liego, CA 92101, the sun	n of ANEThousan D NINETY S	ENN AND The DOLLARS
with interest from	SEPT 3	1991	on the unpaid principal
at the units of 40 seconds a	an amount maturable and		

at the rate of 12 percent per annum, payable on demand.

10

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.

Suffine E PRINT NAME ADDRESS CALIFORNIA DRIVER LICENSE NUMBER

MARGARET	NT-FIRST (GIVEN)	18. MIDDLE	5 18	1.00	LAST (FAMI	. 17		DATE OF BIRTH	3. DATE C		4. SEX
Chula Vie	ita		58. COUNTY OF	and the state	IDE GALIFORNI	A. ENTER STATE	6. NAI	NE RELATIONSHIP, M	ARING ADDRE	ESS AND ZIP	
855 Broad		Nortwary	TOR OR PERSON A	there will be a set of the set of	H ZR CALIE	ORNIA LICENSE NUMBER	147		pect St	reet	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions with was authorized porcean	unized by Section 103	76 of the Health and	Sufery Code, an		WHE OF APPLICANT	A	ingthe or Person Act	ling as Such	19-2-	SIGNE 3-9
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH AN	D SAFETY CODE	manager (construction)	T OF FEE AID	JUL 2 4 1	991	Banade de La		rar issuinc	Surger
IT CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION		GISTRAR OF DIS	.0. Box 8			ESS OF REGISTRAR OF			яна	Re.	
A CONTRACTOR	tion(s) authorized udes entomoment)	CHECK ALL APPL	icable items	] D. SCIENTI	IFIC USE			G. SHIP IN TO (		F CALIFORM	IA
B. CREMATION			E	E TEMPO	RARY ENVAUL	TMENT	1	FOR COR	IONER'S L	ISE ONLY	
C. DISPOSITION	OF CREMATED REM	AINS OTHER	E	F. DISINTE	RMENT				PENDING		
	ITA. NAME AND AL				RMENT	118. DATE INTERNED 7-25-91	110.			AGE OF INT	ERMEN
THAN IN A C	ITA. NAME AND AL	DRESS OF CEM Constery ket St	San Dieg		RMENT		1		ISON IN CHA	all	/
INTERMENT	IIA. NAME AND AU Mt. Hope 3751 Mar	DORESS OF CEMA Comptery ket St DORESS OF CREM N SEA - 2 - 1 -	San Dieg	o, Ch	RMENT	7-25-41	120.	SIGNATURE OF PER	SON IN CHA	OF CRE	MATION
THAN IN A C	ITA. NAME AND AL Mt. Hope 3751 Mari 12A. NAME AND AL NO. 3/Agg 13A. NAME AND AL N/A	DDRESS OF CEM Constery ket St DDRESS OF CREM N SEA - 2 - 1 - DDRESS OF FACE	San Dieg MATORY /ER - 12 ITY RECEIVING R	O, CA REMAINS		7-25-91 128. DATE CREMATED	120.	SIGNATURE OF PER	SON IN CHA	RGE OF FA	MATION

HARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151		E 9584 Nº 41021
From	Address:	Date:	19,19 19
In Payment of Land	Jan Top MANGRET	T EATRA	illars (\$ <u>200</u> )
in rapinent of			Division
Lot 97 Grave 9	Row :	Section	Block
Invoice No	NOT VALIO FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales Care 90% Sales of Lots Opening/ Closing Bunal Containers Handling Fac Recording A Misc, Face	67007 77184 103 77184 000 77181 100 77182 100 77185 100 77185
Pre-Need Lot  At Need  On Acct Pre-need Trust Cash Check	4/1	Pre-Need Trust Sales Tax	60033 9022 00101 78390
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	1 200

and the second second		
and the second se		
The second s		
and the second second		

100 072 77184 000072 145.00 100 072 77185 000072 12-38 60101 78390 119.00		2507 07/25/91 067166 -9584	JOSEPHINE 100 100 100 100 100 60101 67007	PENA 072 072 072 072 072 072 072	77181 77182 77183 77184 77185 78390 77184	08/02/91 CK 1318 000072 000072 000072 000072 000072	1,097.38 350.00 150.00 45.00 276.00 145.00 12.38 119.00	1,097.38	PAID IN	FULL
---	--	-------------------------------	--	---	---	--	--	----------	---------	------

E-9585

Not in proper place on 2/10/1995. Attached are receipts and ledger card. Jane Rauch

1-800-438-8723 NAME Edwards, Thelma ADDRESS 1107 W. 1584 St. # 1C, RATING dena, CA. 90247 DATE DEBIT 1 CREDIT BALANCE 22-91 Credit Lot Opened Lot 2367, DIV. 10 7950 795.00 Compon #2\$1 receipt # 41235 9-10-91 5890 73 Caugan # 3-4 Naceiph # 41508 11-13-91 5-8-91 Caupor 9 10, recept # 42203 7-10-92 Conson 11 \$ 12 recept # 42509 4-16-92 11-13-9 (due), ne#42990 -13-5-Coups 3+4 (dup), Nec 443336 3-11-93 CCI 00 43480 Cauper 5+ 6 nec 5-12-93 43700 Coupon 7+8 rec 00 7-12-53 Calipons 9 €10, rec # 43911 W 9-12-93 Pd Infuel Cooph 11+12 AVERY FORM NO. 25-204 Edwards, Helma PRINTED IN USA AVERY Credit Lot



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

DEFI

OWNERSHIP AND INTERMENT PRIVILEGES

TOThelma Edward	S	for the sum of \$795.00	(DOLLARS)
LEGAL DESCRIPTION	Lot 2367, Division 10		
AS DESCRIBED ON PURC	HASE ORDER NUMBERE-95	85	

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

PY-584 (Rev. 12-92

Cemetery Manager

Director

11926

503	A	CI	TY OF SAN DIEG MOUNT HOPE			1	1933
			AF	EI			
		OWNERSH	IP AND INTE	RMENT PRIVI	LEGES		
то	Thelma Edward	s ·	a page to a set	for the sum of \$	695.00		(DOLLARS)
	ESCRIPTIONL			85			

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.

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regulation marker = 12" x 24" flat marker

PY-584 (Rev. 12-92)

THE CITY OF



**Property Department** 527-3400

MT. HOPE CEMETERY . 3751 MARKET STREET . SAN DIEGO, CALIFORNIA 92102 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, Administraive Aide II

enclosure



OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400		44124
From Ada Eduar	6 Address: 1109 10:15,	Date: Al	10, Ga dero, CA
In Payment of	Tursed Tor	213 D	ollars (\$)
Lot _2367 Grave	RowS	ection	Division /0
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Gare 60% Sales of Lots	67007 87 00 77184 87 00 77184
W.O. 2 9585 BALANCE DUE		Opening/ Closing Burial Containers Handling Fee	100 177182 100 177182 100 177182

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400		43	8911
From Autra Edata 	Address: 1107 10 15 The file President Not	Date:	7-12 11 ( 36 ollars (\$ 5	 
Lot_2367 Grave	Row So	ection	Divi	sion /o
Invoice No Acct. No W.O. <u><i>L</i>-9585</u> BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185	5800
Pre-Need Lot At Need On Acct	ISSUED BY	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022	5800

Fisty eight and x/1	4 ST. HIC	43700 -12 1993 Gardan, CA \$58
In_percet Payment of <u>Preven</u> Lot 2367 Grave Invoice No Acct. No W.O. <u>E 95 85</u> BALANCE DUE <u>273</u> Pre-Need Lot III At Need II On Acct II Pre-need Trust II Cash II Check III Ac-212 (Nev. 1-91) 4673	Ction CREDIT 67007 20% Sales Care 77184 80% Sales 77194 Opening/ 100 Closeng 77182 Burial 100 Containers 77182 Burial 100 Containers 77182 Handling File 17185 Recording & 100 Misc 77183 Pre-Need 65033 Trust 9922 Sales Tax 60101 TOTAL PAID \$	Division 10 Black 10

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 42223 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK ALIDITOR 527-3400 Date: From 710/100 Oollars (5 \_ In Payment of Division 2367 Grave Lot Row\_ Section\_ Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 20% Sales Care 67007 Invoice No. \_\_\_\_ 77384 60% Sales 100 77184 Acct No. ofLots Opening/ Closing 100 77181 WOR Bureat 100 Containers 77182 100 BALANCE DUE Handling Fee 77185 Recording & 100 Misc. Fres 77183 Pre-Need Lot At Need On Acct Pre-Nend 63033 9022 Truet Pre-need Trust Cash Check D 60101 Sales Tax 78390 ISSUED BY TOTAL PAID AC-212 (Flov. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	0	Ng	4123
From THEIMA Edward	S Address: 107 W, 158 1.	Date De	pT 70	. 19 7 0 CA 70 8 0 2
In Payment of	EDIT LOT			121
Lot _2367 Grave_	RowS	ection	Div Blo	rision 10
Lot Grave Invoice No Acct. No W.O. <u>E - 9585</u> BALANCE DUE	Row Some Stated UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriar Containers		

OFFICIAL RECEIPT NO 42990 **CITY OF SAN DIEGO, CALIFORNIA** WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Date: Address From Dollars (\$ he - L Payment of In Division Lot. 2367 Grave Block Row. Section\_ NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE CRÉDIT 87007 Invoice No. 20% Salus Care 77184 A0% Sales 100 of Lots 77184 Acct. No. mpening/ 100 Clasing 77161 wo t **Burial** 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Minc. Fees 77183 Pre-Need 63033 Pre-Need Lot D At Need On Acct 9022 Trust Pre-need Trust Cash Check -Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400			4348	0
From thelma Educar Infty-cight Inpart Payment of	de Address 1107 W 13 x H		<u>3-//</u> ollars (\$ .	ca 7 58.0	<u>, 19, 73</u> <u>o 247</u> 0)
Lot 2367 Grave	RowSe	ection		Division	10
Invoice No Acct. No W.O. <u>E - 95 8 5</u> BALANCE DUE <u>F 33400</u>	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care a0% Sales of Lota Opening/ Closing Burial Containers Handling Fee Recording & Misc. Free	67007 77784 100 77184 100 77181 100 77181 100 77185 100 77185	53	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY A. Pequeen	Pre-Need Trust Sales Tax TOTAL PAID	83033 9022 60101 78390	58	00

the second se

OFFICIAL RECEIPT Nº 41508 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY TO CUSTOMER MOUNT HOPE CEMETERY PINK, AUDITOR 527-3400 11-13,1991 Date: Address: 110 Sardbarts Pl From Dollars (\$ 58.00 See the 11 Payment of Chadit T Division 367 Lot\_ Grave \_\_\_\_ Bow. Section Oter NOTVALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No. 67007 "PAID" IN THIS SPACE 204 Sales Carn 5002 80% Sales 100 Acct. No. of Lora 77184 Opening/ Closing 100 wo E-77181 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need Lot At Need On Acct Pro-Need 63033 Trust 9022 Pre-need Trust Cash R Check Sales Tax 60101 78300 ISSUED BY TOTAL PAID AC-DID (Phily T-D

OFFICIAL RECEIPT WHITE TO CUSTOMER CAMPTON MARKEN CAMPTON MARKEN CAMPTON CAMPON CAMPTON CAMPO	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 S27	Date: 58-457. 0 m 1/4	Nº 42509 7-10- 92 No. 1C Mo. 1C Mo. 1C Marses 58,00 12
Lot_2367 Grave	Row S	ection	Division 10
Invoice No. Acct. No. W.O. BALANCE DUE Pre-Need Lot Pre-Need Lot At Need On Acct Pre-need Trust Cash AC-212 (Rev. 1-P1) Acct. No. Acct. Acct. No. Acct. Acct. A	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID'IN THIS SPACE	CREDIT 20% Sules Care 80% Sales of Lots Opening/ Closing Burlat Containers Handling Fae Recording & Misc Frees Pre-Need Trust Sales Tas TOTAL PAID	67007       77184       100       77184       100       77184       100       77182       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77185       100       77184       100       77185       100       77184       100       77185       100       77184       100       77185       101       102       11       12       13

OFFICIAL RECEIPT	Address: 10710.151	Data: 1-1 	Nº 43	19.25
Lot 2367 Grave	BowSe	ection	Division Block	10
Invoice No Acct. No W.O. <u>E - 9585</u>	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT         67007           20% Sales Care         77184           90% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burnal         100           Containers         77182	51	W
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 1-91)	ISSUED BY	Handling Fee 7105 - Recording & 100 Miac. Fees 77183 - Pre-Need 63033 Trust 9022 - Sales Tax 60101 75390 - TOTAL PAID \$	58	1

	FFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Address: 1041 10. 151 715 715 715	Date:	Nº 4	1952 1952 (1952)
Lo	1_2367 Grave	Row Se	ction	Division	10
Ac W. BA	VOIDE NO	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	20% Sales Care 77 80% Sales of Lots 77 Opening/ 77 Burial Containers 77 Mandling Fee 77 Recording & Misc. Fees 77	1007           1184           100	
Pre	e-Need Lot 2 At Need 0 On Acct 0 o-need Trust 0 Cash 0 Check 0 S-212 (Rev. 1-91) 4/5/	ISSUED BY Julict	Trunt S Sales Tax 60	1033 1022 1101 1390 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at 1

Sand or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK E-9585 ACCOUNT No. Credit Lot Thelma Edwards 1107 W. 158th St., Unit #1-C Gardenia, Ca. 90247 Month and Day Due Indicated Below MAR APR MAY RIN JUL AUG SEP OCT NOV IAN FFR DEC 10 Amount due when paid on, or before due date above 29.00 Amount due if paid more than days after due date above. Amount Received \$ 2900 NAME ADDRESS CITY STATE 7IP check ( / ) if this is new address

# Bend or bring one occuput 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

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

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

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

Amount Received \$ 2900

29.00

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STATE ZIP check (y') if this is new address

# Send or bring one coupen with each remittance COUPON 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 dn. or before 00 2900 due date above. Amount due if paid more than days after due date above. Amount Received \$ 2900 NAME ADDRESS STATE CITY 7P check (v) if this is new address



Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK Fre-Need Lor ACCOUNT No. Thelma Edwards 1107 W. 158th Street, #1-C Gardens, Cs. 90247 (2367 - 10) DUPLICATE BOOK Month and Day Due Indicated Below MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR LO 2900 Amount due when paid on; or before. due date above Amount due if paid more than days after due date above. Amount Received \$ 2900 NAME ADDRESS STATE CITY 7iP Check ( / ) if this is new address



Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT NO. ALCONOGIA AND Theims Edwards 1107 W. 158th Street, #1-C Gardena, Ca. 90247 (2367 - 10) DUPLICATE BOOK

Month and Day Due Indicated Below IUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN 10

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Amount Received \$ 29.00

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Send or bring one coupog with each empittance COUPON 11 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. Free-moned Lot The lime Edwards 1107 W. 158th Street, \$1-C Gardena, Ca. 90247 (2367 - 10) DUPLICATE BOOK

Month and Day Due Indicated Below

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

8700 Amount due if paid more than\_\_\_\_\_ days after due date above. FINAL PAYMENT

Amount Received S\_87,00

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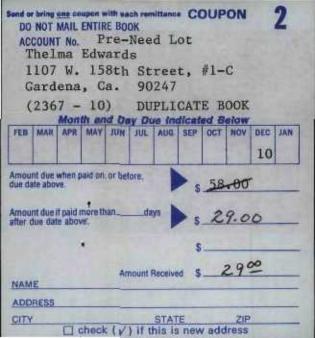
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#### Send or bring one coupon with such remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-Need Lot Thelma Edwards 1107 W. 158th Street, #1-C Gardena, Ca. 90247 (2367 - 10) DUPLICATE BOOK Month and Day Due Indicated Below JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 10 -00 2900 Amount due when paid on; or before. due date above Amount due if paid more than. davs after due date above. Amount Received \$ 2900 NAME ADDRESS CITY STATE ZIP check (v) if this is new address



Bend or bring one coupon with each remiltance COUPON 4
ACCOUNT No. Credit Lot E-9585 Thelma Edwards
7107 W. 158th Stheet, Unit #1-C
Sardenia, Ca. 90247
Month and Day Due Indicated Below
APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR
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Bend ar bring one coupon with each remittance COUPON 3 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. Credit Lot E-9585 Theima Edwards 1107 W. 158th St., Unit #1-C Gardenia, Ca. 90247
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DO NOT MAIL ENTIRE BOOK ACCOUNT No. Creait Lot E-9585 Thetma 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
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DO NOT MAIL ENTIRE BOOK ACCOUNT No. Creait Lot E-9585 Theima Eduards 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 \$29.00 Amount due if paid more thandays after due date above. \$ Amount Received \$_29.00
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land or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT ND. CREDET LOT 6-9585 Theema Eduands 1107 W. 158th St., Unit #1-C Gandenia, Ca. 90247

#### 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

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

STATE

check (v) if this is new address

Amount Received \$ 29.00

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\$ 29.00

NAME

ADDRESS

CITY



Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK E-91 Credit Lot ACCOUNT No. FREEME ECHORADA 1107 W. 158th St., HRit #1-C Gandenia, Ca. 90247 Month and Day Due Indicated Below NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT Amount due when paid on, or before, 29.00 due date above days Amount due if paid more than..... after due date above. THELMA G. EDWARDS NAME ADDRESS STATE CITY check (v) if this is new address

#### Send or bring any coupon with each remittance COUPON 12 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. Chedic Lot E-9585 Theirne Edinards 1107 W. 158th Street, Unit 41-C Bardenia, Ca. 90247

#### Month and Day Due Indicated Below

-	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
			<i>a</i>		1			1	10	-	-	-

. 29.00

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

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

Amount Received \$\_29.00 THELMA G. EDGEARDS NAME ADDRESS CITY STATE 7IP check (y) if this is new address

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-92-91

	ER APPIETON	
	/ ON/Y CARROLLS	
All Funeral cars must arrive before and billed to undersigned. War tim	3:30 p.m. of regular work day or an extra cha	rge will be applied

Grave space & Care Fund		12600
Additional spaces and care fund		12100
Burial Container		5000
Carrier and a second second second	*****	
The service service with the service service and the service s	Yotal Due	29700
Seles taxes	Paid receipt number	

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

hereby authorize the interment in lot I hold under deed.	Signature
Signature of recorded histor of dead	Address
	State Zip Code
	Telephone
F 9586	Invoice #_ 162574
Work Order # _	Acet. # 000952
PY-593 (REV. 8-86)	

	•						HITEOUTS OF OTHE			Eq	58%	6
	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE			Appleto			DATE OF BIRTH	3. DATE /	OF DEATH	4. SEX
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1940	17 EB JOH MEAN	LSON Ave	El Cajo	TTOR OR PERS	ON ACTING AS	SUCH 78. GAL	PORNIA LICENSE NUMBER		I-A Ruffin Diego, CA		3	
Pres.	ACKNOWLEDGMENT OF *APPEICANT	I hereby acknowledge of the dispositions and was authorized purwar	orizant by Section 10	376 of the Houlth	and Safety Cod		ATURE OF APPLICANT	Funeral D	Nirector or Person Act	ling as Suci	88, DAT	te skried 5/7/
	PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GNES A	ORNIA HEALTH A Y FOR THE DISPO	ND SAFETY CO ISTTION SPECIFI NUTSIDE OF CALIFOR	NA. \$7	.00	D 98. DATE PERMIT ISS	91	Abrall &	Ramaa	LM.D	C.PERMIT
T	IY OVANGE IN DISPOSI- ION REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	P O Box 55 San Diego,	222 ZAUFORNIA		EATH		RESS OF REGISTRAR OF SPOSITION IS TO OCCUR II			APARA		
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WRITE HEMP	B CREMATION	OF CREMATED REM DMETERY	CA 921	02	E TEN E F. DISI	AFORARY ENVAL INTERMENT		· la		PENDING		Y ITERMENT
ALL APPELICABLE HEMS	B CREMATION C DISPOSITION THAN IN A CE	OF CREMATED REM DETERY 11A NAME AND AN Mt. Hope C San Diego, 12A NAME AND AN	CA 921	02 MATORY 13 box	E TEN E F. DISI Market 25-87	AFORARY ENVAL INTERMENT	118. DATE INTERRED	120.1			ARGE OF IN	
COMPLETE ALL APPELIABLE HEMS	B CREMATION C DISPOSITION THAN IN A CE INTERMENT CREMATION *SCIENTIFIC	OF CREMATED REM METERY 11A NAME AND AN ML. Hope C San Diego, 12A NAME AND AN N/A Canal N/A Canal N/A TJA. NAME AND AN H/A 14A. NAME AND AN	CA 921 DORESS OF CRE DORESS OF CRE	02 MATORY 13 box ality receive	E TEN E F. DISI Market ?5-87 NG REMAINS	AFORARY ENVAL INTERMENT	118. DATE INTERRED 7-26-91 128. DATE CREMATED	12C.		ONER'S I PENDING SON IN CH	ARGE OF IN	TERMENT EMATION ACILITY

1

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the ramains of Willis VONES Funeral, date, time 7/24 WES 11:00 AM. ins T.S. UAUL Church, Chapel, Graveside MADE WERAUESIDE RAGS DALS \_\_\_\_ Mortuary. All Funeral cars must 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 . 1 95 Grave 6 Section \_\_\_\_ Division/Bleek Row Grave space & Care Fund X. BEEP. 1937. U. - 38.99. 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 2 **Balance** due

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

9587

Signature of recorded holder of deed

Much	ll A	Mon	ton
1935	Burst	ughs	St
Sant	Jugo, t	9921	Zip Code
Telaptione	1-115	4	

Date 7-22-91

Invoice #

Acct. #

Work Order # \_

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS	EUS\$7
LISE BLACK MAY ONLY MAKE NO EDASIDES WHITEOUTS OD OTHED ALTEDATIONS	64201

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

WILLIS	NT-FIRST (GIVEN) 18	MIDDLE		IAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH 4. SI
San Diego		San	Diego	CALIFORNIA, ENTER STATE	Maria Jenning	
TYPED NAME AND A	dale Mort.;	San Diego, C		78. CALIFORNIA LICENSE NUMBER	1935 Burrough San Diego, CM	And the second second
ACKNOWLEDGMENT OF APPLICANT	of the dispositions outborized	Plicant that the proposed disposed by Section 10376 of the Health School 7100 of the Health and Se	th and Safety Code_ and	BA. SIGMATURE OF APPLICANT - F	ungal Director or Person Act	ing as such BB DATE SIGN
PERMIT	SIONS OF THE CALIFORN AND IS THE AUTHORITY FO IN THIS PERMIT.	N ACCORDANCE WITH PR A HEALTH AND SAFETY CO IN THE DISPOSITION SPECIE T OF DISPOSAL OUTSIDE OF CALIFO	PIED \$7.0	IF FEE PAID 98. DATE PERMIT IBS	0	CAL REGISTRAR ISSUING PER
IY CHANGE IN DISPOSI- ION REQUIRES A NEW BAILT TO SHOW FINAL DISPOSITION.	DADRESS OF REGIS	CALLEORNIA P.O. Box 8: San Diego,	5222	9E. ADDRESS OF REGISTRAR OF 1F DISPOSITION IS TO OCCUR IN		87664
	TION(S) AUTHORIZED CHI	CK ALL APPLICABLE ITEM	B D. Scientific	CUSE	G. SHIP IN TO C	OUTSIDE OF CALIFORNIA
B. CREMATION			T E TEMPORAR	RY ENVAULTMENT	EOD COD	ONEDIC USE ONLY
	OF CREMATED REMAINS	OTHER	F. DISINTERM			ONER'S USE ONLY
C. DISPOSITION	EMETERY	story; 3751 )	H	IENT		
C. DISPOSITION THAN IN A CE	EMETERY	San I	Market St.	IENT		PENDING
C. DISPOSITION THAN IN A CE	TRA NAME AND ADDRE	San I	Market St. Diego, CA	118. DATE INTERRED 7-24-91 128. DATE CREMATED		PENDING SON IN CHARGE OF INTERME
C. DISPOSITION THAN IN A CE	TRA. NAME AND ADDRE	SS OF CREMETERY 3751 1 San I SS OF CREMATORY	Market St. Diego, CA	118. DATE INTERRED 7-2.4-91 128. DATE CREMATED 138. DATE RECEIVED	IL DISPOSITION	

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date	N		024
	From: MinHEIM LOGEN	Address: 1504 JALKSOD	and the second s	Care los	3 00 Fel	(15
	In Fall Payment of Service	the star willie Jan		ollars (\$ _	786 =	)
					Division	
	Lot Grave	Row Se	ection	-	Block	11-
	Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots	67007 77194 100 77184		_
	wo. E-9587		Opening/ Closing Bunal	77181	950	por
	BALANCE DUE		Containers Handling Fee	77182	1.75	017
)	Pre-Need Lot At Need On Acct		Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 63033 9022 60101	4	20
	Pre-need Trust L Cash L Check L AC-212 (Rev 10-87)	ISSUED BY	TOTAL PAID	78390	796	100

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains WANNE GILDERI of . 4 WED 12:00 MM. Funeral, date, time in a Church, Chapel, Graveside Changel & Genveside, KARS Onle \_ Mortuary. All Funeral cars must arrive 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 9 Division/Ste Row Section 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 No1 **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 integrment.

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

Signature of recorded holder of dead

Work Order # <u>**E**</u> 9588

Date 7-23-91

Invoice # Acct. # 06

W.O. # 5-9588

NOTE

7-23 1991 San Diego, California \_ 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 Light Hundred Minel, Suter and The - DOLLARS 5. 1991 with interest from on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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.

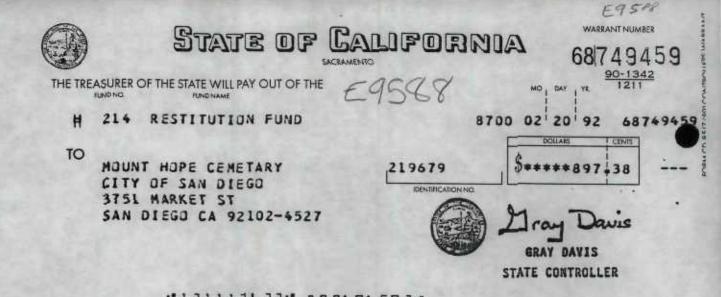
ACC SIGNATURE CALIFORNIA DRIVER LICENSE NUMBER

OFFICIAL RECEIPT	METERY MOUNT HODE CEMETER	RY	NS 41025
			7-23-, 19
From: Prom. Prov. From: Prom.	Address	EIA ST.	
12 120 Harry DESA	and the second	D	ollars (\$)
In Payment of	1 Designer The Develop	G Gilbert	Te
Lot _/	Grave Bow	Section	Division
Invoice No Acct. No W.O. <u>E 9588</u> BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS ST	and the second s	67007 77184 100 77184 100 77181 100 77181 100 77185 100 77185 100 77185 83033
	heck	Trust Sales Tax TOTAL PAID	8022 80101 78390 \$

APPLICATION AND PE	RMIT FOR	DISPOSITION	OF HUMAN	REMAINS	COR 00
USE BLACK INK ONLY-M	MAKE NO ERAS	URES, WHITEOUTS	OR OTHER ALTE	RATIONS	E1008

DWAYNE	NT-FIRST (GIVEN)	18. MIDDLE	XIX	and the second	T (FAMILY)	2. DATE OF BIRTH	a. DATE OF DEATH	4. SEI M
CITY OF DEATH	1. 20		SB. COUNTY OF	and the second second	ALIFORNIA, ENTER STATE	S NAME, BELATIONSHEP, M		CODE
TYPED NAME AND A	DORESS OF APPLICAN	-FUNESDSDE	FRANKA	THURAS SUCH 7	B. CALIFORNIA LICENSE NUMBER	and the second sec	st.	
erson-Ragsd	ale Mortua	ry; San D	dego, CA		F-1329ABLE	San Diego, CA	the second day of the second day is a second day of the second day	_
OF APPLICANT	I hereby acknowledge of the dispositions outly was authorized pursuan	mised by Section 103	76 of the Health and :	Safety Code, and	A SIGNATURE OF APPLICANT	Fineral Director or Person Ac	ting as Such BB DAT	ESIGN
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALLE AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	Y FOR THE DISPOS	D SAFETY CODE	9A. AMOUNT OF F \$7.00	JUL 2 4 199	SUED UC. SIGNATURE OF LC	CAL REGISTRAR ISSUIN	D PER
Y CHANGE IN DISPOSI ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF HE VITAL HOUD	rdsturguo.			E ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR I	DISTRICT OF DISPOSITION-	Alfrik	
TYPE OF DISPOSIT	ION(S) AUTHORIZED	CHECK ALL ADDI	MARKE ITEMS			-	CALIFORNIA	
and an and the state	DES ENTOMBMENT)	COLON ALL AFT		D. SCIENTIFIC U	SE	G. SHIP IN TO (	OUTSIDE OF CALIFOR	AIA
A. BURIAL (INCLU B. CREMATION	DES ENTOMEMENT)			E TEMPORARY	ENVAULTMENT	H TRANSIT TO	OUTSIDE OF CALIFOR	
A. BURIAL (INCLU B. CREMATION	DES ENTOMEMENT)	UNS OTHER		E TEMPORARY F. DISINTERMEN	ENVAULTMENT T	H. TRANSIT TO FOR COR I I. DISPOSITION	NONER'S USE ONLY PENDING	ТЕНМЕЛ
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CR	DES ENTOMBIMENT) DF CREMATED REM. METERY TIA. NAME AND AL	UNS OTHER DRESS OF CEMI	ETERY 3751 Mar San Dieg	E TEMPORARY F. DISINTERMEN	ENVAULTMENT T		NONER'S USE ONLY PENDING	TERIMER
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE	DES ENTOMBIMENT) OF CREMATED REM. METERY TIA, NAME AND AL 12A. NAME AND AL	UNS OTHER DRESS OF CEMI CONSTANTS	AJORY San Dieg MAJORY CHARK	E TEMPORARY F. DISINTERMEN Chilet St. Jo, CA	T 118. DATE INTERREC 7-24-91 128. DATE GREMATED	H. TRANSIT TO FOR COR I I. DISPOSITION	OUTSIDE OF CALIFORN	TERIME
A BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CR INTERIMENT CREMATION SCIENTIFIC	DES ENTOMBIMENT) OF CREMATED REM METERY TIA. NAME AND AL MT. HOPE 12A. NAME AND AL N/A 13A. NAME AND AL N/A	UNS OTHER DRESS OF CEMI DRESS OF CEMI ORESS OF CARD DRESS OF FACI DRESS IN RECE	ETERY 3751 Mar San Dieg MATORY SEALER (-/) LITY RECEIVING F	E TEMPORARY F. DISINTERMEN COULT St. Jo, CA REMAINS	T 118. DATE INTERREC 7-24-91 128. DATE GREMATED		OUTSIDE OF CALIFORN ONER'S USE ONLY PENDING ISON IN CHARGE OF IN SON IN CHARGE OF FA	TERMER SMATIO

• . •	•	•
CITY OF SAN DIEGO, CALIFORNIA. E9588		
ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM		
E 9588 CUBTOMER ACCOUNT NO		
PAYMENT DATA		
PAYMENT P.M. RECEIVED DATE		
PAID BY (CIRCLE ONE)I CA CK NF PAYMENT REFERENCE NUMBER 48 749459		
AMOUNT PAID \$ 897 38		
TREASURER VALIDATION		
CUSTOMER DATA		
CUSTOMER ACCOUNTNAME ACCOUNT NAME STATE OF CALL		
CUSTOMER (PAYOR) ADDRESS		
REMARKS JULA - TUSH 72		
CARHIER INV. NO/162566		



## 

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 \$ 897.33 IS FOR THE FOLLOWING SERVICES PROVIDED BY YOU:

FROM	BILLED	VERIFIED	OWED BY	TOTAL	PAID
DATE	AMOUNT	AMOUNT	CLAIMANT	REIMBURSED	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

City of San Diego

Date\_7/23/91

Balance due

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of <u>FRANCIS</u> <u>MILLER</u> <u>F.</u> <u>PR#1115847</u> in a <u>LINER</u> Funeral, date, time <u>AYD</u> <u>WEB.</u> <u>APPEND</u> Church, Chapel, Graveside <u>DELONIQ</u> : <u>BERG Parts</u> Nortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra pharpe will be applied and billed to undersigned. War time veteran <u>ND</u>.

Lot 135 Grave 87 Row Section ion

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 taxe

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

Paid receipt number

I hereby authorize the interment in lot I hold under deed.		Signature		
Signature of recorded holder of dead		Addrees		
advantage in terroren unself. Di Dallo		State	20p Code	
		Telephone	and the second second	
Work Order # E	9589	Invoice #		
PV.583 (BEV. B.BA)		Acct. #		

avau	OPE CEMETERY
18×16 INTERN	MENT ORDER
17 X 15 City	of San Diego
You are hereby authorized and instructed, sut of <u>SACQUIAN L.BE</u> in aFu Church, Chapel, Graveside <u>DEL.ON</u> All Funeral cars must arrive before 3:30 p.m. and billed to undersigned. War time veteran Lot 79 Grave <u>L8</u> Row	of regular work day or an extra charge will be applied
Grave space & Care Fund	<u> </u>
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
Paid re	eceipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
noie under deed.	Address
Signeture of recorded holder of deed	State Zip Cardia
	Telephone
Work Order # <b>E</b> 9590	Invoice # 162635 Acct. # 000952



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A NAME OF DECEDE	NT-FIRST (GIVEN)	TB. MIDDLE		10.000	AST (FAMILY)			OF BIRTH		OF DEATH	4. SEX
A CITY OF DEATH	ю		San Die		CALIFORNIA,	ENTER STATE	JEHERY	ATIONSHIP, M	nside		
A. TYPED NAME AND A	doress of Applican	Solo Fed		ING AS SUCH	78. CALIFOR	NIA LICENSE NUMBER	the second second	ego, Cl		05	
ACKNOWLEDGMENT	al the dispositions and	as upplicant that the pri	nposed disposition stated at the Health and Sale	herein is too ny Caole, and	BA SIGNATU	the CE APPLICANT -	11	or Person Act	ing as Suc	BB. DAT	TE SIGNE
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE THIS PERMIT NOTE THIS PERMIT GIVES N	ORNIA HEALTH AND Y FOR THE DISPOSI	SAFETY CODE TION SPECIFIED	4. AMOUNT O	Sectors (control of	IUL 2 59999	seo hagistiyaa	nall &	CONTRACTOR OF		A SHARE
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	ADDRESS OF RE	D IN CALIFORNIA	BOX 8522 Diego, C	22		OF REGISTRAR OF TICH & TO OCCUR IN	DISTRICT OF D	ISPOSITION-			
	DON(S) AUTHORIZED	CHECK ALL APPLK		. SCIENTIFIC	USE		1	SHIP IN TO C	And the state	OF CALIFORI	NIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	ains other		E TEMPORAR	RY ENVAULTM ENT	ENT	0.	FOR COR		USE ONLY	'
	Mt. Hope	Cemetery;	3751 Marka San Diego,	100-000-00-0	1	b. date interred 7-26-91	TIC. SIGNAT		SON IN CH	ARGE OF IN	
CREMATION	12A. NAME AND AD	DDRESS OF CREM	atory 79-18	-5-7	7 12	B. DATE CREMATED	12C. SIGNAT	URE of each	SON IN CHU	ARGE OF CRE	EMATION
SCIENTIFIC USE	13A. NAME AND AE	DDRESS OF FACILI	TY RECEIVING REN	AINS	13	B. DATE RECEIVED	TOC. SIGNAT	URE OF PER	SON IN CH	ARGE OF FA	ACILITY
TRANSIT	14A. NAME AND AL REMAINS OR		ING STATE OR CO		RE 14	B. DATE SHIPPED	14C. ADDRE	SS AND SIGN	ATURE OF	PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NE SUFFICIENT TO		SHORELINE, OR OT PLACE AND DISTR			B. DATE OF DISPOSITION		ure of Per E of Dispos		15D. LICENSE OF CREM MAINS D	ALTED RE-

COPY 2 IS RETAINED BY 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

Date 7-24-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains HOLEMAN, MARDELLA SEC 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 94 Grave 10 Row Section Division/Block Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup ...... Burial Container Handling Fees . Flower Mas BUTKOr. Recording and Illing Sales b 1991 Total Due MT. HOPE CEMETERS 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 Invoice # 9591 Work Order # Acct. # PY 603 (REV. 8-85)

OFFICIAL RECEIPT	STOMER PROPERT METERY MOUNT HC	DIEGO, CALIFORNIA Y DEPARTMENT OPE CEMETERY 264-3151		NS 41030
		1	Date:	. 19
From HALLANT ME	AFER Address:	74 Elezable TOR	56, 14 501	2.0
The Fard on 8001	Sichted WE AND ST		Dollars	\$ 122150
Contraction	- July		Dunara (	[4]
In Payment o	1 Fre sto En TRu	TILET		
	and the Read Street of	and the second second		and a state of the
. Lot	Grave	Row Section		Division 2
Invoice No	NOT VALID FOR PURPOS		EDIT 67007	
	"PAID' IN THIS SPACE.	8	20% Sales Care 77184 10% Sales 100	457 1 100
Acct. No	the second second		d Lots 77164 Opening/ 100	Tak
W.O. E-9591			Closing 77181 Burial 100	
the second se			Containers 77182	
BALANCE DUE			fandling Fee 77185	
and the second se			Recording & 100 Misc. Fees 77183	
Pre-Need Lot At Need O	in Acct		Pre-Need 63033 Frust 9022	
	heck		Sales Tax 60101. 78390	10-
	ISSUED BY	4/92 10	TAL PAID	1976 52
AG-212 (Rev. 10-87)	The second second			

City of San Diego

Date 7/2+/91

	cted, subject to your rules and regulations, to inter t	
of GARY TIMME	1 PA # 1115782 mode	729
ina @ Linen	Funeral, date, time That 2:	DO P.M.
	1-ON/4 Huppieu	
sector and the sector of the s	330 p.m. of regular work day or an extra charge wil	
and billed to undersigned. War time		
	wSectionDivision/Block	11
Grave space & Care Fund		12600
Opening/Closing & Setup	=	12100
Burial Container		
Handling Fees		5000
Flower vases - Marker setting fee .		1
Recording and filing fee		
Sales taxes 1.9		-
65 Ko Fri	Total Due	29700
Sales taxes 1.19	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.

G

PY-593 (REV. 8-85)

I hereby authorize the interment in lot I hold under deed.	Signature
Signature of recorded holder of deed	Address
	State Zip Code
1	Telephone
	Invoice # 162636
Work Order # E 9592	Acrt # 000952

	APPLICATION AND PERMIT FOR DISPO USE BLACK INK ONLY-MAKE NO ERASURES.		69597
A. NAME OF DECEDE	The second	AMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
A. CITY OF DEATH Chula Vi:	58. COUNTY OF DEATH-OUTSIDE CALIFO	RNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE
855 Broad	HURA ATOLG LAST FAGE !	LIFORNIA LICENSE NUMBER	Indigent Burial Officer 5201-A Ruffin Road San Diego, CA 92123
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stuttud hereis is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	ridith E	uneral audics or Person Acting as Such 39. DATE Signe
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE ALTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DEPOSAL OUTSEE OF CALIFORNIA.	JUL 2 9 199	1 00 100 0 100 1
NY CHANGE IN DISPOSI- TION REQUIRES A NEW FERMIT TO SHOW FINAL DISPOSITION.			DISTRICT OF DISPOSITION-
	NON(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS IDES ENTOMBMENT) D. SCIENTIFIC USE		G. SHIP IN TO CALIFORNIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER  F. DISINTERMENT	AULTMENT	
INTERMENT	144. NAME AND ADDRESS OF CEMETERY 3751 Market St. San Diego, CA	118. DATE INTERRED	Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 115-2-2-11	128. 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	148 DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR 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 MARGE OF DISPOSING OF THE CREMATED REMAINS.

5 200

City of San Diego

	Date 7-25-91
You are hereby authorized and instru	cted, subject to your rules and regulations, to inter the remains
	2
	Funeral, date, time
Church, Chapel, Graveside	i Mortuary,
All Funeral cars must arrive before 3	30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time	veteran
Lot 4 822 Grave Rov	w Section Division/ <del>Block</del>
Grave space & Care Fund	NEER-D-1454
	35000
Burial Container	2000
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	4500
Sales taxes	1600
NEED	Total Due
Sales taxes TYPE	Paid receipt number # 410 33 786 50
	Balance due
- 1007	IN-LAW
and this is your authority to make dis	position of remains as above indicated. I certify and represent prization and lagree to hold Mt. Hope Cemetery harmless from rization and interment. JA WIS A OTTER
I hereby authorize the interment in lo hold under deed.	STATUS 53 MANDE
Signature of recorded huilder of deed	
E 0500	Invoice #
Work Order # 9593	Acct. #

	OFFICIAL RECEIPT			Ē	9593
	WHITE TO CUSTOMER CANARY CEMETERY PINE AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	€ 959	P Nº	41033
			Date:	- 25	
	From.	Address:	mo They as	e. 4 4 2 2	
	Lever hother a une Ericht,	lin and the	D	oliars (\$	)
T.	In Payment of	NEED TEWST			
	Lot Grave	Row S	ection	Divis Bloc	
è.	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007	
	Acct. No		80% Sales of Lots	100	
-	- de 83	Carpentaria and the	Opening/ Closing	77181	1250
	W.O		Burial Containers	77182	200
	BALANCE DUE		Handling Fee	100	175
			Recording & Misc, Fees	77183	4
	Pre-Need Lot At Need On Acct	PATER AND STREET	Pre-Need Trust	63033	
	Pre-need Trust Cash Check	- the total	Sales Tex	60101	216
	AC-212 (Fire 10-87)	ISSUED BY	TOTAL PAID	\$	111 F

City of San Diego

Date 7-25-91

You are hereby authorized and instructed, s	ubject to your rules and r	egulations, to inter t	he remains
of TIDA DANIEL	e _	· at	
ina Double Depth	Funeral, date, time	Ues, BO,	11:00AM
Church, Chapel, Graveside Chapal	+ Shalle- CAL	& Burine	Mortuary.
All Funeral cars must arrive before 3:30 p.n	Martin Where		
	and the second	an extra charge win	be applied
and billed to undersigned. War time veteral			
Lot 4695 Grave Row	Section	Division.4	10
			20- 10
Grave space & Care Fund		&	45.00
Additional spaces and care fund			
Opening/Closing & Setup			50.00
Buriel Container		3	30.00
Handling Fees		2	20.00
Recording and filing fee			USM
Recording and filling fee Hoverson			2473
Sales taxes	******	1 Cont 1	1 1 23
, VA Reven UN	Total Du	ie	plidy
Recording and filing fee Hud. Sales taxes	receipt number	-	
act we at		Balance due	
or mo	T.		

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

9594

Signature of recorded holder of dead

Addings JANDiego (A 52/15 DANDiego (A 52/15 DANDiego (A 52/15 Date - 287-6893 Telaphone

Invoice # 1626 Acct # OL 12:

Work Order #

MAME OF DECEDE	NT-FIRST (GIVEN)	1B, MIDDLE		IC LAST	T (PAMILY)			DATE OF BIRTH		NE)DE/	
	AND	EVETTE		DAM	NTELE		M	8715764 <sup>EAR</sup>	1972	3791	EAR P
CITY OF DEATH	CARLSBAD	5	B. COUNTY OF DE	ATH-OUTSIDE CA	LIFORNIA, ENTER	STATE		E RELATIONSHIP, M	RIS-M		
the second se	JON BLVD.	Carlo and C		TING AS SUCH 78	B. CALIFORNIA LICI	ense number 7	454 SM	15 COLLINCO	A DOMESTIC		1-1
CKNOWLEDGMENT OF APPLICANT	I bereby acknowledge of of the dispositions outlin was sufficient personn	n applicant that the pro- mand by Section 10376 to Section 7100 of the H	of the Hadith and Sa waith and Safety Cad	lety Code, and	. pilling 1	title		irector or Person Ad			7/29/91
PERMIT	THIS PERMIT IS ISSU SIGNS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT GIVES NO	Y FOR THE DISPOSIT	SAFETY CODE	\$7.00	EE PAID SE DA	L 291	991	Bonall.	L Par		
Y CHANGE IN DISPOSA ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	P.O. BOX			1	. ADDRESS OF RE			T OF DISPOSITION-	AIMIA		
	DON(S) AUTHORIZED	CHECK ALL APPLIC		D. SCIENTIFIC US	or		1000	G. SHIP IN TO I	2011-201-4		IFORNIA
			- text	D. Guilling D.	25			THE SECOND PARTY IN THE SECOND	2	100 E 100	
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMA	ins other		E. TEMPORARY I	ENVAULTMENT					USE C	DNLY
C. DISPOSITION	11A NAME AND AD	DRESS OF CEMET		E. TEMPORARY I	ENVAULTMENT T	TE INTERRED	_		PENDING		
C. DISPOSITION OT THAN IN A CE	11A NAME AND AD	DRESS OF CEMETI COMMETTERY ROLL ST. SA	RY N DIEGO, C	E. TEMPORARY I	ENVAULTMENT T 118. DAT		110. 5			HARGE C	OF INTERMENT
C. DISPOSITION THAN IN A CE	METERY MIT. HORE 3751 MAR	DRESS OF CEMET	IN DILEGO, C TORY	e temporary i F. disinteriment	118. DAT	091	110. 3 120. 1	I DISPOSITION		HARGE O	OF INTERMENT
C. DISPOSITION THAN IN A CE	TIA NAME AND AD 3751 LAR 12A. NAME AND AD 13A. NAME AND AD 14A. NAME AND AD	DRESS OF CEMETING IST. SA	IRY IN DIEGO, C TORY Y RECEIVING RE	E TEMPORARY I F. DISINTERIMENT	ENVAULTMENT T 118. DAT 17-30 128. DAT	CREMATED	110. 3 120. 1 120. 1 130. 1 140. 1		RESON IN C		OF INTERMENT

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOP	ECEMETERY
A MAL ALANTERME	INTORDER
Run he	
Buri a fle Mars MT. HOP Buri a fle Mars INTERME City of	San Diego
1 (uno /	Data 7-25-91
0	
You are hereby authorized and instructed, subje	ct to your rules and regulations, to inter the remains
of _ Geepld Des J	
	eral, date, time Tues, 7/30, 10:30 AM
In a Vaut/Low A and I fund	eral, date, time 1000 pro-pro-
Church, Chapel, Graveside	Hunphreef Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	
13/ 5	1 11
Lot 136 Grave 5 Row	Section Division/Black
	695.0
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup . @350.4	100.00-
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee 2. C. 45	and and
Recording and filing fee	70.00
Sales taxes	21.22
Cart	Total Due
20 Paid rec	eipt number
110	Balance due
-1	
I hereby certify I am the Longer	of the above named decedent
and this is your authority to make disposition of that I have the right to make this authorization a	remains as above indicated. I certify and represent nd Lagree to hold Mt. Hope Cemetery harmless from-
any liability on account of said authorization an	interment.
A barrely with a log also link and a log at	Aberta Des garding
I hereby authorize the interment in lot I hold under deed.	stynus 15 mm setter
	AMILIAN DECIDE ROLLA
Signature of recorded holder of deed	Setting a Contraction of the Contraction
	G9201990:
	Telephone
	Invoice # 162634
E 9595	D67251
Work Order #	Acrt # UC / Sal

PY-883 (REV. 8-85)

W.O. # E-9595

NOTE

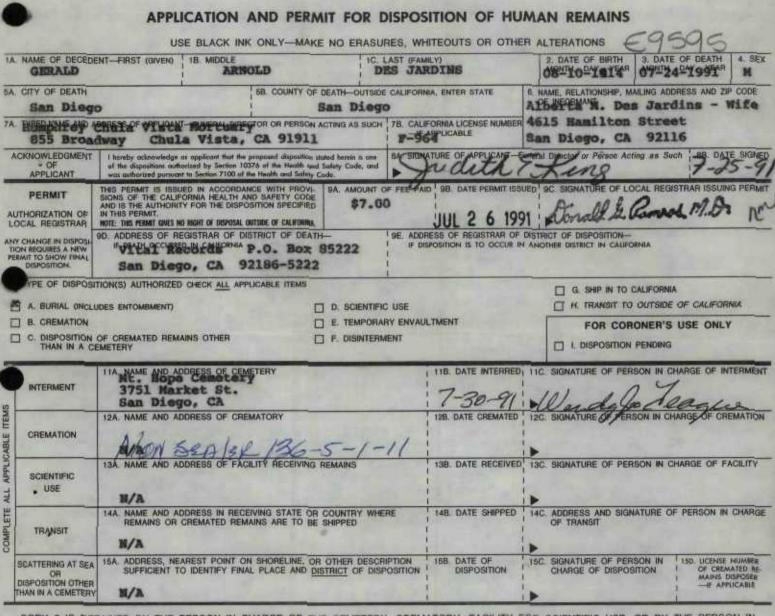
\$ 2162, 23 7-25 197 San Diego, California Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Justy - One Hundred Sorty Two Mo DOLLARS uquest 30, 199, with interest from on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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.

ES AR in STGNATURE Glbertia PRINT NAME ALBE ADDRESS 4615 SSN# 364-01-6289 1276241 CALIFORNIA DRIVER LICENSE NUMBER PY-1012 (11-89)



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

12

City of San Diego

Date 7/25/91

of <u>MORSE</u> in a <u>LINER</u> Veult-Uner Church, Chapel, Graveside	F	uneral, date, time		
All Funeral cars must arrive b and billed to undersigned. We	pefore 3:30 p.m	of regular work	/	AND
Lot 2846 Grave	Row	Section	Division/Blo	de 10
Grave space & Care Fund Additional spaces and care fu		ED. C-1		ø
Opening/Closing & Setup				35000
Burial Container				15000
Handling Fees				14500
Flower vases - Marker setting				
Recording and filing fee				4500
Sales taxes	brek F.	D. AFHUNT	INGTON BEACH O	171238
LITT AUA INT I LA	THE FAU	mile mill	noi uue	102-31
GAI INTERNMENT DR	DER Paid	receipt number _	41045	702,-
EMERTURY WILL			Balance due	
I hereby certify I am the	Dauch			
and this is your authority to m that I have the right to make th any liability on account of sai	nake disposition his authorization	n of remains as a in and lagree to h	of the above na bove indicated. I certify old Mt. Hope Cemetery	and represent

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

9596

Signmure of recorded holder of david

したらりり

Some BBIZ GUENTRES Advest Huntington Bch CA 92646 Some (714) 841-0692 Telophone Invoice #\_\_\_\_\_

Work Order # E

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E 9596	Ng	41043
	Care and the second sec		Date:	7	. 19/
	From	Address	12 Aug Tilles	temps 14	all mart
	LEVENT LORIGEND TWO	gag the	D	ollars (\$	1 - 22 )
	In Payment of	1- The New Calland			
				and the second	and the second second
	Lot Grave	Row	Section		ivision
4	Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007	
-	Acct. No.		80% Sales of Lots	100	
	- Satist		Opening/ Closing	77181	250
	W.O		Burial Containers	77182	100
	BALANCE DUE	12 Berlin Lake and the second	Handling Fee	100 77185	1995
			Recording & Misc. Fees	77183	7.
	Pre-Need Lot At Need On Acct	- With the state of the state o	Pre-Need Trust	63033 9022	
	Pre-need Trust Cash Check	Free & Free a	Sales Tax	60101 78390	10-1-
	AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	\$	702 -

MORRIS	ENT-FIRST (GIVEN)	18. MIDDLE SHEPHARD	1	IC. LAST (FAN	AIL-Y)		NEH WAY TYEAR		OF DEATH	4. SEX
CITY OF DEATH		1 20000 2000	DUNTY OF DEATH-OU	20012	NIA, ENTER STATE	11-12 (MAR)	RELATIONSHIP, M	1403000		1.000
HUNTINGTO	N BEACH		URANGE			ROS	ANNE BENT			AUGHT
		-FUNERAL BAREDICE DA			FORMALICENSE NUMBER		12 GUMTRE TINGTON B			46
CKNOWLEDGMENT OF t APPLICANT	of the dispositions author	applicant that the proposed rized by Section 10376 of the to Section 7100 of the Health	Health and Salety Code, and Salety Code.	and > >	ATURE OF APPLICANT	1.a	laught		7-20	
PERMIT	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT	D IN ACCORDANCE WITH ITINA HEALTH AND SAFE FOR THE DISPOSITION S RIGHT OF DISPOSAL OUTSIDE OF	IPECIFIED 7	.00	10 <sup>1</sup> 98. DATE РЕНМІТ ISS	SUED 9C.	L. REX EN		the second se	「野野」への
CHANGE IN DISPOSI-	9D. ADDRESS OF RE	SISTRAR OF DISTRICT	OF DEATH-		RESS OF REGISTRAR OF			XINEA		
EMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 3	55 SANTA AN	NA, CA 9270	2 P.O.	80X 85222	SAN I	DIEGO, CA	92138		
A. BURIAL (INCL) B. CREMATION C. DISPOSITION	UDES ENTOMBMENT) OF CREMATED REMA	CHECK <u>ALL</u> APPLICABLE	D. SCHER	PORARY ENVAL	ILTMENT	Γ	G SHIP IN TO ( H. TRANSIT TO FOR COR	OUTSIDE (		20.00
A. BURIAL (INCL)	UDES ENTIGMEMENT) OF CREMATED REMA	INS OTHER	D. SCHEI E. TEMP	PORARY ENVAL	ILTMENT		FOR COR	OUTSIDE ( ONER'S ) PENDING	USE ONL	۲.
A. BURIAL (INCL) B. CREMATION C. DISPOSITION	UDES ENTIGMEMENT) OF CREMATED REMA EMETERY		D. Schen E. Temp F. Disin	PORARY ENVAL			FOR COR	OUTSIDE ( ONER'S ) PENDING	USE ONL	۲.
A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REMA EMETERY TTA. NAME AND AP 3751 MAI	INS OTHER DRESS OF FEMETERY	D. SCHEN E E. TEMP F. DISIN	PORARY ENVAL	118. DATE INTERREE		FOR COR	PENDING	ARGE OF IN	TERMEN
A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A C	UDES ENTOMBMENT) OF CREMATED REMA EMETERY 11A. NAME AND AD 3751 MAI 12A. NAME AND AD METAT	INS OTHER PRESE OF FEMETERY IKET, SAN DIE	□ D. SCHEN □ E. TEMP □ F. DISIN EGO, CA	PORARY ENVAL	118. DATE INTERRED 7-30-91 128. DATE CREMATED	12C SP	H. TRANSIT TO FOR COR I DISPOSITION GNATURE OF PER	OUTSIDE ( ONER'S I PENDING ISON IN CH	ARGE OF IN	TERMEN
A BURIAL (INCL) C. CREMATION C. DISPOSITION THAN IN A C INTERMENT CREMATION SCIENTIFIC	UDES ENTOMBMENT) OF CREMATED REMA EMETERY 11A. NAME AND AD 3751 MAI 12A. NAME AND AD 13A. NAME AND AD 13A. NAME AND AD	INS OTHER DRESS OF CEMPTERY IKET, SAN DIE DRESS OF CREMATORY BEALER	D. SCHEN     E. TEMP     F. DISIN     F. DISIN     F. DISIN     CERVING REMAINS     TATE OR COUNTRY		118. DATE INTERRED 7-30-91 128. DATE CREMATED 	L 11C SP 12C SP 12C SP 12C SP 12C SP	H. TRANSIT TO FOR COR I DISPOSITION GNATURE OF PER		ARGE OF IN	TERMEN

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

City of San Diego

7-26-91

Date\_

	sound done state	
Vault/Liner	neral, date, time	
hurch, Chapel, Graveside		Mortuary.
Il Funeral cars must arrive before 3:30 p.m. c	of regular work day or an extra charge v	vill be applied
nd billed to undersigned. War time veteran _		
ot 30 Grave Row	Santian 17 Division / Pter	5 7
rave space & Care Fund The. No	ER. C-68.44	_d
dditional spaces and care fund		
pening/Closing & Setup		1050
urial Container		
andling Fees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
lower vases - Marker setting fee		
ecording and filing fee		1150
ales taxes		33
	Total Due	253
New 6 Dida	ceipt number#41036	2533
Julo Paid re	carbit inditional and	1×
1	Balance due	-7-
hereby certify I am the freend	of the above na	med deceden
nd this is your authority to make disposition on the second s	of remains as above indicated. I certify	and represent
ny liability on account of said authorization a	ind interment.	
and the second sectors also have a second sector back	James Dec	m
hereby authorize the interment in lot I old under deed.	328 SO. MERIDIAN	AVE
	ALHAMBRA CALIF	
track to recorded holder of dead		110-
anature of recorded holder of deed	500 818) 281-3829	Zio Codi

Acct. # -

Work Order #

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N?	41036
		Date:	-26	19
From: Alter Alter Alter	Address	ALS GARA	100 000	11 fand
THO RUNDER A TEY T.	WAS PAD - TOC	Dollar	s (\$	33)
In Payment of	CANEED MART			
Lot Grave	Row Se	ction	Divis	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 670 20% Sales Care 771	07	
Acct. No.	CITY AUDITOR	any Sales of Lots Opening/, 0.27	00 84	105 00
w.o9599	STI AUDITOR	Cigsen 1 3 FAT	81	40
BALANCE DUE	AUG 01 1991	Handling Fee 771	00	4
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Pre-Need 630 Trust 90 Sates Tax 601	133 122	2 90
AC-212 (Rev 10-67)	ISSUED BY	TOTAL PAID	90 \$	28 2

MT. HOPE CEMETERY

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, Ruegek
in a TS Vault Funeral, date, time Tue, 7/30 10:30An
Church, Chapel, Graveside Chapel + June Hunghery Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran No
171 . 4
Lot Grave Row Section Division/Barrier
Grave space & Care Fund . Mee - Need (D-7727)
Additional spaces and care fund
Opening/Closing & Setup
Burial Container
Handling Fees
Flower vases - Marker setting fee
Recording and filing fee
Sales taxes
Total Dug
Paid receipt number 4/037 786.50
Balance due
HQ. Xull
I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.
Har barren
I hereby authorize the interment in lot I hold under deed.
Address and Ra
Signature of recorded holder of deed
619-422-3182 Telephone

Invoice #

Acct. #

Work Order # \_\_\_\_\_

9598

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N	5	598
		Date:	1-2	1	19
From:	Address:	Pred Mark	100	1 180-	-
	here and your star - was	D D	ollars (\$	1260	)
In Payment of	doc Kuge deco		-1.		_
			1999		
				Division	
Lot Grave	Row Se	ection		Block	and the second
	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT	67007	Block	
Invoice No.		CREDIT 20% Sales Care 80% Sales	67007 77184 100	Block	
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184	Block	
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184		
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184	Block	
Invoice No Acct. No W.OE9.598	NOTVALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184	Block	6600
Invoice No Acct. No W.OE9.598	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriat Containers Handling Fee Recording & Misc, Fees Prie-Need	67007 77184	Block	6000
Invoice No Acct. No W.OE_9.598 BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc, Fees	67007 77184	Block	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		1C. L	AST (FAMILY)			THE OF DEATH 4. SI
Chula Vie				n Diego			6 NAME, RELATIONSHIP, MAIL	
* Hill Hiero	Way Chul	a Vista,	TOR OR PERSON ACT	ING AS SUCH	7B. CALIFORNIA -IF APPLIC/ F-964	LICENSE NUMBER	21 Bonita Road Chula Vista, CA	91910-3043
ACKNOWLEDGMENT OF APPLICANT	of the dispositions auth	orized by Section 103	ropused disposition state 76 of the Health and Sal e Health and Salety Code	lety Code, and	Ande	the	unegal Birector or Person Acting	7-17-9,
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALP AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT NOTE: THIS PERMIT GIVES N	ORNIA HEALTH AN	D SAFETY CODE	94. AMOUNT O	F FEE PAID 98	DATE PERMIT ISS	Donall & Conall &	annas, M.Dhr
INY CHANGE IN DISPOSI- TION REQUIRES A NEW DEMIT TO SHOW FINAL DISPOSITION.	VICAL OF REC	STOSUFORNY.	0. Box 852				DISTRICT OF DISPOSITION-	
A BURIAL ONCLU	non(s) authorized	OCHECK ALL APPL		D. SCIENTIFIC	USE		G. SHIP IN TO CAL	IFORNIA UTSIDE OF CALIFORNIA
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM	AINS OTHER		E. TEMPORAF	RY ENVAULTMEN ENT	ſ		NER'S USE ONLY
INTERMENT	Mt.NAME AND A 3751 Marks San Diego	et St.	TERY		118.	DATE INTERRED	TIC. SIGNATURE OF PERSO	N IN CHARGE OF INTERME
CREMATION	12A. NAME AND AN	FI SCALE	MATORY	-3-1		DATE CREMATED	12C SIGNATURE OF PERSON	N IN CHARGE OF CREMATIC
SCIENTIFIC USE	13A. NAME AND A	DRESS OF FACIL	ITY RECEIVING REI	MAINS	13B. 1	DATE RECEIVED	13C. SIGNATURE OF PERSO	N IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND AL REMAINS OR		VING STATE OR CO		IE 14B.	DATE SHIPPED	14C. ADDRESS AND SIGNAT	URE OF PERSON IN CHAR
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADORESS, NE SUFFICIENT T		SHORELINE, OR O			DATE OF DISPOSITION	16C. SIGNATURE OF PERSO CHARGE OF DISPOSITIO	

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

BAS	CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY	. 8750
	DEED	€ 9598
TO Edna A. Rueg	OWNERSHIP AND INTERMENT PRIVILEGES er for the sum of \$180	0.00 (DOLLARS)
LEGAL DESCRIPTION	ot 17 Gr 4 Sec 3 Div 12	*
AS DESCRIBED ON PURCH	HASE 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 tules 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

Cemetery Manager

PY-584

1/10/1000

Property Director

MT. HOPE CEMETERY

City of San Diego

7-29-91 Date

You are hereby authorized and instructed, subject to	CANNEL STOCK HILLSON AND AND AND AND AND AND AND AND AND AN	ions, to inter the remains
of BRUDO PALOMO		
ina Ash Vault Funeral,	date, time Wed	7/31, 2:30 pr
Church, Chapel, Graveside Carenveside	GREENLE	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of reg	ular work day or an exti	a charge will be applied
and billed to undersigned. War time veteran		
Lot Grave Row S	Section Div	ision/Block_12
Grave space & Care Fund Pre-NEEP. E.	-15.0.2	
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container		
Handling Fees		60.00
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		3.30
	Total Due	253 20
Paid receipt	number # 4103	38 253 30
	Ba	lance 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.

9599

Signature of recorded holder of deed

Invo	ice	#	-
Acct	.#	_	-

Work Order #

Bruno	INT-FIRST (GIVEN)	1B. MIDDLE		IC LAST (F	ATTING TO ATT		27-1991 M
National (	Hev		San Die	ATH-OUTSIDE CALIFO	ORNIA, ENTER STATE	8. NAME, RELATIONSHIP MAILING AN	
TYPED NAME AND A	DDRESS OF APPLICAN		CTOR OR PERSON ACT	TING AS SUCH 78. C	ALIFORNIA LICENSE NUMBER	3776 Oceanview Bl. San Diego, CA 921	and the second sec
CKNOWLEDGMENT OF APPLICANT	of the dispositions with	orized by Section 10	proposed disposition state 376 of the Health and Sat file Health and Satety Code	inty Code, and	GNATURE OF APPLICANT-F	uneral Director or Person Acting as S	Such   88. DATE SIGN
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE THIS PERMIT NOTE THIS PERMIT	ORNIA HEALTH A	ND SAFETY CODE	A. AMOUNT OF FEE 1 7.00	JUL 3 1 19	91; Donall & Con	SISTRAR ISSUING PERM
TY CHANGE IN DISPOSI- ION REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 852	D IN CALIFORNIA	STRICT OF DEATH-	1 1	DRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CAUFORNIA	
Committee -	TION(S) AUTHORIZED	CHECK ALL APP				G. SHIP IN TO CALIFORN	
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM	AINS OTHER		D. SCIENTIFIC USE E. TEMPORARY ENV F. DISINTERMENT	AULTMENT		S USE ONLY
C. DISPOSITION	EMETERY	DRESS OF CEN		E. TEMPORARY ENV F. DISINTERMENT		FOR CORONER'S	S USE ONLY
C. DISPOSITION THAN IN A C	San Diego	Conness of centry , CA		e temporary env F. disinterment Det Street		FOR CORONER'S	S USE ONLY
C. DISPOSITION THAN IN A C	114 NAME AND AL San Diego 12A. NAME AND AL I-605 8	CA	TTENTS1 Mark	E TEMPORARY ENV F. DISINTERIMENT Det Street D, CA.	118 DATE INTERRED	FOR CORONER'S	S USE ONLY
C. DISPOSITION THAN IN A C INTERMENT CREMATION SCIENTIFIC	AND	CA CA CA CA CA CA CA CA CA CA	TTERY 51 Mark	E TEMPORARY ENV F. DISINTERIMENT Det Street D, CA. MAINS	118. DATE INTERRED 7-31-91 128. DATE CREMATED 7-31-91	FOR CORONER'S	S USE ONLY

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		29599	
From:Payment of	Address: 7.76		ollars (\$	) )
Lot Grave Invoice No Acct. No W.O BALANCE DUE	Row S	CREDIT 20% Sales Cam 80% Sales of Lots Opening/ Closing Burial Containers Handling Fox Recording &	Divis Bloc 67007 77184 100 77184 7189 7189 7180 77182 100 77185 100	
Pre-Need Lot  At Need  On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87)	ISSUED BY	Misc, Fees Pre-Nord Trust Sales Tax TOTAL PAID	77163 63003 9022 60101 76390 \$	253

MT. HOPE CEMETERY

City of San Diego

Date 7-29 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 nd billed to undersigned. War time veteran 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 ATRIE 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.

Separature
Address
State Zis Code
Telephone
Invoice # 142637



## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

PHILLIP	NT-FIRST (GIVEN)	1B. MIDOLE D.		IC. LAST OFA	NAPAWAY I	2. DATE OF BIRTH		EAR M
CEANSIDE	DODESS OF ADDIAL		SAN DIE		and the second second	8. NAME, BELATIONSHIP, OF INFORMANT LEE JAMME -	PUBLIC ADM	
CCEANSIDE M					LIFORNIA LICENSE NUMBER	SAN DIEGO,	CALL COLOR OF CALL CALL	
ACKNOWLEDGMENT	I haveby acknowledge a of the dispositions auth- was mitherized pursion	onzed by Section 103	76 of the Health and	Safery Code, and	TUPE OF APPLICANT	netal Director or Parson /	Contraction of the second s	DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS MEMIT GNES M	ORNEA HEALTH AN	ID SAFETY CODE SITION SPECIFIED	SA AMOUNT OF FEE PA	JUL 3 0 199	A NO	LOCAL REGISTRAR ISS	an Alla
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P. O. HORESS OF RE P. O. HBOX RE SAN DIEGO,	52222 SAUFORNIA			DRESS OF REGISTRAR OF D HSPOSITION IS TO OCCUR IN			
and when comments	DON(S) AUTHORIZED	CHECK ALL APPI	LICABLE ITEMS	] D. SCIENTIFIC USE		G. SHIP IN TO	O CALIFORNIA TO OUTSIDE OF CALI	FORNIA
B CREMATION C DISPOSITION THAN IN A CI	OF CREMATED REM	NINS OTHER	C C	E. TEMPORARY ENVA	ULTMENT		DRONER'S USE O	NLY
INTERMENT	MT. HOPE (	CRMETARE		175 22-1	118 DATE INTERRED	110. SIGNATURE OF P	ERSON IN CHARGE OF	FINTERMENT
	The second second second second second second second	CALIFOR	AT JUES		11-30-91	DI I And		ere.
CREMATION	12A NAME AND AD	DRESS OF CRE	MATORY	1997	128. DATE CREMATED	12C. SIGNATURE OF	ASONAN CHARGE OF	CREMATION
SCIENTIFIC	12A. NAME AND AD	DDRESS OF CRE	MATORY	REMAINS		12C. SIGNATURE OF P		
SCIENTIFIC	13A. NAME AND AL	DRESS OF CREI		COUNTRY WHERE			ERSON IN CHARGE OF	F FACILITY

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

29600

MT. HOPE CEMETERY

City of San Diego

CC#91-1534 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains unell. JAMES inen Funeral, date, time / Inu Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 146 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_ Division/Block Grave space & Care Fund Additional spaces and care fund . Opening/Closing & Setup ..... Burial Container Handling Fees ..... Flower vases - Marker setting fee Recording and filing fee .... ...... Sales taxes Total Due ..... Paid receipt number **Balance due** I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed.

Signature of recorded holder of deed

F

9601

Zie Cede

elephone

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.....

Invoice # 162 AL-

Work Order #

## E-9601 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

all seattle

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

1A. NAME OF DECEDE	ent—First (given)	18. MIDOLE ROBERT	IC. LAST	NETT	2. DATE OF BIRTH MONTH, DAY, YEAR	HOUTH DAY YEAR
EL Cajon		- Contraction	OF DEATH-OUTSIDE CAL	IFORMA, ENTER STATE	8. NAME, RELATIONSHIP, MU OF INFORMANT ESTRETYN HOR	HING ADDEEDING ZP CODE
Paris-Frede	DDRESS OF APPLICAN	Ty-El Cajon, C	92020	CALIFORNIA LICENSE NUMBER	5201 Ruffin San Diego, C	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions auth	as applicant that the proposed disposi orised by Section 10376 of the Health to Section 7100 of the Health and Sa	and Safety Code, and	SIGNATURE OF APPLICANT -	Manual Director or Person Act	ing as Such 88. DATE SIGNE
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIGNS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PRO ORNIA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIF D MINT OF DISPOSAL DITSIDE OF CALIFOR	TED \$7.00	JUL 3 0 19		L Registrar Issuing PERM
NON REQUIRES A NEW TON REQUIRES A NEW TO SHOW FINAL REPORTION.	3851 9658	SISTRAR OF DISTRICT OF D	EATH	ADDRESS OF REGISTRAR OF # DISPOSITION IS TO OCCUR IN		RMIA
	TION(S) AUTHORIZED	CHECK ALL APPLICABLE ITEM	D. SCIENTIFIC US	£	G. SHIP IN TO C	ALIFORNIA OUTSIDE OF CALIFORNIA
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM	ANS OTHER		NVAULTMENT		ONER'S USE ONLY
INTERMENT	Mt. Hope	CONSTRUCTION		118. DATE INTERRED	Undy	ON IN CHARGE OF INTERMEN
	12A. NAME AND AL B	DRESS OF CREMATORY	-12	128. DATE CREMATED	12C. SIGNATURE OF PERS	SON IN CHARGE OF CREMATION
	13A. NAME AND AD	DRESS OF FACILITY RECEIV	NG REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT				14B. DATE SHIPPED	IAC. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE D IDENTIFY FINAL PLACE AN			15C. SIGNATURE OF PERS CHARGE OF DISPOS	

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

IN	TERMENT OR	1. STR	~
	City of San Diego	D'LIT	
	,	2/0	la
11:05 N.M.		Date	0/91
You are hereby authorized and instru of <u>CIARA</u> JON	ucted, subject to your ru	les and regulations, to i	nter the remains
in a <u>LINER</u> Vault/Liner Church, Chapel, Graveside Churk	100-100-100-	77 n 1	1.00 A.M. E Mortuary.
All Funeral cars must arrive before :		100 C C C C C C C C C C C C C C C C C C	
and billed to undersigned. War time	110	in day of all once offering	o will be applied
Lot 112 Grave 11 Ro	w Section .	Division/	Here 11_
Grave space & Care Fund P.1.	-NEED E	-7024	ø
Additional spaces and care fund			
Opening/Closing & Setup			35000
Burial Container	PΔ		. 15000
Handling Fees			. 14500
Flower vaces - Marker setting fee	27.5857.03	.1991	48000
Recording and filing fee			4500
Sales taxes	MT. HOPE CH	Children and a second state of the second stat	12 38
ELSSIDK ARRIVED AT	··· CITY of SAN DI	Total Due	118238
STATES STATES	Paid receipt number	Auxiliary	1182.38
1:05 A.M. DZD		Balance du	6
11.0	chain	balance ou	
I hereby certify I am the HU and this is your authority to make di	sposition of remains as	above indicated. I certi	named decedent fy and represent
that I have the right to make this auth any liability on account of said auth			
I hereby authorize the interment in hold under deed.	lot i	John Z	ina Pla
Signature of recorded holder of deed	- Address	à.	92107
	Telephone	64-163	[
E seed		# 164994	
Work Order # <b>E</b> 9602	Acct. /	067284	

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24.91 22

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

THE REPORT

E-9602

. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (F	Contraction of the second s	2. DATE OF BIRTH 3. DATE OF DEATH 4. SET MONTH, DAY, YEAR 7-29-93
San Diego	SB. COUNTY OF DEATH-OUTSIDE CALING	ANIA, ENTER STATE	8. NAME, RELATIONSHP, MAILING ADDRESS AND ZIP CODE OF INFORMAT
TYPED NAME AND A		LIFORNIA LICENSE NUMBER	4964 Carolina Place San Diego, CA 92102
CKNOWLEDGMENT OF APPLICANT	I hereby advondedge as applicant that the proposed disposition stated herein is one of the dispositions sufficient by Section 10370 of the Health and Safety Code, and was authorized purwant to Section 7100 of the Health and Safety Code.	Childrent-Fu	ineral Director or Person Acting as Such 88. DATE SIGNE
PERMIT	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 GHES NO MENT OF DISPOSAL OUTSIDE OF CALIFORNIA. 57.00	AUG 0 1 199	ED SC. SIGNATURE OF LOCAL REGISTRAR ISSUNG PERM
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RWIT TO SHOW FINAL DISPOSITION.		DRESS OF REGISTRAR OF I DISPOSITION IS TO OCCUR IN	ANOTHER DISTRICT IN CALIFORNIA
a susan rearies	TION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS UDES ENTOMBMENT) D. SCIENTIFIC USE		G. SHIP IN TO CALIFORNIA.
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REMAINS OTHER  F. DISINTERMENT	AULTMENT	
INTERMENT	Mt. Hope Cametary; 3751 Market St. San Diego, CA	118. DATE INTERRED, 8-7-91	TIC. SIGNATURE OF PERSON IN CHARGE OF INTERMEN
CREMATION	12A, NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PRISON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC - USE	1/A	1	
Contraction of the second s	IVA 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED IVA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT

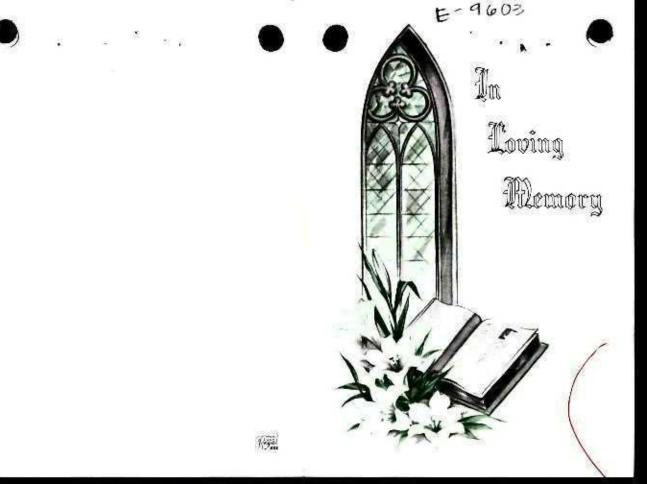
AUDITO	F SAN DIE R & COMPT NO. C65-	ROLLER				PAID I	INVOICE	NTS RECE REPORT OF 09/0	BY DEPARTMENT			DATE: 09/06/91 TIME: 203545 PAGE: 32
DEPART	MENT 072	PRO	PERTY DEPT	T-MT HO	PE CEME	TERY						
INV	INV DATE	ACCT	CUSTOMER FUND	NAME DEPT	DRG	ACCT	J/0	PAYM DATE OPER	PD PAYM BY REF NO BN/EQ FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
164994 E-960	08/05/91 2	357284	BDBBY J0 100 100 100 100 60101	NES 072 072 072 072 072		77161 77182 77183 77185 78390	00007 00007 00007 00007	2 2	I CK	1,182.38 350.00 150.00 525.00 145.00 12.38	1,182.38	PAID IN FULL

E-9402

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MT. HOPE CE	METE	RY	
NTERMEN'	TOF	ROF	R

City of San Diego

Date 7-30 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Richard James (In fant) KOSCHIER 1:00 AW None Funeral, date, time Feitherinai 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 140 How Section Division/H Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup **Burial Container** ... AUG 5 1991 Handling Fees ... Flower vases - Marker setting fee MT. HOPE CEMETERY CITY OF SAN DIEGO, CAL Recording and filing fee Sales taxes ..... Total Due Paid receipt number **Balance due** I hereby certify I am the ATHEC of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot hold under deed. 0 Invoice # 9603 Work Order lect. PY-803 (REV. 8-85)



fod hoth not promised skies always' blue, Flowers-strewn pathwaysall 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 RICHARD JAMES KOSCHIER BORN

9603

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	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 40-5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-	Date:	E - 9602 Nº 41069
LotGrave	Row Se	ection _/	Division
Invoice No Acct. No W.O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77181
BALANCE DUE       Pre-Need Lot       Pre-need Trust       Cash       Check	1.1.2	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 100 45 63033 9022 60101 78390
AC-212 (Rev. 10-87) 4 7 3 4 7 3 4 7 3	ISSUED BY	TOTAL PAID	·

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	ADDI			DISBOSI		E - 90 man remains	003	
	0.000	E BLACK INK ONLY			8489787899777777797777777	the state of the second s		
A. NAME OF DECEDE RICHARD	NT-FIRST (given)	IB. MIDDLE		LAST (FAMIL		2. DATE OF BIRTH 3. DAT 2718/1990 AR 7/2	F OF DEATH 4. SEX	
LE MESS		(NO) 1040.5	INTY OF DEATH-OUTSE	de California	ENTER STATE	6. NAME, RELATIONSHIP, MAILING AL		
A. TYPED NAME AND A	DORESS OF APPLICAN		CA BILLS	H 7B. CALIFO			#180	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions auto-	as applicant that the proposed d orized by Section 10376 of the I to Section 7100 of the Health or	Health and Salety Code, and		URE OF OPLICANT	uneral pector or Person Acting as S	S-1-11	
* PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SP ) MAIT OF DISPOSAL OUTSDE OF C	FCIFIED \$7.00	OF FEE PAID	98. DATE PERMISSI	HED BC. SKONATURE OF LOCAL REG	ISTRAR ISSUING PERMIT	
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	85222, San D.				DISTRICT OF DISPOSITION- I ANOTHER DISTRICT IN CALIFORNIA		
Conversion of the	tion(s) authorized	CHECK ALL APPLICABLE	items 📋 d. scientif	FIC USE		G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSID		
B. CREMATION C. DISPOSITION THAN IN A CI	of cremated rem Emetery	AINS OTHER	F. DISINTER	kary envault Rment	MENT			
	Mt. Hope (	DRESS OF CEMETERY Cenetery Celifornia			118. DATE INTERRED 8 - 5 - 91	Usendy Do	CHARGE OF INTERMENT	
* CREMATION	12A. NAME AND ADDRESS OF CREMATORY				12B. DATE CREMATED	12C. SIGNATURE O PERSON IN C	HARGE OF CREMATION	
* SCIENTIFIC USE					138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			NERE	148. Date shipped	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		Arest point on shore D identify final place			158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER 1 OF CREMATED RE- 1 MAINS DISPOSER 1	

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



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 2:00 P.M. Funeral, date, time NIL 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 vateran  $\underline{N}\mathcal{D}$ Section IOOF Division/Block 68 Row Grave space & Care Fund . PrE-NEED - E- 48 49 Additional spaces and care fund 350.00 Opening/Closing & Setup ... Burial Container .... Handling Fees ..... .. 1991 AUG 2 Flower vases - Marker setting fee 45.00 **Recording and filing fee** FAMILY WILL BE IN. **AETERY** MT. HOPE C GO C MAKE ARBANGEMS. 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.	Bigneture		
Signature of recorded holder of dead	Address		
	State Zip Code		
	Telephone		
	Invoice #		
Work Order #	Acct. #		

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY	Nº	E-9604 41053
From: Act of the Market	284-3151 Date:	4/1	<u>, 19.0-</u>
In III Payment of IEE	Wiger For Mary J OGDEN	_ Dollars (\$ ZO	2 32 1

Lot	Grave	Row	Section	F	Division Block	+
Invoice No		NOT VALID FOR PURPOSE STATED UNLES	20% Sales Care	67007 77184		
Acct. No			BO% Sales of Lots	77184		
E GI DU			Opening/ Closing	77181 -	.550	-
W.O. C= 7607			Burial Containers	77182 -	150	
BALANCE DUE			and the second se	100	145	-
		The second se	Handling Fee Recording &	100	40	60
	· · · · ·		Misc. Fees Pre-Need	77183		
Pre-Need Lot At Need	-		Trust	9022 -	1.6	44
Pre-need Trust Cash	Check	but + ()	Sales Tax	60101 78390 -		-
AC-212 (Rev. 10-87)	04	ISSUED BY	TOTAL PAID	•_	102	

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

MARY	NT-FIRST (GIVEN)	18. MIDDLE	J.	IC. L	AST (FAMILY)		constants many times as	DATE OF DEATH	4. SE
SA. CITY OF DEATH		l	58. COUNTY OF DEATH-OUTSIDE CALIFORNIA, ENTER STATE				B. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CO		
855 Brond			CA 91911			NUMBER 2.			5
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions aver was authorized pursuant	vorized by Section 10	376 of the Health and	Salety Code, and	du dith	EX	Wector or Person Acting	es Such	91
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH A	ND SAFETY CODE	94. AMOUNT C	F HE PAID BB. DATE PER	2 199	SC. SIGNATURE OF LOCAL		10 明 1 A
VY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF RE	DE du FORME	STRICT OF DEAT	15.00.00.00	PE. ADDRESS OF REGIST		RICT OF DISPOSITION-		
. TYPE OF DISPOSI	TION(S) AUTHORIZED	CHECK ALL APP		7 D. SCIENTIFIC	1105		G. SHIP IN TO CALL		INIA
A. DUMUL (INCLU	NES ENTUMENT			D. SUCHTIFIC	USE				
B. CREMATION	of cremated rem	ains other	C		RY ENVAULTMENT			ER'S USE ONL IOING	Solas
B. CREMATION	of cremated Rem Emetery	PRESS OF CEN		E TEMPORAF	IY ENVAULTMENT ENT	TERRED, 110	CHARTER CHORES IN CONSISTENCE	NDING	Y
B. CREMATION	OF CREMATED REMA DMETERY	OPESS OF CEY	ETERY San Diego	E TEMPORAF	IY ENVAULTMENT ENT	91 1	I. DISPOSITION PER	nding In charge of it Lease	Y NTERME
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMA EMETERY 11 CANANE AND AC 3751 Morth	DERESS OF CEN Let St. 1 DORESS OF CRE SER/SE	IETERY San Diego MATORY 68-JD	= E TEMPORAF = F. DISINTERIM , CA OF - 5	IY ENVAULTMENT ENT 118, DATE INT 9-2-	91 K	SIGNATURE OF PERSON	NDING	Y NTERME
B. CREMATION C. DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC	OF CREMATED REMU METERY 11 ANAME AND AL 3751 MOTAL 12A. NAME AND AL 13A. NAME AND AL 14A. NAME AND AL 14A. NAME AND AL	DORESS OF CRE DORESS OF CRE <u>SER/SR</u> DORESS OF FAC	ETERY Ban Diego MATORY <u>68-JD</u>	E TEMPORAF F. DISINTERM DF - 5 REMAINS COUNTRY WHEF	IV ENVAULTMENT ENT 118. DATE IN 27-2- 128. DATE CRE	GII NO		NDING	

COPY 2

HARGE OF DISPOSING OF THE CREMATED REMAINS.



Data 7-31-91

## MT. HOPE CEMETERY

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ORRIS 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 🛆 Section Division/ 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.

F

9605

Signature of recorded helder of deed

Signature	
Address	
State	236

Telephone

Cod

Work Order # PY-545 (NEV. 8-86)

, E-9605 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) 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3 DATE OF DEATH 4. SEX -1-62 YEAR Thomas YEAR Floyd Morris M 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIFORNIA, ENTER STATE 6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Public Administrator San Diego San Diego 5201-A Ruffin Rd. 7A, TYPED NAME AND ADDRESS OF APPLICANT-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B, CALIFORNIA LICENSE NUMBER Mayer Mortuary 2859 Adams Av. San Diego, CA. TAZA ABLE San Diego, CA. 92123 ACKNOWLEDGMENT I hereby adaptivelings as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and 8A. SIGNATURE OF APPLICANT -Funeral Director or Person Acting as Such **BB. DATE SIGNED** OF AMPLICANT was authorized pursuant to Section 7100 of the Health and Salety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PARCUER, DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 7.00 199 IN THIS PERMIT. AUTHORIZATION OF NOTE: THIS PERMIT GHES NO REAT OF REPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA. 92186-5222 YPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS G. SHIP IN TO CALIFORNIA D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA A. BURIAL (INCLUDES ENTOMEMENT) B. CREMATION E. TEMPORARY ENVAULTMENT FOR CORONER'S USE ONLY C. DISPOSITION OF CREMATED REMAINS OTHER F. DISINTERMENT L DISPOSITION PENDING THAN IN A CEMETERY Mt. Hope Cenetery 118. DATE INTERRED, 11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT INTERMENT San Diego, CA. SWELL 12A. NAME AND ADDRESS OF CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED CREMATION A/SR 13A NAME AND ADDRESS OF FACILITY RECEIVING REMAINS 138. DATE RECEIVED' 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY. SCIENTIFIC N/A + USE 4 COMPLETE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 148. DATE SHIPPED REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED OF TRANSIT TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15C SIGNATURE OF PERSON IN 15B. DATE OF 150, LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION DISPOSITION OF CREMATED RE-MAINS DISPOSER **DISPOSITION OTHER** N/A - APPLICABLE THAN IN A CEMETERY

COPY 2 IS RETAINED BY 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 CEMETER	RY .
1	NTERMENT OR	
	City of San Diego	
	City of Sall Diego	
D I		Date 8/1/91
PIE-NEED	leust	
You are hereby authorized and ins	tructed, subject to your ru	les and regulations, to inter the remains
of A uper Ley		1 M. LEYBA
in a	Funeral, date, ti	
Church, Chapel, Graveside		Mortuary
All Funeral cars must arrive befor	e 3:30 p.m. of regular wo	rk day or an extra charge will be applied
and billed to undersigned. War tin	me veteran	
Lot 25 Grave Z	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		
Flower vases - Marker setting fee Recording and filing fee 2. A	T 4500	_90°
Sales taxes		
		Total Due
	Paid receipt number	#41051 900
		Balance due
hereby certify I am the	WNEE	of the above named deceden: above indicated, I certify and represen

any liability on account of said authorization and interment.

State

Teleph

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

E

9606

Signature of recorded holder of deed

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The	ber	r de	ula	
ineture		-	1	0
24	126	SI (	1	
dress	100 200		9.	

Zip Code

234-5045

Invoice # Acct. #

Work Order PY-583 (REV. 8-86)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151		E-9 N: 41	606
From: MERT P. LEYB	Address: 2413 2 7 3	Date:	1. 921000, Dillars (\$ 20 20	19 <u></u> )
In Payment of Lot Grave_		ection	Division Block	
Acct. No	- NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. 	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handtling Fee	67007 77184	
		Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 83093 9022 60101	4

ISSUED BY

mar

AC-212 (Nev. 10-87)

Pre-need Trust Cash Check

TOTAL PAID

60101 78390

	31	•	
MT	HOPE CEMETERY	6	
INTER	MENT OR	DER	
c	ity of San Diego		
You are hereby authorized and instructed, of <u>EJGENID</u> in a <u>LINER</u>	Dushk subject to your rule <u>coshka</u> Funeral, date, tim	int -	er the remain
Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p. and billed to undersigned. War time veters	.m. of regular work an <u>NO</u>	day or an extra charge	will be applie
Lot Grave _& T Row Grave space & Care Fund Additional spaces and care fund			126
Opening/Closing & Setup			121
Burial Container			00
Handling Fees			
Recording and filing fee			
Sales taxes		and the second second second second	
The HOWAD		otal Due	291
HO-	id receipt number		
		Balance due	
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorizati	tion and I agree to h	of the above na bove indicated. I certify hold Mt. Hope Cemetery	and represe
I hereby authorize the interment in lot I hold under deed.	Signature		
Signature of recented helder of deed	Address		
- Search C. Martin Contracts - Christ Marshell 1 (Mc	State		Zip (
V	Telephone	145131	-152
F 9607	III VOR 28		1.6

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE EUGENI	ent-First (given)	18. MIDDLE	10	LAST (FAM)	1.20	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SAN DIEGO		SB.	COUNTY OF DEATH-OUTS	IDE CALIFORN	A, ENTER STATE	6. NAME, RELATIONSHIP, M OF INFORMANT KATNERTINE HOMARD,		
TA. CLATRENGAND	DRESS OF APPLICAN	MEGO, CA 92117	TR PERSON ACTING AS SUC	H 7B. CALIF	ORNIA LICENSE NUMBER	SAN DIEUD, CA 921		
ACKNOWLEDGMENT	of the dispositions auth		d disposition statud herein is on the Health and Safety Cade, an In and Safety Cade.		THE OF APPLICANT	William or Perafii Act	ting as Such 88. DAT	te signed )-////
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W FORMA HEALTH AND SA TY FOR THE DISPOSITION ID WENT OF DISPOSAL OUTSIDE	SPECIFIED \$7.0		AUG 0 5 19	<ul> <li>South and the second states of the sec</li></ul>	L Registrar issue	AG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRIC ED IN CALIFORNIA 22, SAN DIEBO,		A DOMESTIC STREET, STRE		DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CALIFO	RHIA	
The second states	Tion(s) Authorized Udes Entomement)	OHECK ALL APPLICABI	e items 🔲 d. scienti	FIC USE		G. SHIP IN TO (	CALIFORNIA OUTSIDE OF CALIFOR	INIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM. EMETERY	ains other	E. TEMPOR	rary envaul Rment	TMENT		PENDING	Y
	TIA NAME AND AN NT. NOPE CI SAN DIEGO,	DDRESS OF CEMETER EMETERY, 3850 R	ARKET STREET		11B. DATE INTERRED	11C. SIGNATURE OF PER	ISON IN CHARGE OF IN	
CREMATION	NON	DDRESS OF CREMATO	RY		128. DATE CREMATED	12C. SIGNATURE OF POR	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE		DDRESS OF FACILITY	Receiving Remains		138. DATE RECEIVED	13C. SIGNATURE OF PER	son in charge of F/	ACILITY
		DRESS IN RECEIVING CREMATED REMAINS	state or country w VRE to be shipped	HERE	148. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	iature of Person in	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			Reline, or other deside and <u>district</u> of d		158. DATE OF DISPOSITION	15C, SIGNATURE OF PER CHARGE OF DISPOS	SITION I OF CREM	ATED RE-

COPY 2 IS RETAINED BY 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-9607

MT. HOPE CEMEZERY

City of San Diego

8-1-9 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ake Funeral, date, time Chapel, Graveside Mortuary. Church ade All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied billed to undersigned. War time veteran Section Division/ Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup **Burial Container** Handling Fees 1991 AUG 1 Flower vases - Marker setting fee Recording and filing fee MT: HOPE CEMETERY ITY of SAN DIEGO, CALIF Sales taxes . Total Dua Paid receipt number Balance du

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

Signature of recorded holder of dead

Work Order # **E** 9608

Cimit Zip Col

Ragsdele in after 3:30 " Please "sock of to them for (Bill Undersigned)

Baptist Church Eating 3:30 for 125 Julia + Croth 3:00 PM - 9608



MARBLE



#### Seaman-Poe Monument Co. 3893 IMPERIAL AVENUE BAN DIEGO. CALIF. 92113



PHONE 264-1933

OFFICIAL RECEIPT	MOUNT HODE CENETERY	E -9608 Nº 41052
In Payment of	Row Se	Dollars (\$)
Invoice No Acct. No W.O BALANCE DUE Pre-Need Lot At Need  On Acc Pre-need Trust Cash Check AC-212 (Rev. 10-87)	The second se	CREDIT         67007         /         /           20% Sales Care         77184         ////////////////////////////////////

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMA	APPLICATION	MAINS
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USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

SEBOLIA	NT-FIRST (GIVEN)	16. MIDDLE		A COMPANY OF A COM	AST (FAMILY)		2. DATE (	OF BIRTH		OF DEATH	4, SEX
A. CITY OF DEATH	1	dh	58. COUNTY OF D		CALIFORNIA, ENT	R STATE	6. NAME, RELA	LAFT	AILING ADDF <b>n - Ru</b>	CARL AND COMPANY	CODE
A. TYPED NAME AND AL			Lego, Ch	THE AS SUCH	7B. CALIFORINA I		2958 Wei San Die	_		3	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions out	portand by Section 103	proposed disposition sta 76 of the Health and 3 w Health and Safety Co	icriety Code, and	BA. SIGNATURE C	e applicant-fi	110	r Person Act	ting as Suci	88. DAT	e signe /41
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT. NOTE: THE PERMIT.	ORNIA HEALTH AN TY FOR THE DISPO	ID SAFETY CODE SITION SPECIFIED	9A. AMOUNT O \$7.00	F FEE PAID 98.		100 COL 2000	TURE OF LO		TRAR ISSUM	- V
NY CHANGE IN DISPOSI- TION REQUIRES A NEW FERMIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF R	DIN CALIFORNIA	BOX 8522 Diego, CR	2	9E. ADDRESS OF	REGISTRAR OF			wraa		
B. CREMATION	des entombment) of cremated rem	ANS OTHER			RY ENVAULTMENT				OUTSIDE (	OF CALIFORM	239.
THAN IN A CE				F. DISINTERM	ENT			SPOSITION	PENDING		
		DORESS OF CEM	ETERY	ket St.		-8-91	1-11-11-11-11-11-11-11-11-11-11-11-11-1	entreboler Autor	1972/1993554	ABORDEN	LERMEN'
	11A. NAME AND A	DRESS OF CEM	San Dieg	ket St.	118. 1	-8-91 ate cremated	1-11-11-11-11-11-11-11-11-11-11-11-11-1	79		que	
	11A. NAME AND AI ME. BODO 12A. NAME AND AI 40-	DDRESS OF CEM Constants	ATORY	ikst St. 10, CA	118. D	-8-91	11C SIGNATU	49	SON IN CHA	AGE OF CRE	
THAN IN A CE	114. NAME AND AI 124. NAME AND AI 124. NAME AND AI 124. NAME AND AI 134. NAME AND AI 144. NAME AND AI	DDRESS OF CEM CONSTRUCTION	AATORY	Country where	118. 0 128. 0	-8-91 ate cremated	11C SIGNATU	RE OF PER	SON IN CHA	AGE OF CRE	CILITY

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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E- 9608

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976	100
	- E

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Work Order # PY-593 (NEV. 0-05)





## 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 I)SAN HO. Funeral, date, time Mon Church, Chapel, Graveside Church JERHOSSIDS : KAGSDA Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO Grave 7 Row Division/Block Section Grave space & Care Fund ..... Additional spaces and care fund 00 Opening/Closing & Setup **Burial Container** ... 00 Handling Fees .... Flower vases - Marker setting fee Recording and filing fee Sales taxe ..... **Total Due** IN 155 0 orro Paid receipt number **Balance due** 10 of the above named decedent I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. instans of recorded holder of deed Invoice # 9609

W.O # E-9609

### NOTE

San Diego, California <u>SIII</u> 1991 hirty 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 HUNDREDEicht, ONE And FOULARS with interest from <u>SEPT 1, 1991</u> 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 MCS SIGNATURE /110 HQ SSN # CALIFORNIA DRIVER LICENSE NUMBER

PY-1012 (11-89)

MT. HOPE CEMETERY

E-9609 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12

-	US	BE BLACK INK	ONLY-MAKE	NO ERASU	RES, WHITEOUTS OR O	THER ALTERATIONS	POUND	
A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		( According	AST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR 7-5-51	3. DATE OF DEATH	
A. CITY OF DEATH	CITY OF DEATH 58. COUNTY OF DEATH-OUTSI San Diego San Diego			CALIFORNIA, ENTER STATE		olmes - Nothe		
A. TYPED NAME AND A	dale Hort.	San Die	go, CA	TING AS SUCH	78. CALIFORNIA LICENSE NUK	san Diego,	100 100 100 m Co.	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions outh was authorized pursue	orized by Section 103		Safety Code, and	BA SIMATURE OF APPLICAN	Fugeral Director or Person Ac	cting as Such 88 04	
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THS PERMIT CHES IN	Orinia Health an Y for the dispos D REAT OF DEPOSAL O	ID SAFETY CODE SITION SPECIFIED UTSDE OF CALFORNA.	94. AMOUNT O	[] 20 THE CONTROL STATE CONTROL STATE	115SUED SC. SIGNATURE OF L	L Registrar issue	NG PERM
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF R	Dan Calleonio.	BOX 8522: Diego, CA	25.		OF DISTRICT OF DISPOSITION- UR IN ANOTHER DISTRICT IN CAUP	14	
Provension and an	rion(s) authorized Ides entombment)	CHECK ALL APPL		) D. Scientific	USE	G. SHIP IN TO	CALIFORNIA O OUTSIDE OF CALIFOR	RNIA
B. CREMATION C. DISPOSITION THAN IN A CE	of cremated rem Metery	ains other		E. TEMPORAN F. DISINTERM	RY ENVAULTMENT ENT		R <b>ONER'S USE ONL</b> N PENDING	Y
NTERMENT	HA. NAME AND AD				118. DATE INTER	RED, 11C. SIGNATURE OF BE	ASON IN CHARGE OF IN	VTERMEN
CREMATION	12A. NAME AND AL	Vout )	MATORY 90	1- 500/0	128. DATE CREMA	TED 12C. SIGNATURE OF PER	ason in charge of Cr	IEMATION
SCIENTIFIC USE	13A. NAME AND AL		LITY RECEIVING A	IEMAINS	138. DATE RECEN	VED 13C. SIGNATURE OF PER	rson in charge of F	ACILITY
TRANSIT	14A. NAME AND AL		IVING STATE OR ( NNS ARE TO BE S		RE 148. DATE SHIPP	ED 14C ADDRESS AND SKG OF TRANSIT	NATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NE. SUFFICIENT TO		I SHORELINE, OR L PLACE AND <u>DIS</u>			15C. SIGNATURE OF PER CHARGE OF DISPO	SITION OF CREA	NUMBER MATED RE- DISPOSER PLICABLE

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

CITY OF SAN DIE AUDITOR & COMPT REPORT NO. C65-	GD Roller 102			æ.	PAID I	ACCOU NVOICE AS	NTS RECE REPORT OF 09/0	IVABLE BY DEP 9/91	ARTMENT			DATE: 09/09/91 TIME: 210835 PAGE: 18
DEPARTMENT 072 INV INV NO DATE	PRC ACCT NO	DPERTY DEPI CUSTOMER FUND		PE CEME' Org	ACCT	J/0	PAYM CATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
165130 08/08/91 E- 9609	067337	LESSIE HO 100 100 100 100 100 60101 67007	OL MES 072 072 072 072 072 072		771 81 771 82 771 83 771 84 771 85 78390 771 84	00007 00007 00007 00007 00007	22	CK 3	396	1,481.50 350.00 200.00 45.00 556.00 175.00 16.50 139.00	1,481,50	PAID IN FULL

**王**−9609

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City of San Diego

8/1/91 Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
or RONDAL BAILZY
in a T. S. UAUIT Funeral, date, time TUS 8/6 2:20 P.M.
Church, Chapel, Graveside UARE GRAZSIDE STORE Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran NO
Lot 79 Grave 7 Row Section / Division/Stock /2
Grave space & Care Fund
Additional spaces and care fund
Opening/Closing & Setup
Burial Container
Handling Fees
Flower vases - Marker setting fee 1
Recording and filing fee
Sales taxes
Total Dua
Paid receipt number
Balance due
mother
I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment.
Matta & William
I hereby authorize the interment in lot I hold under deed.
Signeture of recorded helder of deed

Work Order # <u>E</u> 9610

Invoice # 165128 Acct. # 067339 Acet. #

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

RANDAL	NT-FIRST (GIVEN)	18. MIDDLE		IC. LAST (FAN		2. DATE OF		3. DATE OF		4. SEX
San Diego		58	San Diego	UTSIDE CALIFORM	WA, ENTER STATE	S. NAME, RELAT	KILSO			CODE
A. TYPED NAME AND A	DDRESS OF APPLICAN	-FUNERALS	CONTRACT AND	SUCH 7B. CALL	FORNIA LICENSE NUMBER	278 475		₿B		
derson-Ragi	dale Mortu	ary: San D	lego, Ch	P-1	129CABLE	San Die	go, C	a 92102	la	
ACKNOWLEDGINENT OF APPLICANT	of the dispositions out	ns applicant that the proper prized by Section 10376 of t to Section 7100 of the He	and disposition stated herein of the Health and Safety Cod salth and Safety Code.		ATURE OF APPLICANT-F	Will	Person Aci	hing as Such	68. DATE	\$9 <b>7</b> 4
PERMIT UTHORIZATION OF OCAL REGISTRAR	IN THIS PERMIT.	ed in accordance ornia health and s y for the dispositio d right of migrosal outsid	SAFETY CODE ON SPECIFIED	0000 OF FEE PA	B. DATE PERMIT ISS	1 .	ALL A	CAL REGISTRA	a issuing M.S	PERMIT
NY CHANGE IN DISPOSI- TION RECAURES A NEW ERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF RE	DIN CAUFORNIA			RESS OF REGISTRAR OF SPOSITION IS TO OCCUR IN			DRNIA		
. TYPE OF DISPOSI		CHECK ALL APPLICA				10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	12.502.653	California ) Outside of (	CALIFORN	
A. BURIAL (INCLU	DES ENTOMEMENT)		D. SCI	ENTIFIC USE						
B. CREMATION	JOES ENTOMBMENT)			APORARY ENVAU	LTMENT		OR COR	ONER'S US	ONLY	
	OF CREMATED REM	ains other	С E. ТВА		LTMENT	and the second	OR COR	PENDING	E ONLY	
	of cremated rem.	CREAS OF COVET	С E. ТВА	NPORARY ENVAU	118. date interred		SPOSITION	PENDING		
B. CREMATION C. DISPOSITION THAN IN A CE	12A, NAME AND AL	CREAS OF COVET	E. TEM F. DIS SY51 Market San Diego, C	NPORARY ENVAU	11B. DATE INTERRED		SPOSITION IE OF PER		e of int	
B. CREMATION C. DISPOSITION THAN IN A CE	124. NAME AND AL NOT	DORESS OF CREMAT	E. TEM F. DIS SY51 Market San Diego, C	APORARY ENVAU INTERMENT SL.	118, date interred 18-6-91	IIC. SIGNATUR	SPOSITION		LE OF INT	ERMENT
B. CREMATION C. DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC	OF CREMATED REM. METERY 12A, NAME AND AC 12A, NAME AND AC 12A, NAME AND AC 13A, NAME AND AC 14A, NAME AND AC	DORESS OF CREMAT SEA/SE 7-1-1- DORESS OF FACILITY DORESS IN RECEIVIN	E TEA E F. DIS 3751 Market San Diego, C TORY	APORARY ENVAU INTERMENT St.	118, date interred 18-6-9 ( 128, date cremated	IIC. SIGNATUR	E OF PER		E OF INT	

W.O. # E-9610

NOTE

s_138100	San Diego, California	8/1/199
		pay San Diego City Treasurer, or order a
3751 Market Street, San Diego, CA	92101, the sum of AEThousen Athres	Haverse Eighty ONE Sou DOLLARS
with interest from	EPT 3 1991	on the unpaid principal -
at the rate of 12 percent per appur	navable on demand	PT

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 SIGNATURE ADDRESS FORGI CALIFORNIA DRIVER LICENSE NU

PY-1012 (11-89)

5-9610 CITY OF SAN DIEGO, CALIFORNIA WHITE - CUSTOMER GENERAL INVOICE VELLOW - RETURN WITH PAYMENT - LATE NOTICE MAKE REMITTANCE PAYABLE TO CITY TREASURER P.O. BOX 288 SAN DIEGO, CALIFORNIA 92112 24 PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT. ACCT ND MATTIE WILSON 278 47TH STREET 067339 CA 92102 SAN DIEGO TREASURERS PAYMENT DATS BY: CACE IF **N**R**H** 82. PAYMENT REF NO 1 AMT PAID: 1381.50 INVOICE DATE PAYMENT DUE PERIOD COVERED 03/08/91 09/07/91 JULY FOR INFORMATION CONCERNING YOUR BILLING CONTACT: JOANN WAITS REF NO: E-9610 DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400 DESCRIPTION OF CHARGES AMOUNT 22.2 RANDAL BAILEY SERVICE LOT 79; GR 7; SEC 1; DIV 12 1448 595.00 OPENING/CLOSING 350:00 T. S. VAULT 200.00 HANDLING FEE 175.00 RECORDING FEE 45.00 TAX ON VAULT 16.50 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 曾经首门 TRW AND OTHER CREDIT REPORTING AGENCIES. DAN RETURN WITH PAYMENT INV NO. 165128 AC-22 (REV - 2/82)

City of San Diego

Date Aug 2 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains WESSMAN LVA of Funeral, date, time MERKLEY MITCH CAVESON ONIS Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied DIP 1474 and billed to undersigned. War time veteran 📶 . nt 74 Grave 6 Row Section \_ Division/Black Grave space & Care Fund TIE-NEED-D-2766 Additional spaces and care fund Opening/Closing & Setup .... Prz -NEEA ... D-2766 Flower vases - Marker setting fee . Recording and filing fee Sales taxes PrE-NEED A-2766 Total Due ..... Paid receipt number Balance due of the above named decedent I hereby certify I am the . and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed nature of recorded holder of dead

Work Order # E 9611

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

040451T	DENT-PHOT (GIVEN)	T-FIRST (GIVEN) 18. MIDDLE		10	LAST (FAMILY)	SMAN		ATE OF BIRTH		OF DEATH	4. SEX
A. CITY OF DEATH	SAN DIEGO					TER STATE	SEL		ECORDS		P CODE
SAN DIEGO,	CA 92103	1 <b>-3686</b> PP1[PT	TANENNERSON	ACTING AS SUC	7B. CALIFORN		3655	EY-MITCHELL FIFTH AVEN DIEGO, CA	UE	NKT	
ACKNOWLEDGMEN OF APPLICANT	of the dispositions and	orized by Section 1	proposed disposition s 2076 of the Health and the Health and Safety (	Solety Code, and	BA. SIGNATO	of population	Funeral Dire	clor or Person Ac	sting as Suc	AUS	F, SYMER
PERMIT AUTHORIZATION OF LOCAL REGISTRAF		ORNIA HEALTH A	ND SAFETY CODE	9A. AMOUNT \$7.	State and state and state	Contract of the second second	Concellors of	SIGNATURE OF LO		strar issuin M.	
NY CHANGE IN DISPO- TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION.	AF DEATH OCCORRI	D IN CALIFORNIA		H		of registrar of Ion is to occur i		OF DISPOSITION DISTRICT IN CALIFO			
The shoursession are	SITION(S) AUTHORIZED	CHECK ALL AP	plicable mems	D. SCIENTIF	IC USE			] G. Ship in to ] H. Transit to		Margaren an	NIA
			r.	E. TEMPOR	ARY ENVAULTME	NT		FOR COR	RONER'S	USE ONLY	1
	n of cremated rem Cemetery	AINS OTHER	C	F. DISINTER	MENT			L DISPOSITION	PENDING		
INTERMENT		2005, °575				. date interrei -5-91	-	L DISPOSITION	0		TERMENT
INTERMENT	THAT NAME AND A	ETERY, "375 CA	I NAKET STR	NEET. 194-6-/	-// 128	-5-91 DATE CREMATED	Di 11C. SK	•CWISICCOOP IS \$2007 MDEN		eque	7
INTERMENT	THA NAME AND A HT HOPE CEA SAN DIEGO,	DORESS OF CE	EMATORY 2 porticl	реет. 24-6-1 1е воо.	-11 128 rd	-5-91	D 11C. SIG	snature of per		EGUL BE OF CR	EMATION
CREMATION SCIENTIFIC	CEMETERY 1 AT NAME AND A SAN DIEGO, 12A. NAME AND A 13A. NAME AND A 13A. NAME AND A	DDRESS OF CE	EMATORY 2 <u> <u> <u> </u> <u> </u></u></u>	REET. 24-6-1 2 6 30. REMAINS	-// 128 rd 136	-5-91 date cremated	D 11C SIG	ANATURE OF PER	RSON IN CH	HARGE OF FI	ACILITY

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2

E-9611

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City of San Diego

8/2/91 Date

You are hereby authorized and in of TSEGAL				the remains
CANTO LEVEL AND A CANTON OF A	Funeral, date, ti	me Tuz	8/6 11	
All Funeral cars must arrive before and billed to undersigned. War t		rk day or an e	extra charge wi	ll be applied
Lot 66 Grave 8B	_ Row Section .	L	Division/Bleak	12
Grave space & Care Fund				
Additional spaces and care fund				1
Opening/Closing & Setup				12100
Burial Container				5000
Handling Fees				
Flower vases - Marker setting fe				
Recording and filing fee				
Cates same				
risstusill be resent		Total Due .		29100
FESSAT	Paid receipt number	·		
national and a			Balanca due	
		0.00	anterior anterior orteo.	

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

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

Signature of recorded holder of deed

Signature	
Address	
Stata	Zip Cod
Telephane	
11.5	187

9612 V F Work Order # PY-685 (REV. 8-85)

Invoice # 1001 Acct. #\_ 000952

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

THEGAL	INT-FIRST (GIVEN)	18. MIDDLE		IC. LAST	(FAMILY)	2. DATE OF BIR	TH 3. DATE OF		4. SEX
A. CITY OF DEATH	•		58. COUNTY OF		FORNIA, ENTER STATE	6. NAME, RELATIONSH OF INFORMANT			CODE
A. TYPED NAME AND A	DORESS OF APPLICAN	San Di	ago, CA	THIS AS SUCH 78.	CALIFORNIA LICENSE NUMBER	San Diego,			6
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions with was authorized pursuan	orized by Section 103	176 of the Health and	Safety Code, and	SIGNATURE OF APPLICANT-F	The second s		88. DATT	SIGNE
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THES PERMIT IS ISSUE SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GNES N	ORNIA HEALTH AN TY FOR THE DISPO	ID SAFETY CODE SITION SPECIFIED	9A. AMOUNT OF FE		<b>A</b>	A. Come	M.D	PERMI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	BD. ADDRESS OF RI	TOS: P.O		22	ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN				
A. BURIAL (INCL	Tion(s) authorized Jdes Entomement)	CHECK ALL APP		) d. scientific usi	E		to california T to outside of	CALIFORM	84
B. CREMATION				E. TEMPORARY EN	WALL TRACKT			-	
	of cremated rem. Emetery	ains other		F. DISINTERMENT			Coroner's Us Tion Pending	E ONLY	Ň
C. DISPOSITION THAN IN A CE				F. DISINTERMENT			tion pending		
C. DISPOSITION THAN IN A CI	114 NAME AND AL	ODBESS OF CEN	San Die Matory	F. DISINTERMENT				ge of M	TERMENT
C. DISPOSITION THAN IN A CI INTERMENT CREMATION SCIENTIFIC USE	114 NAME AND AL	DORESS OF CRE DORESS OF CRE DN SEC - 8B-	San Die San Die Matory 9 IE R 1 - 12	F. DISINTERMENT	11B. DATE INTERRED 8-6-91	11CSIGNATURE OF		ge of int	
C. DISPOSITION THAN IN A CI INTERMENT CREMATION SCIENTIFIC	12A. NAME AND AL 12A. NAME AND AL 12A. NAME AND AL NA NA NA NA NA NA NA NA NA NA	DORESS OF CRE DORESS OF CRE DON 5-20 - 8 8 - DORESS OF FAC	AND DIE SAN DIE MATORY A IE R I - 12 LITY RECEIVING	F. DISINTERMENT	11B. DATE INTERRED	11CSIGNATURE OF		GE OF IM	MATION CILITY

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

	1 A	•
	MT. HOPE CEMETERY	
1	INTERMENT ORD	ER
	City of San Diego	
		Date 8-2-91
You are hereby authorized and ins	structed, subject to your rules	and regulations, to inter the remains $PA # 1115987$
ina Liner	Funeral, date, time	\$15 MON 2:30 P.M.
Church, Chapel, Graveside	· / / /	ewis Colonial - Mortuary.
All Funeral cars must arrive befor	re 3:30 p.m. of regular work d	ay or an extra charge will be applied
and billed to undersigned. War ti	1/2	
Lot 71 Grave ST	Row Section	Division
		17/ 10
Grave space & Care Fund		
Additional spaces and care fund	******	
Opening/Closing & Setup		121.00
Burial Container		<u>50.</u> W
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
n. Kathey		al Due 297.40
PA: Howard	Paid receipt number	
Hu-	raiu receipt number	No. of Concession, Name

**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 th hold under deed.	e interment in lot I	Signature	
		Address	
Signature of moorded holder of d	wed	State	Zip Code
	/	Telephone	2
	~	11.5131	
Work Order # E	9613	Invoice # 165134 Acct. # 000952	
PY-593 (REV. 8-86)			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAI	APPLICATION	AND	PERMIT	FOR	DISPOSITION	OF	HUMAN	REMAIN
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E-9613

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

ROBERT	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST		2. DATE OF BIRTH MONTH, DAY, YEAR 05-03-1937	3. DATE OF DEATH MONTON YEAR 07-23-1991	4. SEX
A. CITY OF DEATH			UNTY OF DEATH-OUTSIDE CALL	FORMA, ENTER STATE	E. NAME, RELATIONSHIP, M.		
and Prove therease	DDRESS OF APPLICAN			CALIFORNIA LICENSE NUMBER IF APPLICABLE FD480	SAN DIEGO, C	Contraction of the second second	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions owth	as applicant that the proposed d vortual by Section 10376 of the rt to Section 7100 of the Hisalth a	Health and Salety Code, and Ind Salety Code.	SIGNATURE OF APPLICANT-F	chet	08-0	E SIGNED
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	NED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET BY FOR THE DISPOSITION SP ID NIGHT OF DISPOSAL DISTOR OF C	S7.00	AUG 0 5 199		CAL REGISTRAR ISSUIN	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	F DEATH OCCURRE	EGISTRAR OF DISTRICT C D IN CALFORNIA DRDSF.O. BC . CA 92138-522	x 85222	ADDRESS OF REGISTRAR OF I IF DISPOSITION IS TO OCCUR IN		RNIA	5
A. BURIAL ONCLU	udes entombiment) Of cremated remu	AINS OTHER	D. Scientific Use E. Temporary En F. Disinterment	E. and a contract of the activity	5	OUTSIDE OF CALIFOR	102
NTERMENT	MOUNT HOP	DDRESS OF CEMETERY E CEMETERY ET STREET SAI	N DIBGO, CA	118. DATE INTERRED	Uendy	SON IN CHARGE OF IN	
19979900000						CON IN CHARTE OF CO	
CREMATION	12A. NAME AND AL	DDRESS OF CREMATORY	12222	128. DATE CREMATED	12C. Signaturgiof Pers	SUN IN CHARGE OF CH	EMATION
CREMATION SCIENTIFIC USE	12A. NAME AND AL		- <u>87-1-7</u> ; ceiving remains		12C. SIGNATUR <b>S</b> OF PER		
SCIENTIFIC	12A. NAME AND AL NON SE 13A. NAME AND AL R/A	DDRESS OF FACILITY RE	- 87-1-12 CEIVING REMAINS	2	•	ISON IN CHARGE OF FA	ACILITY

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

Concerning States where

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MT. HOPE CEMETERY

City of San Diego

8-2-91 Date \_\_\_\_

You are hereby authorized and instructed, subject to your rules and regulations, to inte	r the remains
of EdNA WeiRick	
in a LINIER Funeral, date, time Tues, 8/4 /	0:00 AM
	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge v	vill be applied
and billed to undersigned. War time veteran 1/0 .	
Cot 25_Grave 4_ Row Section 4_ Division/Black	n 4_
Grave space & Care Fund Pre - Decl (B-9417)	D
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	15000
Handling Fees	14500
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	1238
Total Due	702 30
Paid receipt number# 41067	70238
Balance due	Ø

I hereby certify I am the <u>NEPHEW</u> of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 7.

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

Signature of recorded holder of dead

Work Order # <u>**E**</u> 9614

Invoice # Acct. #

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		NS	E-9614 41067
From:	Address: Hall biona 1	Date:	7 A . 9 2 1 ollars (\$ Di	16 16 102 27 102 102 102 102 102 102 102 102 102
Lot       Grave         Invoice No.       Acct. No.         Acct. No.       Acct. No.         W.O.       Grave         BALANCE DUE       BALANCE DUE         Pre-Need Lot       At Need       On Acct         Pre-need Trust       Cash       Check         AC-212 (Rev. 10-87)       4/6/15	RowS	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID		BCD

	1.399671.0747.074				NOSITION OF HU		
NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		IC. LAST	(FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR 12-27-1889	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 08-01-1991 7
			SB. COUNTY OF DE	Service Control Construction of Control	LIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, M	AILING ADDRESS AND ZIP CODE
TYPED NAME AND A	DDRESS OF APPLICANT			TING AS SUCH 78		AN DIBGO,	
CKNOWLEDGMENT OF APPLICANT	I hereby acknowledge a of the dispositions author	a applicant that the prized by Section 10	proposed disposition state 076 of the Health and So the Health and Sofirty Cod	ed herein is one BA	SIGNATURE OF APPLICANT	Funeral Director or Person Ac	ting as Such 68. DATE SIGNED 08-05-199
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIGNS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH A	ND SAFETY CODE	94. AMOUNT OF F		sued SC. SIGNATURE OF LO	Cal registrar issuing permit
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	San Dieso,	BOS	0. Box 8522		ADDRESS OF REGISTRAR OF # DISPOSITION IS TO OCCUR	DISTRICT OF DISPOSITION	RF&A
B. CREMATION	udes entombment) of cremated rem/ emetery	118890048304031		D. SCIENTIFIC US E. TEMPORARY I F. DISINTERMENT	NVAULTMENT		OUTSIDE OF CALIFORNIA NONER'S USE ONLY PENDING RION INICHARGE OF INTERMENT
INTERMENT	NOUNT HOP 3751 NARK	CEMETE	RY	50, CA	8-6-91	Wendy	10 League
CREMATION	12A. NAME AND AD	DRESS OF CRI	MATORY 25-	4-4-6 6-	128. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AD	oress of fac	ILITY RECEIVING RE	emains	13B. DATE RECEIVED	DT 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
			EIVING STATE OR C AINS ARE TO BE SI		148. DATE SHIPPED	14C, ADDRESS AND SIGN OF TRANSIT	IATURE OF PERSON IN CHARGE
TRANSIT		DECT DONE O	N SHORELINE, OR O	THER DESCRIPTION	ON 158. DATE OF	15C. SIGNATURE OF PER	





Date

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Funeral, date, time AAUR -Church, Chapel, Graveside 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 Roy Division/ Section Grave space & Care Fund Z. 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 numbe **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.

l hereby authorize th hold under deed.	e interment in lot l	Som PAID	
Signature of recorded holder of a	leed	Automa AUG 6 1991	Zip Code
	$\checkmark$	MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF	
Work Order # E	9615	Trivoice #	6

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY		E- Ng	-9615 41085	
	264-3151	Date:	8/6/	, 19 <u>27</u>	
From: HAUTESCOM Recomple	E See Coldie Smith	0.00, 01	_ Dollars (\$ 702	<u> </u>	

Lot 2404 Grave	1	Row	Section		Division Block	0
Involce No Acct. No W.O BALANCE DUE	NOT VALID FOR PU "PAID" IN THIS SPA	RPOSE STATED UNLESS ST	20% Sales Care B0% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77181 100 77185 100 77185 100 77185	251 150 145 145	200 200
Pre-Need Lot At Need On Acct		ober Gene	Misc. Fees Pre-Need Trast Sales Tax TOTAL PAID	77163 63033 9022 60101 78390 \$	702	31

GOLDIE	NT-FIRST (GIVEN)	18. MIDDLE C.		T (FAMILY) <b>TTH</b>	2. DATE OF BIRTH	3. DATE OF DEATH	4. SE
San Diego		INVESTIGATION AND A DESIGN	ITY OF DEATH-OUTSIDE CA	LIFORNIA, ENTER STATE	8. NAME, RELATIONSHIP, MA	NILING ADDRESS AND ZIF	
					707 Norman Rd	l.	
OF APPLICANT	of the dispositions outh	as applicant that the proposed disp orized by Section 10376 of the He t to Section 7100 of the Health and	aith and Safety Code, and	A SIGNATURE OF APPLICANT-FI	uneral Director or Person Acti	ing as Such 88. Dat	
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERIMIT.	ED IN ACCORDANCE WITH P ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE D NIGHT OF INSPOSAL OUTSIDE OF CAL	CIFIED \$7.00	AUG 0 5 199	ed sc. signature of Lo	CAL REGISTRAR ISSUM	
CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	SO. ADDRESS OF RE	GISTRAR OF DISTRICT OF INCAUTO P.O. BOX San Diego	85222	ADDRESS OF REGISTRAR OF I IF DISPOSITION IS TO OCCUR IN		RNIA	
TYPE OF DISPOSI	TION(S) AUTHORIZED	CHECK ALL APPLICABLE IT	EMS		G. SHIP IN TO C	ALIFORNIA	
2010	JDES ENTOMBMENT)		D. SCIENTIFIC U	Contractor appendiates	H. TRANSIT TO	OUTSIDE OF CALIFORI	AIA.
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM	NNS OTHER	F, DISINTERMEN	gen commencement		ONER'S USE ONLY PENDING	83
						SON IN CHARGE OF IN	
INTERMENT	TIA NAME AND AD	CENSUS OF CEMETERY CENSUS 751 San D	Harket St. Lego, CA	8-6-91	Lic. SIGNATURE OF PERS	- League	
INTERMENT	Mt. Hope	Camatery; 3751		118. DATE INTERRED 8-6-91 128. DATE CREMATED	Calandy )	on in churce of cre	
	12A. NAME AND AC	Censtery; 3751 San D	3404-10 jiner	8-6-91	Wisney )	A LEAGUE	MATIO
CREMATION	12A. NAME AND AC 12A. NAME AND AC 13A. NAME AND AC 13A. NAME AND AC 14A. NAME AND AC	Constary; 3751 San D DORESS OF CREMATORY C/076-	1990, CA 3404-10 - <u>line r</u> Enving Remains TE OR COUNTRY WHERE	8-6-91 128. date cremated	Windy )	SON IN CHARGE OF FA	CILITY

HARGE OF DISPOSING OF THE CREMATED REMAINS.

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MT. HOPE CEM	ETERY	
INTERMENT	ORDER	i

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City of San Diego

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applie and billed to undersigned. War time veteran Ao. C45KET SITE 29X 14X14 Lat 79 Grave D Row Section Division/	rou are hereby authorized and instructed, subject to your rules and regulations, to of <u>Marcia Schua</u> FA # 1116347 n a <u>rules</u> Funeral, date, time <u>Thes</u>	inter the remains
If       Maxia       As / UAA       III / 1/2347       (Twin A)         In a	A Maria Selva PA# 1116347 na Funeral, date, time Thes 8/	
Image: Second	Maria Selva PA# 1116347 na Funeral, date, time Thes 8/	
n a	na Funeral, date, time Thes 87	(12011-11
Value Value       Value Value Value       Value	Vault/Liner D. A. O. L. R. 10 PL	1/ 17:20
III Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applie and billed to undersigned. War time veteran No. CASKET STER 29X 14X144 ot 79 Grave 20 Row Section 5 Division/ Grave space & Care Fund	burch Chanal Gravesida Del Unley . Celog-Koha	6,10,200
nd billed to undersigned. War time veteran AQCASKET SIZE 29X14X14 ot 779_Grave_D_RowSection_5_Division/1000 7 irave space & Care Fund	north, chapel, Clavesho	ATT Mortuary.
at 19       Grave 20       Row       Section 5       Division/1000         rave space & Care Fund       90.0         dditional spaces and care fund       90.0         pening/Closing & Setup       64.0         urial Container       64.0         andling Fees       64.0         lower vases - Marker setting fee       64.0         secording and filling fee       64.0         ales taxes       70.10         WWW       70.0         Paid receipt number       90.0         Balance due       90.0         hereby certify I am the       of the above named decode and this is your authority to make this authorization and lagres to boold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.         hereby suthorize the interment in lot I old under deed.       Stere       20.0         Stere       20.0       74.00       20.0         Telephane       20.0       74.00       20.0	Il Funeral cars must arrive before 3:30 p.m. of regular work day or an extra char	ge will be applied
ot       79       Grave       30       Row       Section       5       Division/100       7         irave space & Care Fund       90.0       0	nd billed to undersigned. War time veteran No. CASKET DIZE	29 × 14 × 14
irave space & Care Fund		~1
dditional spaces and care fund       64.00         ipening/Closing & Setup       64.00         urial Container       64.00         landling Fees       9         lower vases - Marker setting fee       9         ecording and filing fee       9         iales taxes       7         Development       7         paid receipt number       9         Balance due       9         hereby certify I am the       0f the above named decade         nd this is your authority to make disposition of remains as above indicated. I certify and representat I have the right to make this authorization and I agree to hold Mt. Hops Cametery harmless from the light to make this authorization and interment.         hereby authorize the interment in lot I old under deed.       Signature         grature of recorded holder of deed       Signature         Telephone       20 C	ot Grave Row Section Division/	
pening/Closing & Setup urial Container andling Fees lower vases - Marker setting fee ecording and filing fee lates taxes Paid receipt number Balance due hereby certify I am the of the above named decede nd this is your authority to make disposition of remains as above indicated. I certify and represe hat I have the right to make disposition and lagree to hold Mt. Hope Cemetery harmless from ny liability on account of said authorization and interment. hereby authorize the interment in lot I old under deed. genture of recorded holder of deed	rave space & Care Fund	90.00
pening/Closing & Setup urial Container andling Fees lower vases - Marker setting fee ecording and filing fee lates taxes Paid receipt number Balance due hereby certify I am the of the above named decede nd this is your authority to make disposition of remains as above indicated. I certify and represe hat I have the right to make disposition and lagree to hold Mt. Hope Cemetery harmless from ny liability on account of said authorization and interment. hereby authorize the interment in lot I old under deed. genture of recorded holder of deed	dditional spaces and care fund	
landling Fees		64.00
lower vases - Marker setting fee	urial Container	
lower vases - Marker setting fee	andling Fees	1000000 NO:
ecording and filing fee	and a second	
Total Due		
Total Due		
Belance due		15dm
Belance due	OCAN Due	
hereby certify I am the of the above named decade nd this is your authority to make disposition of remains as above indicated. I certify and represe hat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless fro ny liability on account of said authorization and interment. hereby authorize the interment in lot I old under deed. gneture of recorded holder of dead gneture of recorded holder of dead Telephone I 165/33	Paid receipt number	
nd this is you'r authority to make disposition of remains as above indicated. I certify and represented to have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of seid authorization and interment.	Balance	due eut
nd this is you'r authority to make disposition of remains as above indicated. I certify and represented to have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of seid authorization and interment.		
hat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless fro iny liability on account of said authorization and interment. hereby authorize the interment in lot I sold under deed. Ignature of recorded holder of deed Ignature of recorded holder of deed Ignature 210 C Telephone	nd this is your authority to make disposition of remains as above indicated. I cer	tify and represent
hereby authorize the interment in lot 1 signature of recorded holder of deed  ignature of recorded holder of deed  ignatur	hat I have the right to make this authorization and I agree to hold Mt. Hope Carnet	ery harmless from
igneture of recorded holder of dead  igneture of	ny habinty on account of said autionization and interment.	
gneture of recorded holder of deed		
gneture el recorded holder el deed State 200 Telephone	old under deed. Signature	
Telephone 165133		
165133	State	Zip Cod
E 9616 invoice # 165133	Telephone	
E 9616	1 11.512	3
	E 9616 Invoice # 19313	2
Vork Order # Acct. # Acct. #	Vork Order # Acct. #	L



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	CONTRACTOR AND	18. MIDDLE	IVEL	1. 1. THE T & LED	SILVA		2. DATE OF BIRTH		OF DEATH	4. SEX
A. CITY OF DEATH	Diego		5B. COUNTY OF I	an Diego	CALIFORNIA, EN	ER STATE	6. NAME, RELATIONSHIP, OF INFORMANT MIC. JOSEFIT			
A. TYPED NAME AND A	DORESS OF APPLICAN	607 Matio	City, C	BIVA SUCH	7B. CALIFORNIA	LICENSE NUMBER	1519 Orchard Jultion, CA	92036		
ACKNOWLEDGMENT OF APPLICANT	of the dispositions auth	as applicant that the pr horized by Section 1037 at to Section 7100 of the	ó of the Health and !	Salety Code, and	8A. SIGNATUSE	of applicant-f	integral Director or Person A	cting as Suc	88. DAT	e signed /91.
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED SIONS OF THE CALL AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	FORNIA HEALTH AND TY FOR THE DISPOSI	SAFETY CODE TION SPECIFIED	9A. AMOUNT O			UED AC AIGNATURE OF L	OCAL REGIS		
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	P.O. BOX San Diego	O IN CAUFORNIA					DISTRICT OF DISPOSITION ANOTHER DISTRICT IN CAUF	Contrast in the second		
TYPE OF DISPOSI	tion(8) authorized Joes Entomement)	) CHECK <u>ALL</u> APPLI	CABLE ITEMS	D. SCIENTIFIC	USE		G. SHIP IN TO		OF CALIFORI	NIA
B. CREMATION C. DISPOSITION THAN IN A CI		ains other		E. TEMPORAR	IY ENVAULTMEN ENT	r		RONER'S	USE ONLY	8
INTERMENT	Nount Hop 3751 Mark	Constant		CA	118	date interred	Uendy	ROON IN CH	ARGE OF INT	TERMENT
CREMATION	12A. NAME AND AL Non SSA/24 79-20-3	e	ATORY		128.	NATE CREMATED	12C. SIGNATURE OF PE	rso <u>n in</u> Cha	RGE OF CRE	MATION
CREMATION SCIENTIFIC USE	13A. NAME AND A		ity receiving F	REMAINS	138.	DATE RECEIVED	13C. SIGNATURE OF PE	RSON IN CH	ARGE OF FA	ICILITY
1	14A. NAME AND AL	DORESS IN RECEIV			IE 14B.	DATE SHIPPED	14C. ADDRESS AND SIG	INATURE OF	PERSON IN	CHARGE
TRANSIT					1					

COPY 2 IS RETAINED BY 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-9616

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	-
MT.+H	DPE CEMETERY
INTERN	IENT ORDER
City	of San Diego
	Date 8-5-91
You are hereby authorized and instructed, sut of Edward Fer	bject to your rules and regulations, to inter the remains
-CID AL	ineral, date, time Wed, 17 2:30 m
Church, Chapel, Graveside GRAVESid	a 11'a'
	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	
and billed to undersigned. War time veteran	
Lot Grave Row	Section Division
Pro-Al	al (R-WIII)
Grave space & Care Fund T. 1.41.44	40. [#. 411] J
Additional spaces and care fund	201 10
Opening Counce Seup	550.00
Burial Container	20.0
Handling Far 6.5 1991	<u>1750</u>
Flower vases - Marker setting fee	SINTERMENT Chg 210.00
Recording a soone CEMETERY	<u>45,W</u>
SaleCITY of SAN DIEGO. CALLE	16-D <del>4500</del>
Ashes Intered 2' from	head Total Due
& plot. No Vault. Paid r	aceipt number 41071 996.50
o procession and a second	Balance due
	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	Willowon
hold under deed.	4221 Bluckton Dr
Signature of recorded holder of deed	TalMPER CA 91941
	50000 11/3-1741 Zp Code
	Telephone
F 9617	Invoice #
Work Order #	Acct. #

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N9	E-9617 41071
From: Lecto France	Address: 43 1 Stur	Date:		
In Payment of Lot Grave		ection	Divis Bipe	
Invoice No           Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	77184	
		Handling Fee	77185	12.00

10 1

- 15 A A

A. NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE	TH.	AST (FAMILY)	12-21-1952 8-4-1991	YEAR N
A. CITY OF DEATH			DIAGO	CALIFORMIA, ENTER STATE	8. NAME, RELATIONSHP, MAILING ADDRESS /	Drother
1927 11 C	jon Live.,	San Diego, CA	92115	78. CALIFORMA LICENSE NUMBER	4221 Blackton Drive La Mass, CA 91941	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions cruth	as applicant that the proposed disperied by Section 10376 of the Hy a to Section 7100 of the Health and	with and Safety Code, and	BA. SIGNATURE OF APPLICANT-	Funeral Director or Person Acting as Such	B. DATE SIGNE
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, NOTE: THIS PERMIT CHES N	IED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY IV FOR THE DISPOSITION SPE DIMENT OF DISPOSAL OUTSIDE OF CA	CODE CIFIED	00 AUG 07 19	191 . Dorall & Romas,	ISSUING PERMI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF DIA CALIFORNIA CA 92186-522		9E. ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR I	DISTRICT OF DISPOSITION	
B. CREMATION C. DISPOSITION THAN IN A CE	of cremated rem Imetery	ains other	E. TEMPORAR		FOR CORONER'S USE	
INTERMENT	Nount Rope	Cenetery Cenetery	Diego, CA	118. DATE INTERREE 8-7-9/	11C. SIGNATURE OF PERSON IN CHARGE	OF INTERMENT
CREMATION	NON JEA	DARESS OF CREMATORY	COVERED	LINER DATE CREMATED	12C. SIGNATURE OF ERSON IN CHARGE	OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DRESS OF FACILITY REC	eiving riemains	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE	OF FACILITY
TRANSIT	14A. NAME AND AL REMAINS OR	DORESS IN RECEIVING STA CREMATED REMAINS ARE	te or country wher to be shipped	ie 148. date shipped	14C. ADDRESS AND SIGNATURE OF PERS	ion in Charge
SCATTERING <sup>®</sup> AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	AREST POINT ON SHOREL	ine, or other describ and <u>district</u> of disp(	PTION 15B. DATE OF DISPOSITION	CHARGE OF DISPOSITION	ICENSE NUMBER DF CREMATED RE- NAINS DISPOSER -IF APPLICABLE

19. 19.

12

× 10

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

COPY 2

E-9617

FORM 61

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22

x

LEGAL DES PIPTION

E- 9.617 BAN & CALIFOR

SR.	DECEASED .	OWNER	DATE & AM	OUNT	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.	n n	10/10/55	60,00	6/23/1976	D-7098 A-9162	Greenwood Vault
- 1	SMITH, Minnie C.	Smith, T.L.& Minnie C.	6/3/54	60.00	6/6/1962	B-8582 A-7258	
28	imple control to 1		6/3/54	60.00	6/29/56	B 649 A-7258	
<u>89</u>	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	D
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		N.		12 I			
						78	
	e						
		X)					

TAYLOR SYSTEM OF CEMETERY RECORDING

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E-9617



# THE CITY OF

MT. HOPE CEMETERY . 3751 MARKET STREET . SAN DIEGO, CALIFORNIA 92101 Business hours 8 a.m. to 4 p.m. **Property Department** Monday thru Friday . Gates open daily 264-3151

#### AUTHORITY TO DISINTER, REMOVE OR REINTER

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

from Lot — Grave <u>30</u> Section <u>2</u> Row <u>9</u> Block — Division <u>2</u> and to remove the same to and reinter said remains in Lot <u>50</u> Grave <u>30</u> Section <u>2</u> Row <u>9</u> Block — Division <u>2</u> Cemetery <u>Mr Jope</u>.

The undersigned hereby cortify 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.

Rell &, & heeler Earghter 4608 Vista St. Sube

Signature

Relation to deceased

Address

I hereby authorize the above disinterment:

Engra (Lot owner must sign if not legal custodian)

8-5-91





9/5/91

### MT. HOPE CEMETERY

**City of San Diego** 

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains BOWEN 7 WED 10:00 A.M. Funeral, date, time & RAGEDALS 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 Z Section Grave Row Division/Blass Grave space & Care Fund ..... Additional spaces and care fund 00 Opening/Closing & Setup ..... 00 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. 16mory ature of recorded holder of dead 9618 F Work Order PY-503 (REV. 8-85)

WO. # E-9618

NOTE

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 psice is past due and unpaid.

PRINT NAME KOBERT EK BOWEN SIGNATUR CAN DIEGO ADDRESS 5764 OLD MEMORY CN CALIFORNIA DRIVER LICENSE NUMBER C3080506 CON+ 553-71-3717

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	BOISY HOGH			IC. LAST (FAM	LŊ	2. DATE OF BIRTH	3. DATE OF		4. SEX	
54	CITY OF DEATH		58. (	San Diego	JTSIDE CALIFORN	ia, enter state	6. NAME, RELATIONSHIP, M.	AILING ADDRESS - Son	s and ZIP	CODE
71	TYPED NAME AND A	DORESS OF APPLICAN	5050 Pade	R PERSON ACTING AS	SUCH 7B. CALIF	ORNIA LICENSE NUMBER	San Diego, C	And the second second second second		
1	OF APPLICANT	I hereby ocknowledge of the dispositions out	as applicant that the propose arized by Section 10376 of it is to Section 7100 of the Hash	i disposition stated herein is the Health and Safety Code,		TURE OF APPLICANT-F	ungral Director or Person Act	ing as Such	88. DATE	SIGNED
	PERMIT ITHORIZATION OF DCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WI FORMA HEALTH AND SAF I'Y FOR THE DISPOSITION 0 MINT OF DISPOSAL OUTSIDE ()	SPECIFIED \$7		AUG 0 6 199	HED SC. SIGNATURE OF LO	CAL REGISTRA	n'issuing M.D.	PERMIT
1	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RAIT TO SHOW FINAL DISPOSITION.		GISTRAR OF DISTRICT				DISTRICT OF DISPOSITION-	RNIA		
		TION(S) ALITHORIZED	CHECK ALL APPLICABL	e ITEMS	NTIFIC USE		G. SHIP IN TO (		CALIFORN	IA
2	B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM EMETERY	AINS OTHER	1975 (PH) (PH)	PORARY ENVAUL	TMENT	FOR COR	ONER'S US	E ONLY	
	INTERMENT	1		an Diego, (		118. DATE INTERRED 8-7-91	11C. SIGNATURE OF PER	SON IN CHARG	DE OF INTE	ERMENT
APPLICABLE ITEMS	CREMATION	12A. NAME AND AN	COURS OF CREMATOR	and a second second	1-12	128. DATE CREMATED	12C. SIGNATURE OF PAS	SON IN CHARGE	E OF OF	MATION
ALL APPLIC	SCIENTIFIC USE	13A. NAME AND A	odress of facility f	ECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARG	BE OF FAC	жлү
COMPLETE	TRANSIT		DRESS IN RECEIVING CREMATED REMAINS A		WHERE	14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ature of Pei	rson in C	HARGE
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHO O IDENTIFY FINAL PLA			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		UCENSE N OF CREMA MAINS DIS	TED RE-

COPY 2 IS RETAINED BY 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-9618

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City of San Diego

Date 8/5/91

You are hereby author of $\angle LEOI$	rized and instruct	ed, subject to y	our rules and re	egulations, to in	nter the remains
ina LINZ	FR	Funeral d	ate time The	r 818	2:00 P.M.
Church, Chapel, Gray	veside Churc	A/Grave		SDALE	Mortuary.
All Funeral cars must	account for the second	11		an extra charo	a will be applied
and silled to undersig		1-			
d o	mou, trai time te		22		0.000
Lot 83 Grave	5Row	Se	ction	Division/	<u>12</u>
Grave space & Care I	Fund Prz.	NEED	- 5-8	31.6	ø
Additional spaces and	d care fund				
Opening/Closing & S	Setup				35000
Burial Container					15000
Handling Fees					. 14500
Flower vases - Marke	r setting fee	AUG	.51991.		
Recording and filing t	fee				4500
Sales taxes	564 - 1910 ISAN ANY MAN		E CEMET		12 38
00/08 LEAGS		0.012-010/0	N DIEGO: C	Contraction of the local division of the loc	70238
			Total Du		70238
		Paid receipt n	umber7/	1070	- TOde
				Balance du	
I hereby certify I am 1	11.	10000			named decedent
and this is your author that I have the right to any liability on accou I hereby authorize the hold under deed.	o make this author nt of said authori	rization and lag zation and inte	ree to hold Mt.		
Signature of recorded holder of de		- 19	7. 6	in	99114
		, vz	262	1926	Zi Com
	./		Telephone	1 2 ~ 4	
30-35	Y			5320	
	9619		Acct. # DL	7523	i.
Work Order #		2	Acct. #	1900	
					-
	TIME	A G AFRI	16 24	2-1	
	Flower	c > 11/1	2 3.	3/	
	RAGS	11	424	40	
	an server a server			,	
		11	isigned		
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	Bill	1 unn	al noi	7.	
	-	date	rsigned al oi	877. A	
	an	\$10	0.		
		1977			

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Date: Au	N	E-96	070
From: Julius Lacen Julius Lacen In E Payment of Lat Lot 83 Grave	Address: 257 Velmin 38 100	Dependent	collars (\$ .	Division Block	3)
Invoice No Acct. No W.O BALANCE QUE Pre-Need Los □ At Need On Acct □	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184	350 150 155 45	200 200 200 200
Pre-need Trust Cash Check Q	ISSUED BY A Saidal	Sales Tax	60101 78390	122	20

•	4						E-961	9
				1995-00783 - 5235-0743729 1995-0783 - 5235-0772-0772	NUTEOUTS OF OTHE	MAN REMAINS		
1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	_	1C. LAST OF	AMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
LIDOLA		-		TOCH		MONTH, DAY, YEAR	MONTH, DAY, YEAR	
SA CITY OF DEATH	City		58. COUNTY OF DEATH		DRNIA, ENTER STATE	6. NAME, RELATIONSHIP, N OF INFORMANT Julius Logan	IAILING ADDRESS AND Z	PCODE
ACKNOWLEDGMENT	I hereby acknowledge of the dispositions out	SOSO Ped as applicate Date of portand by Section 1037	eral Blvd.	reis is one BA. SI	ALIFORNIA LICENSE NUMBER HF APPLICABLE GNATURE OF APPLICANT-F	5257 Velma 1 Sem Diego, C meral Director or Person Ac	ATTANA 92114	TE SIGNED
APPLICANT PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSE	THIS PERMIT IS ISS SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT. NOTE THIS PERMIT. NOTE THIS PERMIT SNES SO. ADDRESS OF R	JED IN ACCORDANC FORMA HEALTH AND IV FOR THE DISPOSI ID NIGHT OF DISPOSIL OUT EGISTRAR OF DIST	SAFETY CODE TION SPECIFIED		AUG 0 7 199		CAL BEGISTRAR ISSU	
REGUMES A NEW REGUMES A NEW ISPOSITION.	Vital Par		. Box 85222 Diego, Ch		DISPOSITION IS TO OCCUR	ANOTHER DISTRICT IN CAUFO	RHIA	
A. BURIAL (INCL)	TION(S) AUTHORIZED	CHECK ALL APPLI	723578945 7235778945	scientific use		G. SHIP IN TO	California Outside of Califor	RNLA.
B. CREMATION C. DISPOSITION THAN IN A CI	of cremated rem Emetery	AINS OTHER	-	TEMPORARY ENV	AULTMENT		PENDING	Y
	11A. NAME AND AN		i 3751 Mark San Diego		11B. DATE INTERRED	Uendy	SON IN PHARGE OF IN	TEAMENT
CREMATION	12A. NAME AND A		atory 3-52	-12	128. DATE CREMATED	12C. SIGNATURE OF PER	Son in charge of Cr	EMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF FACIL	ITY RECEIVING REMAI	INS	138. DATE RECEIVED	19C. SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
TRANSIT			ING STATE OR COUN NS ARE TO BE SHIPP		148. DATE SHIPPED	14C. ADDRESS AND SIG OF TRANSIT	NATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T		Shoreline, or oth Place and <u>distric</u>		15B, DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	SITION I OF CREAT	NUMBER MATED RE- DISPOSER MICABLE

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

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			E-969
		42	54
165320 08/13/91 067523 JULIUS LOGAN E-9619 100 072	08/29/91 77183 000072	057523 150.00	150.00 0.00
	77183 000072	057523 150.00 150.00	150.00 PAID IN FULL
48			

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains DELORES of \_\_\_ E. Flint Funeral, date, time / Aur 8 :00 A ina ASH VAULT Church, Chapel, Graveside ; Wilsow AHH SA Church, Chapel, Graveside ; Wilsow AHH SA Conv Deco All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO \_\_\_\_ Section MHS\_ Division/Block. Lot / D 5 Grave \_\_\_\_ Row Grave space & Care Fund Drz -NEED 6-9736 Additional spaces and care fund Opening/Closing & Setup .... P.E.T. NEED. C-9235. Burial Container Pro-NEED C-9736 Flower vases - Marker setting fee RE-NEED 6- 9736. Recording and filing fee ... Sales taxes RETE MALTE PAR - NEED C- 9.23C. RTT STAG OPEN Total Due .... the family 111 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 pure of reporting holder of dead Zio Cod 9620 Invoice # F Work Order # Acct. # PY-583 (REV. 8-55)

	USE BLACK INK	UNLT-MAKE NO ERASU	RES, WHITEOUTS OR OTH	HER ALTERATIONS 6/93
NAME OF DECEDE	211-	11 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SE
. CITY OF DEATH	No. U. Art Contractor	B. COUNTY OF DEATH-OUTSIDE	E CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
	DDRESS OF APPLICANT-FUNERAL DIRECT		7B. CALIFORNIA LICENSE NUMB -IF APPLICABLE 297	ER 3615 Ryan Drive Escendido, CA 92025
	I hereby acknowledge as applicant that the pro of the dispositions authorized by Section 10376 was authorized pursuant to Section 7100 of the	of the Health and Safety Cade, and	8A. SIGNATURE OF APPLICANT	-Funeral Director or Person Acting as Such 8B, DATE SIGN
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANC SIONS OF THE CALIFORNIA HEALTH AND AND IS THE AUTHORITY FOR THE DISPOSI IN THIS PERMIT. NOTE THIS PERMIT OF DISPOSAL OUTS	SAFETY CODE NON SPECIFIED	AUG D 6 1	991 Donall & Brond, M.D. Cur
IY CHANGE IN DISPOSI- ION REQUIRES A NEW BRAIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DIST IF DEATH OCCURRED IN CALIFORNIA P.O. Box 86222 Sen B		9E. ADDRESS OF REGISTRAR C IF DISPOSITION IS TO OCCUR	DF DISTRICT OF DISPOSITION-
<b>7</b>	JDES ENTOMBMENT)	ABLE ITEMS		G. SHIP IN TO CALIFORNIA
B. CREMATION C. DISPOSITI THAN IN A CI	DF CREMATED REMAINS OTHER EMETERY	D. Scientifi E. Tempora F. Disinteria	RY ENVAULTMENT MENT	H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY
B. CREMATION	DF CREMATED REMAINS OTHER METERY 11A. NAME AND ADDRESS OF CEMET Mt. Hope Constery 3751 Market Street, 12A. NAME AND ADDRESS OF CREMA Eternal Hills Crema	D. SCIENTIFH E. TEMPORA F. DISINTERN ERY San Diego, CA NORY COTY	RY ENVAULTMENT MENT	H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY L DISPOSITION PENDING ED, 11C. SIGNATURE OF PERSON IN CHARGE OF INTERME Wendy Jo Juegue
B. CREMATION C. DISPOSITI THAN IN A CI INTERMENT	DF CREMATED REMAINS OTHER METERY 11A. NAME AND ADDRESS OF CEMET IS. Hope Constants 3751 Market Street, 12A. NAME AND ADDRESS OF CREM	D. SCIENTIFH E. TEMPORA F. DISINTERN ERY San Diago, CA NORY tory , Ocdanside, CA	RY ENVAULTMENT MENT 11B. DATE INTERRE 8 -8 -9/	H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY I L DISPOSITION PENDING ED 11C. SIGNATURE OF PERSON IN CHARGE OF INTERME D 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATH D 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATH
B. CREMATION C. DISPOSITI THAN IN A CI INTERMENT CREMATION SCIENTIFIC	DF CREMATED REMAINS OTHER METERY 11A. NAME AND ADDRESS OF CEMET Mt. Hope Constery 3751 Markat Street, 12A. NAME AND ADDRESS OF CREMA Eternal Hills Crema 1999 El Camino Real	D. SCIENTIFH E. TEMPORA F. DISINTERN ERY San Diego, CA TORY COTY , Octanoido, CA TY RECEIVING REMAINS	RY ENVAULTMENT MENT 11B. DATE INTERRE 8 -8 -9/ 12B. DATE CREMATE 8 -7-9/ 13B. DATE RECEIVE	H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY L. DISPOSITION PENDING ED 11C. SIGNATURE OF PERSON IN CHARGE OF INTERME Usedy Do Jugged D 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIC D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

**City of San Diego** 

8/5/91 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains OUGLAS LEWIS 12:00 AM Funeral, date, time. TYAC DALE Mortuary. Church, Chapel, 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 723 Section Division/Block E-1821 PEE-NEED Grave space & Care Fund Additional spaces and care fund E-236+ Pra-NEEL Opening/Closing & Setup .... **Burial Container** 00 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.

F

9621

Signature of recorded holder of deed

Mrs Lines,	Veniel
335 aknew	and St-
CA-	92114
264-8951	/ Zip Code

Invoice # Acct. #

Work Order # .

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151		NS	E-9622 41075
From TENER DANIEL	Address: 335 WINEWOOD	Date:	8/5/	., 19.91
In Full Payment of Sat	WE AND 3850	1	Dollars (\$ <u>352</u>	\$ <u>\$</u>

Lot 703	Grave	Row Se	ection	Division Block	
Invoice No Acct. No W.O BALANCE DUE		NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisi Containers Handling Fee Recording & Misc, Fees	67007 77184 77184 77184 77181 77181 77182 77182 77182 77185 100 77185	150 00
	Check		Pre-Need Trust Sales Tax TOTAL PAID	63033 9022	12 ===

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FA	MILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SE
PROD		DOUGLA	5	LENG	8	3-7-07	8-3-91
SA. CITY OF DEATH		1	68. COUNTY OF DEATH	OUTSIDE CALIFO	RNIA, ENTER STATE	8. NAME, RELATIONSHIP, MA	LING ADDRESS AND ZIP CODE
Mational	City		San Die	go		Mildred Lewis	- Daughter
TA. TYRED NAME AND A		T-FUNERAL DIRECT			LIFORNIA LICENSE NUMBER F APPLICABLE	712 S. 44th S San Diego, Ca	
ACKNOWLEDGMENT # OF APPLICANT	of the dispositions outh	orized by Section 1037	oposed disposition stated le 6 of the Health and Salety Health and Salety Code.		NATURE OF APPLICANT—FI	unegal Director or Person Actin	g as Such 88. DATE SIGN
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH AND TY FOR THE DISPOSI	SAFETY CODE	AMOUNT OF FEE P	AID 98. DATE PERMITISSA AUG 07199		CAL REGISTRAR ISSUING PERM
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF RI	D IN CALIFORNIA	Box 85222			DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CALIFOR	NIA
A. BURIAL ONCLU	non(s) authorized Ides Entomement)	CHECK ALL APPLI	Starts.	scientific use		G. Ship in to C/	LIFORNIA DUTSIDE OF CALIFORNIA
B. CREMATION			□ E.	TEMPORARY ENVA	ULTMENT	FOR CORC	NER'S USE ONLY
C. DISPOSITION THAN IN A CE		ains other	□ F.	DISINTERMENT			ENDING
INTERMENT	ML. Hope		3751 Market		118. DATE INTERRED 8-X-91		on in charge of intermet
CREMATION	12A. NAME AND AD		ATORY	-12	12B. DATE CREMATED	12C. SIGNATURE OF DERSI	IN CHARGE OF CREMATIO
SCIENTIFIC USE	13A. NAME AND AD	DORESS OF FACIL	ity receiving rema	NS	13B. DATE RECEIVED	13C. SIGNATURE OF PERS	on in charge of facility
			ING STATE OR COUN NG ARE TO BE SHIPP		14B, DATE SHIPPED	14C. ADDRESS AND SIGNA OF TRANSIT	TURE OF PERSON IN CHARG
SCATTERING AT SEA OR DISPOSITION OTHER			SHORELINE, OR OTH PLACE AND DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOSIT	

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

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E-962],

MT-HC	DPE CEMETERY
INTERM	IENT ORDER
City	of San Diego
3 <b>-</b>	1911 / J
	Date \$ 5/9/
of JOE LOUIS Mink	bject to your rules and regulations, to inter the remain
	neral, date, time FRi 8/9 1:00 PM
The city	
Church, Chapel, Graveside	; togs DA 2 Mortuar
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge will be applie
and billed to undersigned. War time veteran	
1 89 5 3 8	Section Division/Block
Lot 12 / Grave how	Section Division/ Block
Grave space & Care Fund	595
Additional spaces and care fund	
Opening/Closing & Setup	350
Burial Container	AII) 330
Handling Fees	AID 320
Flower vases - Marker setting fle SEP	0.6 1991
Flower vases - Marker setting the SER	
Recording and filing fee	DPE CEMETERY
Sales taxes	1/17.
10 /	Total Due
NOTE Paid re	eceipt number TIALA [66]
VC .	Balance due
Wile.	
and this is your authority to make disposition	of the above named deceder of remains as above indicated. I certify and represe
any liability on account of said authorization	and lagree to hold Mt. Hope Cemetery harmless fro and interment
	fin ni
I hereby authorize the interment in lot I hold under deed.	Signature
	1226 Jacman Au
Signature of recorded holder of dead	San Hierov Cu. 92114
	263-4399
1	Telephone
Work Order # E 9622	Invoice # 165317
Work Order # E 9622	Nor # 067521
PY-543 (REV. 8-85)	

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OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Ę	-9622 Nº 41216
	A State of the second	Date:	2-6-, 1971
From: LILLOS MINOR CALETHOUSAND Six HUMORS In Full Payment of SErve	Address: 7001 JACANA DOINTY SEVEN AND 200	Dollar	s (\$ <u>1667 33</u> )
Grave 3		ection/	Division Block
· Invoice No# 165217 Acct. No. # 067521	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	of Lots 771	84

INVICO IVVI	"PAID" IN THIS SPACE.	20% Sales Care	//184 -		100
Acct. No. # 067521		80% Sales of Lots	100	776	-
ACCI. NO.		Opening/	100	250	
W.O. E-9622		Closing Burial	77181 -	220	25.4
A		Containers	77182 -	270	1
BALANCE DUE		Handling Fee	100	320	
		Recording &	100	43	1
		Misc. Fees Pre-Need	77183 - 63033		1
Pre-Need Lot At Need On Acct		Trust	9022 -		13
Pre-need Trust Cash Check	Ship Land	Sales Tax	60101 78390 -	27	
	ISSUED BY TOM LOUGO	TOTAL PAID	\$	1117	2
AC-212 (Rev. 10-87) # 1598		CONTRACT CONTRACT	100	1800	-

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT—FIRST (given)	1B. MIDDLE	10.	LAST (FAMILY)	MONTH DAK YEAR MONT	TE OF DEATH H. DAY, YEAR
SA. CITY OF DEATH	0	58. 4	COUNTY OF DEATH-OUTSID	e California, enter state	6. NAME, RELATIONSHIP, MAILING A	
Name and Design and the local data of the local	dale Mort.	5050 Peder	DR PERSON ACTING AS SUCH BLOCA CA d diposition stoted herein is one	-IF APPLICABLE	1250 GROGINIE EVE	2114
OF	of the dispositions outh		he Health and Safety Code, and In and Safety Code.	Debbu 11	Lelians	8/5/91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W FORMUA HEALTH AND BAR IV FOR THE DISPOSITION D RIGHT OF DISPOSAL OUTSIDE (	SPECIFIED	100 0 4 10	91 Donall & Roman	gistrar assuing permit and M.D.G
REQUIRES A NEW TO SHOW FINAL SPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT D IN CALIFORNIA FOR; P.O. BO San Die	# 85222	9E. ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN 1	DISTRICT OF DISPOSITION-	
10. TYPE OF DISPOSIT		CHECK ALL APPLICABL	е пемя П. D. Schentifi	IC USE	G. SHIP IN TO CALIFOR	
B. CREMATION			E. TEMPORA	RY ENVAULTMENT	FOR CORONER	S USE ONLY
C. DISPOSITION THAN IN A CE		AINS OTHER	📋 F. Disinter	MENT	L DISPOSITION PENDIN	IG .
	TA. NAME AND AN	DBESS OF CEMETERY	751 Market St an Diego, CA	118. DATE INTERRED	Wendy Jo	CHARGE OF INTERMENT
CREMATION	12A. NAME AND AU	DRESS OF CREMATO	ar -3-1-18	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
CREMATION SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF FACILITY I	RECEIVING REMAINS	138, DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING CREMATED REMAINS /	STATE OR COUNTRY WH ARE TO BE SHIPPED	ERE 14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF TRANSIT	of Person in Charge
SCATTERING AT SEA OR DISPOSITION OTHER THANN A CEMETERY			Reline, or other desci Ce and <u>district</u> of dis		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.

325

E-9622

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº PROPERTY DEPARTMENT 41216 WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 9-6- 199L Date: Lillie MINAR JAC. NIGR AVE S.S. LA 7226 92114 From: Address: - Dollars (\$ 1667 33 23 UNETHOUSAND Six HUNDRED SIXT Payment of SELVICES MINOR InR Full JOE Division Grave\_3 Lot\_\$9 Section Row Invoice No# 165317 NOT THE ESSST CREDIT 20% Sales Care 000 DUN MPED 67007 77184 00 0 80% Sales of Lots Acct. No. # 06752 100 00 100 SEP 0 6 1991 Opening 3 50 9623 F 00 100 220 Burial MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF 00 BALANCE DUE 100 220 Handling Fee 00 Recording & Misc. Fees 100 On Acct Pre-Need Trust 63033 9022 re-Need Lot At Need Pre-need Trust D Cash R Check 23 60101 78390 27 Sales Tax 23 66 ISSUED E AC-212 (Hey 10-67) # 1598 TOTAL PAID \$2.00 E-quel M. Mortuary. P.Y. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied You are hereby authorized and instructed, subject to your rules and regulations, to inter the remaina of the above named decedent indicated. I certify and represent 250 330 ũ 1667 100 8 agree to hold Mt. Hope Cemetery harmle Division/Block Cree Balance due 6 Funeral, date, time TQ ; 8/4 he as Da Date CITY OF SAN REPORT 7 INTERMENT ORDER remains as above Invoice # MT: HOPE CEMETERY Acct. # ....SEP. 0.6. 1991 City of San Diego Section Paid receipt numbe Additional spaces and care fund ..... inter Minde that I have the right to make this authorization any liability on account of said authorization . and billed to undersigned. War time veteran nority to make disposition hereby authorize the interment in lot hold under deed. Bow 9622 0415 Flower vases - Marker setting Handling Fees Church, Chapel, Graveside 3 Crypt **Opening/Closing & Setup** Grave space & Care Fund Recording and filing fee Grave Work Order # E **Buriel Container** Hor hereby certify and this is your Id C an PY-563 (REV. 8-86) Sales taxes 50 to 5

23.

MT HO	PE CEMETERY
	IENT ORDER
City c	of San Diego
Phe-Meld trust 3 You are hereby authorized and instructed, subj of <u>MADELINE</u> M, R	Date 8/6/9/ Db1 CR4pT ject to your rule and regulations, to inter the remains ANDA //
ina DBI-CAUPOT FU	neral, date, time
Church, Chapel, Graveside	Mortuary.
man Burghall	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran .	
Lot <u>24</u> Grave <u>546</u> Row	Section Division/Stoor
Grave space & Care Fund Prz-NE	ED D-8150
Additional spaces and care fund	
Opening/Closing & Setup	35000
Burial Container	33000
Handling Fees	32000
Flower vases - Marker setting	
Recording and filing the	4500
	27 23
1991	117023_
AUG 0 9 15-	Total Due
AUC	Bipt number 71107 1012-
AUG 0 9 10 METERY	Balance due
MTOLSAD	
and this is your authority to make disposition	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
	1
I hereby authorize the interment in lot I hold under deed.	8354 C. Handall
Signature of recorded holder of deed	Address 50 . Q . 2 / 4 07/19
	51818 461-6970 Telephone
<b>E</b> 0000	Invoice #
Work Order # E 9623	Acct #

Acct. #

Work Order #

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	E NS 2/9/ 0llars (\$ 202	- 9623 41109 19,
In Payment of Lot Grave Invojce No Acct. No W.O W.O BALANCE DUE Pre-Need Lot  At Need  On Acct  Pre-need Trust  Cash  Check  AC-212 (Rev. 10-87)	5 + C Row Se NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	ection CREDIT 20% Sales Care 80% Sales of Lois Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	Divisia 67007 77184 100 77184 100 77184 100 77182 100 77182 100 77183 63033 9022 60101 78390 3	



8

## INTERMENT ORDER

City of San Diego

8-1-9 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Hudson. AZI of Funeral, date, time in a Church, Chapel, Graveside Church T epthelingia Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 140 Section . Row Division/P Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting 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 Simanura hold under deed. Address ture of recorded holder of dead State Zie Code Tologhana

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

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

9624

	1000 A 1000 A				0000000000	ITION OF HU	E -9 MAN REMAINS	624
A. NAME OF DECEDE	CONTRACTOR OF A CONTRACT OF A	18. MIDDLE	DSON	10,	LAST (FAM			TE OF DEATH 4. SEX
	onal City		58. COUNTY OF D	San Dieg	E CALIFORN		6. MAME, RELATIONSHIP, MAILING A OF INFORMANT David A. Smith	DDRESS AND ZIP CODE
A TYPED NAME AND A	DDRESS OF APPLICANT	6322 EL	Cajon Bly	d. SD	7B. CAL	ORNIA LICENSE NUMBER	1054 Nugent Ct. El Cajon, CA 92	020
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge a of the dispatitions author	a applicant that the wired by Section 10		ted herein is one Salety Code, and	1	TURE OF APPLICANT	ineral Director or Person Acting as S	100
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUE SIGNIS OF THE CALLER AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT. SHEE THE	ORNIA HEALTH A Y FOR THE DISPO	ND SAFETY CODE	9A. AMOUNT (		AUG 08 199	1 Nonall & Ros	GISTRAR ISSUING PERM
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF RE P.O. BOX 8 92186-5222		STRICT OF DEATH- n Diego, C				DISTRICT OF DISPOSITION- LANOTHER DISTRICT IN CALIFORNIA	
	JOES ENTOMBMENT)	-14.85		D. SCIENTIFI	ic use		G. SHIP IN TO CALIFORM	
C. DISPOSITION C THAN IN A CE		INS OTHER	100	E. TEMPORA F. DISINTERN	State of the second	TMENT		21.5×
	ITA NAME AND AD	Cemeter		F. DISINTERN	State of the second		THE REPORT OF TH	G
	ITA NAME AND AD	Cemeter Ket St.,	wetery y San Diego	F. DISINTERN	MENT		L DISPOSITION PENDIN	g Charge of Interiment
	METERY MC. Hope 3751 March 12A. NAME AND AD	DRESS OF CEN Cometer Ket St., DRESS OF CRE	RETERY y San Diego MATORY R 62-11	F. DISINTERN	MENT	11B. DATE INTERRED	L DISPOSITION PENDIN 11C. SIGNATURE OF PERSON IN 12C. SIGNATURE OF PERSON IN C	G CHARGE OF INTERMENT Legged CHARGE OF CREMATION
	ITA, NAME AND AD MC. Hope 3751 Mari 12A. NAME AND AD CIA NAME AND AD CIA NAME AND AD CIA NAME AND AD	DRESS OF CEN CEMETER Ket St., DRESS OF CRE / St. A/S DRESS OF FAC	METERY <b>San Diego</b> MATORY <u>P 62 -12</u> ALITY RECEIVING R	F. DISINTERN C. CA 9	2102 /2	11B. DATE INTERRED 8-9-91 12B. DATE CREMATED	L DISPOSITION PENDIN 11C. SIGNATURE OF PERSON IN 12C. SIGNATURE OF PERSON IN C	G CHARGE OF INTERIMENT LEAGUE CHARGE OF CREMATION CHARGE OF FACILITY

COPY 2

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STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 5/89)

	MT. HOPE CEMETERY	1415
	INTERMENT ORDER	
1	City of San Diego	
V. Teet	+	8-8-91
ne que	L Dete	0-0-11
You are hereby authorized an	d instructed, subject to your rules and reg	ulations, to inter the remain
	ASA BALANE	
- Liner	Funeral, date, time	
VentyCow		
		Mortuar
and South States and States	efore 3:30 p.m. of regular work day or a	n extra charge will be annlie
	before 3:30 p.m. of regular work day or a	n extra charge will be applied
and South States and States		n extra charge will be applied
All Funeral cars must arrive t and billed to undersigned, Wi .ot <u>125</u> Grave 2	ar time veteran Row Section	_ Division/ <b>State</b> /2
All Funeral cars must arrive t and billed to undersigned, Wi .ot <u>125</u> Grave 2	ar time veteran	_ Division/ <b>State</b> /2
All Funeral cars must arrive b and billed to undersigned, Wa ot <u>25</u> Grave <u>2</u> Grave space & Care Fund <del>1</del>	ar time veteran Row Section	_ Division/ <del>2006_</del> 2
All Funeral cars must arrive t and billed to undersigned. W ot <u>25</u> Grave <u>2</u> Grave space & Care Fund <b>7</b> Additional spaces and care fu	ar time veteran Row Section _2 Ite. Theed. (E-1511)	_ Division/
All Funeral cars must arrive t and billed to undersigned, Wa ot <u>25</u> Grave <u>2</u> Grave space & Care Fund <u>4</u> Additional spaces and care fu Opening/Closing & Setup	ar time veteran Row Section _2 Ite. There (E-1517) und	_ Division/===== (2 7. [1/3]) J 350.0
All Funeral cars must arrive t and billed to undersigned, Wa ot <u>25</u> Grave <u>2</u> Grave space & Care Fund <u>7</u> Additional spaces and care fu Opening/Closing & Setup Burial Container	ar time veteran RowSection Ite Theed (E-1517) und	Division/2000 (2 7. 780) _ J 350.00 150.00
All Funeral cars must arrive t and billed to undersigned. Wa ot <u>25</u> Grave <u>2</u> Grave space & Care Fund <u>7</u> Additional spaces and care fu Opening/Closing & Setup Burial Container	ar time veteran RowSection Ite. T. Jack (E-1511) und	_ Division/
All Funeral cars must arrive t and billed to undersigned, Wa out <u>25</u> Grave <u>2</u> Grave space & Care Fund <u>1</u> Additional spaces and care fu Opening/Closing & Setup Burial Container Handling Fees	ar time veteran RowSection Ite. Theed. (E-1517) und	Division/2000 (2 7. 780) _ J 350.00 150.00 14500
All Funeral cars must arrive t and billed to undersigned. Wi ot <u>25</u> Grave <u>2</u> Grave space & Care Fund <u>7</u> Additional spaces and care fu Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting Recording and filing fee	ar time veteran RowSection // <i>Le Need.</i> (. E-1517) und	_ Division/
All Funeral cars must arrive t and billed to undersigned. Wa Lot <u>25</u> Grave <u>2</u> Grave space & Care Fund <u>7</u> Additional spaces and care fu Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting Recording and filing fee	ar time veteran RowSection JizeSec.d. ( E-1517) und	Division/
All Funeral cars must arrive t and billed to undersigned. Wa Lot <u>25</u> Grave <u>2</u> Grave space & Care Fund <u>7</u> Additional spaces and care fu Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting Recording and filing fee	ar time veteran RowSection Jte. T. Jack (E-1517) und	Division/

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

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

F

9625

Signature of recorded holder of deed

Balance lai

Invoice # Acct. #

Work Order # PY-593 (REV. 8-86)

27

OFFICIAL RECEIPT Nº 42310 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK \$27-3400 2310 ,92 Date: June 4 From Nicolasa, Balane Address: 218 EAST PAISLEY S Dollars (\$ 416 . 3 Payment of Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID" IN THIS SPACE 20% Sales Care 77184 80% Sales 100 of Lots 77184 Acct. No. Opening/ 100 W.O. E 9625 Closing 77181 Buriel 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording A 100 77183 416 Pre-Need At Need 65093 Pre-Need Lot On Acct 902 Trust Sales Tax Pre-need Trust Cash Check 80101 agul 78300 ISSUED BY TOTAL PAID AC-212 (Rev. 1-81)

**OFFICIAL RECEIPT** Nº 41452 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 11-9- 1991 Date: From: BALANCE NICOLASA Address: 5881 AUA PLAGE S.D. LA. 90114 ONE HUNDED TEN AND TOO -Dollars (\$ 11000 In PART Payment of Pre-NEED TRUST Division Lot 125 Grave Row Section\_ NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No. 87007 "PAID' IN THIS SPACE. 20% Sales Care 77184 80% Salah 100 77184 Acct. No. of Lots Opening/ Closing 100 E-77181 W.O. Burial 100 Containers 77182 BALANCE DUE \_ 4/1 100 Handling Fee 7718 Recording & 160 Misc. Feet 77183 Pre-Need Lot D At Need D On Acct D Pra-Maad 63033 10 Truet Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY Z TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	N9 8- 7	41096
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#### Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Pre-Need Trust F-9675 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 IAN FER Amount due when paid on, or before, \$ 22.00 due date above davs Amount due if paid more than after due date above. NAME MUS . N Colass Balance ADDRESS 5881 AVA Place CITY San Dugo STATE CA ZIP 92114 □ check ( ) if this is new address

#### Sond or bring one coupon with each remilitance 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 70 70 70 70 100</t

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

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

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Sand ar 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

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#### Amount Received

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# 41944

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 43075 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 12-4 1992 Date: From: Carmen Huese Address: 738 Hickory Court, I.B. 91932 Dollars (\$ 200,00 ) Payment of placed trust SYL Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. 20% Sales Care "PAID' IN THIS SPACE 80% Salar 100 of Lain Acct. No. 77184 Opening/ 100 Closing 77181 WO Burial 100 BALANCE DUE \_200.00 Containers 77182 100 Hendling Fee 77185 Recording & 100 Minc. Fees 77183 200 At Need On Acct Pre-Need Pre-Need Lot 63033 Trust 002 Pre-need Trust A Cash & Check Sales Tax 60101 78390 ISSUED BY W. V flagel TOTAL PAID 200 AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42947 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Date: Address: From Dollars (\$ 200 Payment of Division Grave Row Section Lot NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 57007 77184 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 20% Sales 100 of Lois Acct. No. 77154 Opening/ 300 Closing 77181 wo Burial 100 Containers BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc. Foos 77183 100 a Pre-Need 63033 Pre-Need Lot At Need On Acct Trust Pre-need Trust Salos Tax Cash Check 60101 78390 TOTAL PAID **ISSUED E** AC-212 (Rev. 1-01)

**OFFICIAL RECEIPT** Nº 41583 CITY OF SAN DIEGO, GALIFORNIA PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ...... CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date: 0 Za Addres HH From na nd4 KAL Dollars (\$ Payment of 46 Division Grave Row Section Lot\_ NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care a (1) 80% Sales 100 77184 of Lota Acct No. Opening/ Closing 100 W.O. E-9626 7718 Starial. 100 77182 Containers BALANCE DUE 100 Handling Fee 7718 Recording & 100 Misc. Fees 77183 Pre-Need 63033 At Need On Acct Pre-Need Lot 9027 Trust Sales Tax 60101 Pre-need Trust Cash Check 78/201 ISSUED BY TOTAL PAID 1.00 AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42280 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK ..... AUDITOF 527-3400 9) Date: 91931 From Address: 110140 Dollars (\$ -2 Payment of Division Grave Boy Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77184 Invoice No. 20% Sales Care 80% Sales 100 of Lots 77184 Acct. No. Opening/ Closing 100 77181 W.O. Burlei 100 Containam 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 77181 201 Pre-Need Pre-Need Lot At Need On Acct 63033 Trust Pre-need Trust 9 Cash 9 Check Sales Tax 60101 78340 ISSUED BY TOTAL PAID 2 AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42497 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK.....AUDITOF 527-3400 Date: Address: 728 arthen From Linder Dollars (\$ \_ Payment of Division Grave Row Section STORE OF NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 87007 Invoice No. 20% Sales Care 60% Sales 100 77184 Acct. No. of Lote Opening/ 1/1/1 W.O.F - 962 77181 Burlat 100 Containers 77182 BALANCE DUE 5/0 100 Handling Fee 77185 Recording & Minc. Feas 100 77183 Fre-Need 63033 Pre-Need Lot , At Need On Acct Trust Check Pre-need Trust 4 Cash Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 41752 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date: Appen Address From: Hundred Dollars (\$ \_\_\_\_\_ he. - The Payment of Division Grave Row. Lot TODA: NOT VALID FOR PURPOSE STATED UNLESS STAMPED action 18 CREDIT 67007 Invoice No. 20% Salas Care 80% Sales 100 JAN 2 1 1992 Acct. No. of Lota 7718 Opening/ Closing 7718 WO Burial 100 Containers 7718 BALANCE DUE 100 Handling Fee 77185 007868 Recording & 100 Misc. Fees 7718 At Need D On Acct Pre-Need 63833 Pre-Need Lot 902 Truet Pre-need Trust Cash Check Sales Tax 8010 78300 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42692 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date: Address: 73 From Dollars (\$ 200) nde her 7 Jer KUST Payment of Division Grave Bow Section I of NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 20% Salas Care 10 80% Sales 100 of Lots 7718 Acct. No. Opening/ Closing 100 7718 WO E- 9/ Burial 100 Containers 7718 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Miso, Fees 7718 Pre-Need SON Pre-Need Lot At Need On Acct 63033 Trust Pre-need Trust Cash Check Salas Tex 60101 7839 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42077 CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ..... CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date: 571 ALINE Address / Front Dollars (\$ 1500) @ unde Payment of Division Grave Section Block Lot Bow NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No, "PAID' IN THIS SPACE. 20% Sales Care 7718 NAS DO **60% Sales** of Lots 7716 Acct. No. CITY AUDITOR Opening/ 10 WO F- 9626 Ciosing 7718 Burial 100 APR 0 6 1992 Containers 77182 BALANCE DUE 100 Handling Fee 7718 Recording & inc. I On Acct Pre-Need Lot At Need Pre-need Trust E Cash 60101 78390 Check Sales Tax TOTAL PAID **ISSUED BY** AC-212 (Rev. 1-91)

OFFICIAL RECEIPT CITY OF BAN DIEGO, CALIFORNIA Nº 42228 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 19 97 Date: +127 Address: 738 Hickory Ct. From: Ane Huezo 00/100 Two kundred . Dollars (\$ \_200.00 , Payment of free poor 10- 9 Frust Division 41 : 47 Grave Row Section **File** NOTVALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. PPAID' IN THIS SPACE 20% Sales Care 80% Sales 100 7718 Acct. No. Opening/ Cipeing 100 W.O. E- 9626 7718 Butial 100 BALANCE DUE 1442 00 Containen 77182 500 Handling Fee 7718 Recording A 100 77183 200 00 Pre-Neod Pre-Need Lot At Need On Acct 83033 Trust 0022 Pre-need Trust K Cash K-Check ISSUED BY A. J. Madel Sales Tex 60101 78:30 TOTAL PAID 200 20 AC-212 (Rev. 1-91)

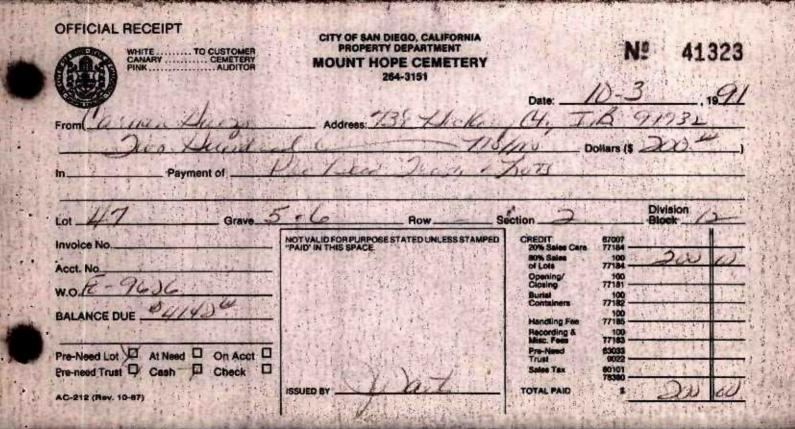
**OFFICIAL RECEIPT** Nº 42566 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ...... CEMETERY MOUNT HOPE CEMETERY PINK 527-3400 Date: 7-3/ 18 90 From: Cormen , Ana Luezo Address: 139 Lickory Ct. I.R. 9/932 Dollars (\$ 242 20 up hundred forty-two : 00/100-Payment of Pre need lot 14 fort Division Lot 46 Section Grave Block Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 77184 "PAID' IN THIS SPACE 20% Sales Care 80% Salas 100 of Lois 77184 Acct. No. Opening/ 100 WO E-9626 Closino 7718 Burial 100 Containers 77182 BALANCE DUE 200.00 100 Handling Fee 77185 Recording & 100 77183 Pre-bleed 200 00 Pre-Need Lot At Need O On Acct 63033 Trust 9022 Salas Tex Pre-need Trust Cash Check 80101 1 Inde 78.30 ISSUED BY TOTAL PAID 200 AC-212 (Rev. 1-91)

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400	- 3-	Nº 41	.987
	Carriellan Hus	The thread	Date:	TP aid	19/2
	INPAKT Payment of Pres	1 1 1	Doll	ars (\$ 200-0	
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9626 **OFFICIAL RECEIPT** Nº 41844 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER **MOUNT HOPE CEMETERY** PINK ...... AUDITOR 527-3400 Date: From: CANMEN HUEZO Address Dollars (\$ 200,00 DEDIT Payment of Division Grave Row Section Block Lot NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 200 80% Sales 106 of Lots 7718 Acct. No. Opening/ Closing 100 7718 W.O. Buriel 100 Containers 77182 100 BALANCE DUE Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 At Need On Acct Pre-Need Lot 9022 Trust Pre-need Trust Cash Check Sales Tax 60101 ISSUED BY D. J. Jeague 78300 202 TOTAL PAID AC-212 (Rev. 1-91)

. From: CHILMEN HVEZO; H	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 BERTRIZ LEZO Address: 38 HICKORY	Nº 41110 Date: <u>8/9/</u> .19.9/ 1.COURT J.B. A. 19.93
(NE HUNDRED FIFTY In <u>Paper</u> Payment of <u>Post</u> Lot <u>HE</u> 17 Grave J Invoice No		Dollars (\$)           action         Division           Block            CREDIT         67007           20% Sales Care         77184           80% Sales         100           of Lobs         77184
Acct. No W.O BALANCE DUE Pre-Need Lot @ At Need  On Acct  D Pfe-need Trust  Cash  Check  D AC-212 (Rev. 10-97)	ISSUED BY Habt Jongs	Of Loss         // 184           Opening/         100           Closing         77181           Burisl         100           Containers         77182           100         100           Handling Fee         77185           Recording & 100         100           Misc. Fees         77183           Pre-Need         83033           Trust         9022           Sales Tax         60101           TOTAL PAID         \$



OFFICIAL RECEIPT	Y HOUNT LODE CEMETERY	Nº 41217
From: CARDIEN HUSZO TWO HIS NORSO AN In Part Payment of 2	Address: 728 Hickory AT	Date:
Lot <u>16:47</u> Grave		Section
Invoice No		CREDIT 67007 20% Sales Care 77184 80% Sales 100

Handling Fee Recording & Misc. Fees

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Pre-Need Lot C At Need On Acct Pre-need Trust D Cash D Check ISSUED BY

AC-212 (Rev. 10-87)

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 43208 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date: 1-7. Cont I.B. 91932 1993 From: Canman An Address: 737 Hiel 104 Dollars (\$ 200.00 Payment of Pre . Maly Division 10 Lot. 46 Grave 5 Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67001 77184 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care BOTH Salas 100 of Loin Acct. No. 77184 Opening/ Closing 100 7718 Eurini Containers 7718 BALANCE DUE 100 Handling Fee 7718 Recording & 100 7716 00 200 Pro-Need Pre-Need Lot At Need On Acct Truet 902 Pre-need Trust D Cash S Check Sales Tax 8010 ISSUED BY TOTAL PAID 200 00 AC-212 (Rev. 1-91)

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	CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY	E-9626 11852
OWI	NERSHIP AND INTERMENT PRIVILEGES	s 🛡
TO Carmen Huezo & Ana Beatriz Hu	iezo for the sum of \$ \$1590.00	) (DOLLARS)
LEGAL DESCRIPTION _Lot 46, Gr	aves 5 & 6, section 2, Division 12	
AS DESCRIBED ON PURCHASE OR	DER NUMBER E-9626	
privileges only with endowed care. Su right to ingress and egress with esse	y filed in the office of the County Recorder of San Dieg ubject to all rules and regulations now in force or may her entials for care and operation of the Cemetery. The right I without the consent of the Cemetery Authority in eac Cemetery.	reafter be adopted, including the shereby conveyed for interment
monument, head stone, vaults or oth said lot or plot. Cost of same shall be be responsible for damage, maliciou	that said Cemetery Division does not undertake or ag her improvements of like nature that is already, or may he assumed by legal owner or representatives of plot. In no us mischief, vandalism and natural causes of deteriors the embellishment of the Cemetery. The following type of	ereafter be erected or placed on case will the Cemetery Division ation, but reserves the right to
1	12 x 24 FLAT MEMORIAL MARKER ONLY	•
Wendy Jo Araque PY-584 (Rev. 12-92) Cemetery Manage	er J. T. Jeer Brope	Tty Director
	CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY	11851
OWI	NERSHIP AND INTERMENT PRIVILEGES	5
TO Carmen Huezo & Ana Beatriz H	uezo for the sum of \$_795.00	(DOLLARS)
LEGAL DESCRIPTION Lot 47,	Grave 1, Section 2, Division 12	
AS DESCRIBED ON PURCHASE OR	DER NUMBERE-9626	
privileges only with endowed care. Su right to ingress and egress with esse	ry filed in the office of the County Recorder of San Diegubject to all rules and regulations now in force or may he entials for care and operation of the Cemetery. The right I without the consent of the Cemetery Authority in ea Cemetery.	reafter be adopted, including the s hereby conveyed for interment.
monument, head stone, vaults or oth said lot or plot. Cost of same shall be be responsible for damage, maliciou	that said Cemetery Division does not undertake or ag her improvements of like nature that is already, or may he assumed by legal owner or representatives of plot. In no us mischief, vandalism and natural causes of deteriors the embellishment of the Cemetery. The following type o	case will the Cemetery Division ation, but reserves the right

Wendy Jo Acaque PY-584 (Rev. 12-92) Cemetery-Manager J. C. Property Director

		*		
•	MT, HOPE CE	METERY	T	
25-2630	INTERMENT			
	City L. Sen I			
	City or Soll	Noto	alia	1.
		Date	8/12/	91
You are hereby authorized and	instructed, subject to y	our rules and rep	gulations, to inte	r the remains
of Mary E	Faimt	<u> </u>		and the advector of
ine LINER	Funeral, d	late, time Thu	15 10	2:30 AM
Church, Chapel, Graveside	hapel G.S.	_ Lowiel	annial	Mortuary.
All Funeral cars must arrive be		ar work day or a	n extra cherge w	fill be applied
and billed to undersigned. Wa	r time veteran AC			
Lot 21 Grave 3	Row Se	ction	_ Division/Bisc	r_1/
Grave space & Care Fund	PRE-NEG	a-E-800	28	_¢
Additional spaces and care fur	nd			
Opening/Closing & Setup	PAL-NEED.	E	8	-¢
Burial Container	Pre- NEED -	- E - 9.R.A	88	_ø
Handling Fees	KE-NEED -	5-900	8	_d_
Flower vases - Marker setting	fes			
Recording and filing fee	P.C.E NGED .:	- 6-900	£	1
Sales taxes	PIE NIEED.	E9.00	×	_d_
		Tem Due		P
	Paid receipt n	umb	122	_P_
			Balance due	Ø

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

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

E

9627

Signature of recorded helder of dead

111	The Le	Paulo
19	20 Pali	in st
S.D.C	alip,	
28	74.562	O Zo Code
Teléphone	7.200	<u> </u>

nvoice #	
Acet #	

Work Order # . PY-885 (NEV. 8-85) NAME PAYNE, Willie L., Sr.

E-9008

ACCT. NO. 9627

		TING	-			1.02724	LIM				_
DATE	ITEMS	De	DEBIT V			CREDIT		-	BALANC		-
10-10-90	Pre-Need Trust & Credit Lot:						11				
	21 11 Changed Lots									T	
	Lot 285, gr 3, sec 2, div T& (\$410-91. OK pac)	4	195.	00			2 - 36				ī
	(Wendy)									Π	
	Opening/closing; liner, handling fee, recording										
	bee; tax on liner	4	07.	25	1		++	-	110	22	
10-10-90	Receipt #39828	+	-		H	4	00	0.1	5/	12	
April 1 april 10 - Page	Receipt #39928						00	1000	1.1	12	
10-90	Arrient # 40045 Coupart 1.						121	10	3	81	į
7-91	recept 40/54 Carpents						21		30	0	
7-91	Cerepon #3, recept 40218						2	00	33	9	
8 9	Coventy recent 41,425		1			k	21 -	25-	11	\$1	
11- 91	Coupontt'S receipt # 40557				Ħ		21-	-	79	5	1
3-91	Coupon 617, Recept 44645					4	13	ω.	25		1
3 91						4	:30	20	19	R	
-22-91	Nolangon helligh # 41020					1	2		15	0	1
	No carpor reasing # #1114					10	50	00	10	0	ĺ
ideate	1 1 1 1 1								6	1	

AIGNER FORM NO. 25-204

PAYNE, Willis, Sr.

PRINTED IN USA

OFFICIAL RECEIPT	CITY OF BAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY 527-3400		46313 46313
From: CA Burial Drus hundred tur In Payment of Maa 	2	Dete: 6-6 m.Bl., S.D Dollars (\$ - Mary of section 2	9a115
Involce No.	HOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID'IN THIS SPACE.	CREDIT         87007           20% Sales         100           of Lots         77184           00% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burial         100           Containers         77182           Ibox         100           Handling Fee         77185           Fiscording & 100         100           Miss: Fees         77185           Pre-Need         63033           Trust         9022      Sales Tux         60101           TOTAL PAID         \$	125 00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	9	E-9627 Nº 41127
From: <u>Marsat</u> <u>Hasa</u> <u>hute</u> , <u>Marta</u> In. <u>Payment of</u>	Address 2701 Mr A.	Date:   	19/1 kale (p 94%)
Lot Grave Invoice No Acct. No W.O BALANCE DUE Pre-Need Lot At Need At Need Acct. DO DO. Acct	Row S	of Lots 771 Opening/ 1 Closing 777 Burial 1 Containers 777 Handling Fee 777 Recording & 1 Misc. Fees 777 Pre-Naed 833	$\begin{array}{c} 84 \\ 60 \\ 60 \\ 350 \\ 60 \\ 200 \\ 82 \\ 82 \\ 82 \\ 83 \\ 45 \\ 90 \\ 83 \\ 45 \\ 90 \\ 83 \\ 83 \\ 45 \\ 90 \\ 83 \\ 83 \\ 83 \\ 83 \\ 83 \\ 83 \\ 83 \\ 8$
Pre-need Trust Cash Check	ISSUED BY	Trust 94 Seles Tax 60 783 TOTAL PAID	101 11- 50



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1200.012	AME OF DECEDE	ent—First (given)	18. MIDDLE		1000000000	AST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEAT	
SA. CITY OF DEATH NATIONAL CITY			58. COUNTY OF DEAT	H-OUTSIDE	CALIFORNIA. EN	TER STATE	6. NAME, RELATIONSHIP, N			
74. T	YPED NAME AND A	DDRESS OF APPLICAN <b> <b> iiii</b> </b>	gh San i	Diego, CA 92	104	7B. CALIFORNI	NUCENSE NUMBER	4229 CHANOU SAN DIEGO,	NOT THE REPORT OF A DISTURBANCE	
ACK	NOWLEDGMENT OF APPLICANT	of the dispositions outb	orized by Section 10	proposed disposition stated in 376 of the Health and Safety An Health and Safety Code.	ensin is over 7 Codle, and	BA. SIGNATURE	OF APPLICANT-F	uneral Director or Person Ad		ATE SIGNED
	PERMIT KORIZATION OF AL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THE PERMIT GREEN	ORNIA HEALTH A Y FOR THE DISPO	ND SAFETY CODE	AMOUNT O		G 15 199		DCAL REGISTRAR ISS	
TION	HANGE IN DISPOSI- REQUIRES A NEW T TO SHOW FINAL POSITION.	90. ADDRESS OF RE VITAL RECO San Diego,	DE ALIFORNIA	. Box 85222			OF REGISTRAR OF ON IS TO OCCUR IN	DISTRICT OF DISTRICT IN CAUP	Ramal, M	1.0.
10.		TION(S) AUTHORIZED	CHECK ALL APP		SCIENTIFIC	USE		G, SHIP IN TO	CALIFORNIA OUTSIDE OF CALIF	ORNIA
	B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM/	ains other	14 C (2.12)	TEMPORAR	Y ENVAULTMEN ENT	NT	FOR COL	RONER'S USE OF	ILY
6	TERMENT	HOUNT HON 3751 MARK		RI RI SAN DIEGO	), CA	1	DATE INTERRED	Wendy	ISON IN CHARGE OF	
ABLE ITEMS	CREMATION	12A. MAME AND AL MAN	oress of cre	HER 21-3	3-2-	-//	DATE CREMATED	12C. SIGNATUR OF PER	SON IN CHARGE OF	CREMATION
ALL APPLICABLE	SCIENTIFIC USE	ISA. NAME AND AD	DRESS OF FAC	ILITY RECEIVING REMA	AINS	138.	DATE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHARGE OF	FACILITY
COMPLETE	TRANSIT			IVING STATE OR COU AINS ARE TO BE SHIP		IE 14B.	DATE SHIPPED	14C. ADDRESS AND SIG	NATURE OF PERSON	IN CHARGE
SC	CATTERING AT SEA OR SPOSITION OTHER AN IN A CEMETERY			n Shoreline, or oth Il place and <u>distric</u>			DATE OF DISPOSITION	16C. SIGNATURE OF PEI CHARGE OF DISPO	SITION OF C	ISE NUMBER REMATED RE- S 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.



E-9627



•

8-12-91

### INTERMENT ORDER

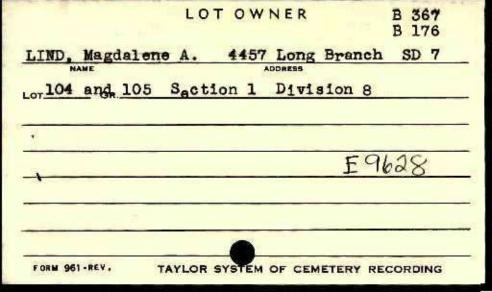
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains VALONO Funeral, date, time 4 Nu Takquesido Leensi Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day extra charge will be applied and billed to undersigned. War time veteran 140 ot 10.5 Grave Row Section Division/4 Grave space & Care Fund Additional spaces and care fund 35000 **Opening/Closing & Setup** Burial Container ..... Handling Fees . Flower vases - Marker setting fee AUG 1.6 1991 **Recording and filing fee** MT. HOPE CEMETERY Sales taxes CITY of SAN DIEGO, CALIF Total Due Paid receipt number **Balance** due 41133 I hereby certify I am the of the above named desedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. nature of recorded helder of deed Invoice # 9628 F Work Order Acct. # PY-593 (REV. 8-85)

#### MT. HOPE CEMETERY

W.O. # E- 9628

NOTE

\$ 544.71 -13 051 San Diego, California Thirty days after date for value received, the undersigned maker pro/nises to pay San Diego City Treasurer, or order a 3751 Market Street, San Diego, CK 92101, the sum of Tive Hendler TRUK / DOLLARS with interest from on the unpaid principal at the rate of 12 percent per annum, payable on demand. Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal a fount rest are availe 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 could 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. MT. HOPE CEMETERY Part II, Chapter I, Article 2, Paragraph 750EGO:GASIFie 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. SIGNATURE PRINT NAME ADDRESS SSN # 564 56 CALIFORNIA DRIVER LICENSE NUMBER



OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		E-N9	9628 41120
From: Auxile Talley	Address: LS98 GERANAD	Date:	1.121	. 19_2/_
in Payment of	adden Find See	Min Do	ilars (\$ <u>771</u>	1.50_)
- Lot - 105 Grave_	the second secon	ection	Divis Bloc	
Invoice No Acct. No W.O96.26 BALANCE DUE544.71	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Miac. Fees Pre-Need	67007 77184	2/ 52
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CAC-212 (Rev 10-87)	ISSUED BY Gaine	Trust Sales Tex TOTAL PAID	60103 9022	1 50

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº PROPERTY DEPARTMENT CANARY ..... CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 8-16-Date: Granada EH 421 Address From Dollars (\$ 544/1 Magdalene CIVILE und. Payment of In Division 105 Grave Block Lot Row Section. NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 77184 20% Sales Care 80% Sales 100 of Lots 77184 Acct. No. Opening/ 100 77181 Closing W.O. Burial 100 Conteners 77182 BALANCE DUE 100 Handling Fee 7718 Recording & 100 Misc. Fees Pre-Need 63033 Pre-Need Lot On Acct At Need 9022 Truet 1 Pre-need Trust Cash Check Sales Tax 60101 78390 lague ISSUED BY SEILI 131 TOTAL PAID AC-212 (Rev. 10.87)

							E	-9628
APPLICATION	AND	PERMIT	FOR	DISPOSITION	OF	HUMAN		<b>-</b>

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

A. NAME OF DECEDE	NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE		THE STATE AND ADDRESS AND ADDRESS ADDRES					2. DATE OF BIRTH		OF DEATH	4. SEX
A. CITY OF DEATH			SAN DIEGO		CALIFORNIA, E	NTER STATE		NAME, RELATIONSHIP, M			
A. TYPED NAME AND A Lewis Colon	DORESS OF APPLICAN	h San D	I Cajon I Lego, CA S	2104	7B. CALIFORM	LA LICENSE NUMBE		1538 GRANADA SAN DIBGO, C		02	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge a of the dispositions author was authorized pursuant	orized by Section 1033	76 of the Health and 5	iolety Code, and	BA. SIGNATUR	E OF APPLICANT		rel Director or Person Act	ing as Suc		E SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIFY AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT. GNRS NO	ORNIA HEALTH AN Y FOR THE DISPOS	TION SPECIFIED	9A. AMOUNT OF		B. DATE PERMIT ISI		SC. SIGNATURE OF LO		STRAR ISSUIN	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	San Diego.		. Box 852					TRICT OF DISPOSITION-	ENILA	- <del>-</del>	
A. BURIAL (INCLU	TION(S) AUTHORIZED JDES ENTOMBMENT) OF CREMATED REMA EMETERY			d. Scientific E. Temporar F. Disinterme	Y ENVAULTM	INT		G. SHIP IN TO C     H. TRANSIT TO     FOR COR     I. DISPOSITION	OUTSIDE		0.00
INTERMENT	11A. NAME AND AD HOUNT HOPE 3751 MARKE	CENETERS		30, CA	2	10		C. SIGNATURE OF PER	SON IN CH	ARGE OF INT	TERMENT
CREMATION	12A. NAME AND AD W/A North	DRESS OF CREW	LAC M	25-1-	8	DATE CREMATED	12	C. SIGNATUR OF PERS	SON IN CH	SE OF CRE	EMATION
Scientific , USE	ISA. NAME AND AD	DRESS OF FACIL	ITY RECEIVING R	EMAINS	13	). Date receiver	D' 13	IC. SIGNATURE OF PER	son in Ch	WRGE OF FA	CILITY
TRANSIT	14A. NAME AND AD REMAINS OR C		/ING STATE OR C INS ARE TO BE S		E   146	DATE SHIPPED	14	IC. ADDRESS AND SIGN OF TRANSIT	ature of	PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA	REST POINT ON DIDENTIFY FINAL	SHORELINE, OR PLACE AND DIST	other descrip trict of dispo	TION 15E	DISPOSITION	15	C. SIGNATURE OF PER CHARGE OF DISPOS		15D LICENSE OF CREM MAINS DI —IF APPL	ATED RE-

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





### - MICHOPE CEMETERY

City of San Diego

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inte of <u>Dennis</u> 5. Gross	r the remains
of	1:00 PM
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge v and billed to undersigned. War time veteran <u>10</u> ,	
Lot 1315 Grave Row Section Division/Bloc	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
Handling Fees	31.65
Recording and filing fee	
Sales taxes	12.38
Total Due	
	300.00
	1029.03
I harabu sertify I am the Warner of the above ne	techeroph here

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

F

9629

Signature of recorded holder of deed

Invoic

Work Order # \_

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	E - 2629 Nº 41119 Date: <u>Acc 12, 1991</u>
From: Creating	RowSe	Dollars (\$ <u></u> )
Acct. No W.O W.O BALANCE DUE Pre-Need Lot Pre-Need LotAt NeedOn Acct Pre-need TrustCash Ac-212 (Rev. 10-87)	PAID' IN THIS SPACE	20% Sales Care         77184           80% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burial         100           Containers         77182           100         100           Containers         77182           100         100           Mandling Fee         77185           Recording & 100         100           Misc. Fees         77183           Pre-Need         63033           Trust         8022           Sales Tax         60101           78390         700

MT. HOPE CEMETERY

W.O. # #-

NOTE

\$	1029.03	San Diego, California	Aug. 1	199/
	ays after date for value received, the under			
3751 Ma	irket Street, San Diego, CA 92101, the sur	not One thousand	twenty-	DINE TOO DOLLARS
with inte	erest from <u>Sept. 16</u>	991		on the unpaid principal
	to all 10 another the second			

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.

CROSS PRINT NAME SILAS ADDRESS 157 Buccaneer Dr -292 CALIFORNIA DRIVER LICENSE NUMBER



## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E - 9629

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

DESIG	INT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FA		MONTH, DAY, YEAR MONT	TE OF DEATH 4. SE
A. CITY OF DEATH		San	OF DEATH-OUTSIDE CALIFO	3	6. NAME, RELATIONSHP, MAILING / OF INFORMANT	ADDRESS AND ZIP CODE
ndar fan-In	udale Mort.	FUNERAL DIRECTOR OR PERSI 5050 Pederal 3 San Diceso, Ch	Blvd. –	APPLICABLE	RI Cajon, CA 92	Statistics of the second
ACKNOWLEDGMENT OF APPLICANT	of the dispositions outho	s applicant that the proposed dispositi rized by Section 10376 of the Health to Section 7100 of the Health and Safe	and Safety Code, and	ubbee 6	uneral Director or Person Acting as	Such 88. DATE SIGN
PERMIT	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH PRO- VRNA HEALTH AND SAFETY CO- FOR THE DISPOSITION SPECIFI RIGHT OF DISPOSAL OUTSIDE OF CALLFORM	ED \$7.00	AUG 98. DATE PERMIT ISS	91 Donall & Cam	agistrar'issuing peri aga, M.D. 6
NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRED	SISTRAR OF DISTRICT OF DE IN CALIFORNIA Mas'   2.0. Dox 6 Sha Dieno.	<b>9222</b>	COLUMN AN INVESTIGATION OF COLUMN	DISTRICT OF DISPOSITION-	
PE OF DISPOSI		CHECK ALL APPLICABLE ITEMS			G. Ship in to califor H. Transit to outsi	
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REMA	INS OTHER	E. TEMPORARY ENVA	ULTMENT	FOR CORONER	
	A CONTRACTOR OF THE NAME	CHARGE OF CEMETERY CHARGE OF CEMETERY San Di		118. DATE INTERRED	Wendy Jo	
CREMATION	Mt. Nope	Canetery; 3751	Market St.	118. DATE INTERRED 8 - 16 -91 128. DATE CREMATED		eague
	IZA. NAME AND AD	Canetary; 3751 San Di	<b>ego, CA</b>	8-16-91	Wendy Jo 7	CHANGE OF CREMATIC
CREMATION	12A. NAME AND AD 12A. NAME AND AD 13A. NAME AND AD 14A. NAME AND AD	Constary; 3751 San Di DRESS OF CREMATORY	AG REMAINS	8-16-91 128. DATE CREMATED	Wendy Jo 7	CHARGE OF FACILITY

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

The second se





### INTERMENT ORDER

8/14/91 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains tostek Funeral, date, time Tue 8/00 2:00 Vault/L Church, Chapel, Graveside Chapel : KAGSNA/E GS. Montuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied ind billed to undersigned. War time veteran ---- Section Division / 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 du I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment I hereby authorize the interment in lot I hold under deed. are of recorded holder of deed Invoice # 9630 F Work Order Acct. # PY-503 (NEV. 8-85)

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#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

100000000000000000000000000000000000000	ent-First (given)	1B. MIDDLE		IC. LAST (FAMILY)	3	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE GAY	YEAR
A. CITY OF DEATH			SE. COUNTY OF DEATH-OUT	TSIDE CALIFORNIA, I	ENTER STATE	6. NAME, RELATIONSHIP, MORE INFORMANT	ANLING ADDRESS	
A. TYPED NAME AND A	DDRESS OF APPLICAN	T-FUNERAL DIREC	TOR OR PERSON ACTING AS S	UCH 7B. CALIFOR	LICABLE	210 Catania	st. ID	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions with	orized by Section 103	proposed disposition stated herein is a 176 of the Health and Safety Code, i ve Health and Safety Code.		Le OF APPLICANT_F	uneral Director or Person Ac		88. DATE SIGNED
PERMIT	THIS PERMIT IS ISSU SIGNS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT.	ORNIA HEALTH AN	ID SAFETY CODE SITION SPECIFIED	INT OF FEE PAID 5	AUG 1619	191 De SIGNATURE OF LO	L Commo	LISUNG PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE IF DEATH OCCURRE Vital 100	DIN CALIFORNIA	BTRICT OF DEATH-			DISTRICT OF DISPOSITION-		
TYPE OF DISPOSI	tion(s) authorized Joes Entombinent)	CHECK ALL APPI	licable (Tems)	ITIFIC USE		G. SHIP IN TO		ALIFORNIA
B CREMATION			CT E TEMP	OBARY ENVALUETM	ENT			and the second se
B. CREMATION C. DISPOSITION THAN IN A CI	of cremated rem Emetery	ains other	F. DISINT	orary envaultm Terment	ENT		RONER'S USE I PENDING	ONLY
C. DISPOSITION	EMETERY	DRESS OF CEM		St. 1			PENDING	
C. DISPOSITION THAN IN A CI	EMETERY	ODRESS OF CEM	ETERY 7; 3751 Market : San Diego, C	St. 1			i pending ison in charg	
C. DISPOSITION THAN IN A CI	ITA. NAME AND AD	DDRESS OF CEM DDRESS OF CREI	ETERY 7: 3751 Market : San Diego, C MATORY	St. 11 A 12 3-12	B. DATE INTERRED	L DISPOSITION	RENDING	
C. DISPOSITION THAN IN A CI INTERMENT CREMATION SCIENTIFIC	IZA. NAME AND AC	DORESS OF CREM DORESS OF CREM DORESS OF FACT	ETERY 7: 3751 Market : San Diego, C MATORY	St. 11 A 12 3-/2	B. DATE INTERRED <b>3 · 20 · 9</b> B. DATE CREMATED	L DISPOSITION	RSON IN CHARG	E OF INTERMENT

COPY 2 IS RETAINED BY 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-9630

-	
MŤ. HOP	E CEMETERY
INTERM	ENT ORDER
City of	San Diego
Ý T	Date 8/14/91
P DOI	Date 0/17171
THE-NEED	ect to your rules and regulations, to inter the remains
of MARJORIE J. HACKI	VEV
	normal frances and the second
Vaut/Liner	eral, date, time
API CAMPA AND AND AND AND AND AND AND AND AND AN	; Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	f regular work day or an extra charge will be applied
and billed to undersigned. War time veteran 🗕	· ·
Lot 135 Grave 3 Row	a
Lot 2 2 Grave 2 Kow	Section Division/ deets
Grave space & Care Fund	5750
Additional spaces and care fund	22 E2
Opening/Closing & Setup	
	······
	······································
Recording and filing fee	
Sales taxes	
	Total Due
Paid rec	eipt number # 41131 59500
	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization a	f remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization an	Minterment.
I hereby authorize the interment in lot I	Marquente K. Dirand
hold under deed.	11754 Shadow Valley Rd.
	Adding 1 Con PA 92020

5 TT 754 Shadow Valley Rd Adr El Canon, CA 92020 State (619) 447-052320000 Transform

	0624
10 C C C C C C C C C C C C C C C C C C C	3031
14 C	0001

Invoice # \_

Acct. # .

Work Order ( PY-593 (NEV. 8-85)

 OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	ł	- 903] Nº 41131
From: Manguseine R.Streen	Address: //757 5/4 miler 1	Date:	1 141, 19 91 At 92020
In Full_ Payment of Crest	That	Ooliars (\$	Division

Lot Grave_3	Row Se	ection	Block 12
Invoice No Acct. No W.OAA3/ BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 77 80% Sales of Lots 77 Opening/ Closing 77 Burial Containers 77	7007 / // 00 7184 00 7184 00 7184 00 7184 00 7181 00 7182 00 7182 00 7182 00 7182 00 7182 00 7182 00 7182 00 7184 00 7180 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Robert Dance	Recording & Misc. Fees 77 Pre-Need 60 Trust 5 Sales Tax 60	r185 100 100 100 100 3033 3022 5 5 5 5 7 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7

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-		2.0
		-
	1	



### MT. HOPE CEMETERY

Date 8-15-91 You are hereby authorized god instructed, subject to your rules and regulations, to inter the remains of Funeral, date, time \_ in a 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 \_ Division/Block Lot \_ Grave Row \_ Section . Grave space & Care Fund ..... Additional spaces and care fund Opening/Closing & Setup ... Burial Container ..... Handling Fees .... Flower vases - Marker setting fe Recording and filing fee ... Sales taxes . Or the 2926102202 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. ture of recorded holder of deed Zie Co 63 Invoice # 9632 Work Order PY-593 (REV. 8-85)



Data 8-15-91

### INTERMENT ORDER

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 2:00 ANI Funeral, date, time Mortuary. Church, Chapel, Graveside charge will be applied All Funeral cars must arrive before 3:30 p.m. of regular work da and billed to undersigned. War time veteran AQ Row Section Division/ Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup **Burial Container** Handling Fees .... AUG: 2.3 1991 Flower vases - Markel MT. HOPE CEMETERY Recording and filing fe Sales taxes TYOLSA Total Due 1666 140 Paid receipt number -7 **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 interme I hereby authorize the interment in lot I hold under deed. acure of recorded holder of deed Invoice 9633 F Work Order PY-593 (REV. 8-85)

MT. HOPE CEMETERY

WO # E-963:

NOTE

707-38 San Diego, California Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order a 3751 Market Street, San Diego, CA 92101, the sum of the Hundred fue and the DOLLARS with interest from on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The makel 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.

	ERNEST E. Me	alt	SIGNATUR	En	the Nos	~ D
	843 Lomos	1997	Sat	1 -	A. 92120	
CALIFORNIA DRIV	ER LICENSE NUMBER	Ho4966	94	SSN #		
PY-1012 (11-89)			/			

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E -9633

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

IA. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE		18. MIDDLE Caroline		IC. LAST (F	S.C.S.L.254	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SA. CITY OF DEATH San Diego			a na sana manana sa	DRNIA, ENTER STATE D DIego		AILING ADDRESS AND ZI	PCODE	
th appendix mor	edees, of test w	e Aberaleny x	Non Serowey	ала сисн 78. <u>с</u>	ALIFORNIA LICENSE NUMBER	5843 Lomond Dr San Diego, Ca	92120	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions out	as applicant that the pro- vorized by Section 10376 at to Section 7100 of the t	of the Health and Safet		GNATUREO APPLICANT-F	weral Director or Person Act	ting as Such 88 DA	re signed 2-97
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF	JED IN ACCORDANCE FORMA HEALTH AND TY FOR THE DISPOSIT ID MONT OF INSPOSAL OUTS	SAFETY CODE ION SPECIFIED	. AMOUNT OF FEE 7.00	AUG 16 19	HED SC. SIGNATURE OF LC	CAL REGISTRAR ISSUM	RG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF R IF DEATH OCCURR P.O. BOX 85		assification and an and an	1 16	DORESS OF REGISTRAR OF DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION-	RNIA	15
A CONTRACT AND	TION(S) AUTHORIZED	) CHECK <u>ALL</u> APPLIC	72293 ACO/7576504 (ACO/01/10/10/10/10/10/10/10/10/10/10/10/10/	. SCIENTIFIC USE		G. SHIP IN TO ( H. TRANSIT TO	CALIFORNIA OUTSIDE OF CALIFOR	INIA
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM EMETERY	AINS OTHER	10000	DISINTERMENT	AULTMENT		PENDING	Y
INTERMENT	HL. NAME AND A HL. Rope G Diego, Ca	SZ113 37:	ST MARLE	r Ja	118. DATE INTERRED	Uendy	SON IN CHARGE OF IN	ITERMENT
CREMATION	12A. NAME AND A	DDRESS OF CREMA	TORY 643-	949777 BX	128. DATE CREMATED	12C. SIGNATUME OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF FACILIT	the state of the s		138. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT		ddress in receivii Cremated Remain			14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	iature of person in	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	AREST POINT ON S O IDENTIFY FINAL 1			N 15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION I OF CREW	NATED RE-

COPY 2 IS RETAINED BY 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 E-9633	ERNEST MODRE 100 072 100 072 100 072 100 072 60101	08/22/91 CK 106 77181 000072 77182 000072 77183 000072 77185 000072 77185 000072 78390	702-38 350-00 150-00 45-00 145-00 12-38	8 PAID IN FULL
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INT	ERMENT ORDER
Contraction of the second s	
O feetan	City of San Diego they Afence Date 8/15/91
Prof Jan With	they Afence Date 8/15/91
1/9202 STA	
	ed, subject to your rules and regulations, to inter the remain - Rouss Room
Million - Million States - Market Million	
Vault/Liner	Funeral, date, time
Church, Chapel, Graveside	; Mortua
	0 p.m. of regular work day or an extra charge will be appli
and billed to undersigned. War time ve	teran <u>XD</u> ,
101 97 Grave 12, Brow	Section Division/Block_///
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	······································
Burial Container	
Handling Fees	
Handling Fees Flower vases - Marker setting fee	
Handling Fees Flower vases - Marker setting fee Recording and filing fee	
Handling Fees Flower vases - Marker setting fee	
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes	Total Due
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes	Total Due
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes	Total Due
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes	Total Due
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes I hereby certify I am the and this is your authority to make dispo that I have the right to make this author	Total Due
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes I hereby certify I am the and this is your authority to make dispo	Total Due
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes I hereby certify I am the and this is your authority to make dispo that I have the right to make this author any liability on account of said authoriz	Total Due
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes I hereby certify I am the and this is your authority to make dispo that I have the right to make this author	Total Due
Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes I hereby certify I am the and this is your authority to make dispo that I have the right to make this authori any liability on account of said authoriz I hereby authorize the interment in lot	Total Due
Handling Fees	Total Due
Handling Fees	Total Due



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY E-9634

Nº 11614

naan

то	Gene E. Whatley		NTERMENT PRIVILEGES	(DOLLARS)
232700	DESCRIPTION		2, Section 1, Divison 11	(VETRANS ONLY)
AS DES	SCRIBED ON PURCHA	ASE 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" **Property Director** 

# GENE E. WHATLEY AGENCY E - 9631

Cemetery Broker

P.O. BOX 178 BONITA, CALIFORNIA 91908

Telephone: 125-486

TRANSFER INFO FORM

Please transfer the following property described as:

Lot 97, Graves 1 and 2, Section 1, Division 11 in Deed/Certificate number <u>11614</u> from <u>Mount Hope</u> 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







Date

8/19/91

MT. HOPE CEMETERY

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains NINAN Funeral, date, time Fri 8/23 1:00 P.M. 5. AIRMONT Church, Chapel, Graveside Chapel Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran A Section . Division/Black Gray 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 as IN Sales taxes ....................... **Total Due** For coup 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. gnature of recorded holder of deed 9635 F Work Order PY-593 (REV. 8-85)

#### MT. HOPE CEMETERY

W.O. # E-9635

NOTE

2462 23 -10- 1991 San Diego, California 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 ovidenit four Hundren Sixiy Two And Too - DOLLARS OLTOBER 12, 1991 with interest from ... \_ on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will, accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after - maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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 PARK RIM COURT, SAN CA 92111 B1778183 78-26-9141 CALIFORNIA DRIVER LICENSE NUMBER

PY-1012 (11-89)

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9635

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

IA. NAME OF DECED	ent-First (given)	1B. MIDOLE		1.1. VID. 1997 TM 2	t (family) <b>icân1nch</b>	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX	
5A. CITY OF DEATH San D	lego		58. COUNTY OF	DEATH-OUTSIDE C	San Diego	OFFICEROWI MCAN		
A TICTO PHENNE	1030, CL 921	y members	CHY CHEESON	ACTING AS SUCH 7	B. CALIFORNIA LICENSE NUMBER	3366 Park Rim San Diego, Ca	A STATE OF A	
ACKNOWLEDGMENT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions sufficient by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					A. SIGNATURE OF APPLICANT-F	neral Director or Person Act M Ky	ting as Such 88. DATE SIGNED	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALI AND IS THE AUTHORI IN THIS PERMIT. NOTE: THIS PERMIT CHES I	ORNIA HEALTH AN I'Y FOR THE DISPO	ND SAFETY CODE SITION SPECIFIED	7 66	AUG 2 2 199	1 0- 101	Read AD (	
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF R	SZZZ, SMA		H— 9	E. ADDRESS OF REGISTRAR OF I IF DISPOSITION IS TO OCCUR IN		RNIA	
	TION(S) AUTHORIZED	CHECK <u>ALL</u> APP	1000-000-00-00-00-00-00-00-00-00-00-00-0	] D. Scientific L	SE	G. SHIP IN TO (	CALIFORNIA OUTSIDE OF CALIFORNIA	
B. CREMATION C. DISPOSITION THAN IN A C		ains other	1	E. TEMPORARY	Macaulan and and a		ONER'S USE ONLY	
INTERMENT	IIA NAME AND A Mt. Hope Diego, Ca	cemetery, 3	etery 850 Imperia	il Ave, San	118. DATE INTERRED	HIC, SIGNATURE-OF PER	SON IN CHARGE OF INTERMENT	
	12A. NAME AND ADDRESS OF CREMATORY				12B. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CREMATION	
. SCIENTIFIC	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS				138. DATE RECEIVED	5 13C, SIGNATURE OF PERSON IN CHARGE OF FACILIT		
- 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 SIGN OF TRANSIT	iature of Person in Charge	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T			R OTHER DESCRIPT ISTRICT OF DISPOS		15C. SIGNATURE OF PER CHARGE OF DISPOS		

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

	3
	MT. HOPE AETERY
IB	TERMENT ORDER

Date 8-19-91 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time in a Church, Chapel, Graveside ortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day o ge will be applied and billed to undersigned. War time veteran 140 Bow 13 Section Division/ Grave Grave space & Care Fund T. A. Additional spaces and care fund Opening/Closing & Setup ... Burial Container ... Handling Fees ... AUG 2 1 1991 Flower vases - Marker setting fee Recording and filing fee MT: HOPE CEMETERY TY OF SAN DIEGO, CALL Sales taxes **Total Que** Paid receipt numbe 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. nature of recorded holder of deed Invoice # 9636 F Work Order # Acct. # PT-583 (REV. 8-85)

OFFICIAL RECEIPT	Address: 264-3151	Date:	EN N	( 7) 102.3	1636 1144
Lot	Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Miac. Fee Pre-Need Truat Sales Tax TOTAL PAID	67007 77184 100 77184 100 77182 100 77185 63033 9022 80101 78390 \$	350 150 145 145 125	2000

					1.		S (44)	1	6101	
					1.12		1.00	F	-9636	
ADDUCATION		DEDINIT	-	DICROCITION	-		-	L	10.04	1
APPLICATION	AND	PERMII	POK	DISPUSITION	UF	HUMAN	KEMAINS			

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

LILLIAN	IB. MIDDLE		AST (FAMILY)	2. DATE OF BIRTH 3. DATE OF MONTH, DAY YEAR MONTH DA 10-14-1901 08-17-		
SAN DINGO		SB. COUNTY OF DEATH-OUTSIDE	CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADORE	SS AND ZIP CODE	
Lewis Color	DORESS OF APPLICANT-FUNERAL DIRECT	CA JER SILON	7B. CALIFORNIA LICENSE NUMBER	1721 CONO DRIVE EL CAJON, CA 92020		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the pro of the dispositions authorized by Section 1027/ was authorized pursuant to Section 7100 of the	5 of the Health and Safety Code, and		meral Director or Person Acting as Such	88. DATE SIGN 08-19-19	
PERMIT UTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANC SIGNS OF THE CALIFORNIA HEALTH AND AND IS THE AUTHORITY FOR THE DISPOSI IN THIS PERMIT, NOTE: THIS PERMIT, ONE NO HIGH OF DISPOSAL OUT	SAFETY CODE TION SPECIFIED \$7.		150' SC. SIGNATURE OF LOCAL REGISTR	New York Charles	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	San Diego, CA 92136	. Box 85222	BE. ADDRESS OF REGISTRAR OF I IF DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION-		
C. DISPOSITION THAN IN A CI	OF CREMATED REMAINS OTHER EMETERY	F. Disinterme	1980	I. DISPOSITION PENDING	ige of interme	
		TERY	118. DATE INTERRED		IGE OF INTERME	
INTERMENT	3751 NARKET STREET	SAN DIRGO, CA	8-21-91	18-21-91 Munda Tea		
	124 NAME AND ADDRESS OF CREM	ATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARM	GE OF CREMATIO	
CREMATION	14-2013 1-	5 METALSAL	e	•		
		5 METALSAL	C 13B. DATE RECEIVED	TIC. SIGNATURE OF PERSON IN CHAP	RGE OF FACILITY	
SCIENTIFIC	14-2013 1-	5 METAL SEALED	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHAP  14C. ADDRESS AND SIGNATURE OF PI OF TRANSIT		

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

	ENTORDER
City of	San Diego
	Date 8/19/91
You are hereby authorized and instructed, subje	ect to your rules and regulations, to inter the remains
+ Troy Josefious	RIDERS
in LINER EUR	eral, date, time THE Sto 2:30 RM.
Church, Chapel, Graveside GRAVESIO	
	•
All Funeral cars must arrive before 3:30 p.m. of and billed to undersigned. War time veteran	f regular work day or an extra charge will be applied VO.
Lot 143 Grave 9 Row	Section Division/Stark
Grave space & Care Fund	59500
Additional spaces and care fund	
Opening/Closing & Setup	35000
Burial Container	15000
Handling Fees	
Flower vases - Marker setting fee	
	4500
Recording and filing fee	10 38
Sales taxes	10 6-38
MOTTHARY WITH BANGE TE CLEEK PR 30 BA NOTE TE CLEEK PR 30 BA NOTE NEL CLEEK PR 30 BA NOTE NEL Paid rec	Total Due
CLEER TETNSUR and Paid rec	eipt number Huy INUNE 1381.30
BERAUSEMENT 3000	Balance due
State	Mathin
I hereby certify I am the	f remains as above indicated. I certify and represent
that I have the right to make this authorization a	ind I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization an	
I hereby authorize the interment in lot I	Cecelia M. Mons
hold under deed.	528 ENCINITAS AVE
Signature of recorded holder of deed	TALFORMIN GALLY
	Stars 46 4-5096 24 Com
	Telaphone
	Invoice # 166578
Work Order # <b>E</b> 9637	Ann # 067797
PY-583 (REV. 8-85)	mul "

WO # E-960

NOTE

297-38 San Diego, California 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 we we kun OREN NINETY SEVEN AND TO DOLLARS with interest from on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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	CECELL	A THOMAS			SIGNATU	REXC	secelia U. Hom
ADDRESS	528	Encu	itas	Aue.	SO CA.	92114	
CALIFORNIA D	RIVER LICEN	ISE NUMBER	NO	91089	З	SSN I	1261-68-1928
PY-1012 (11-89)				<u> </u>	4p 1-6-91	1	

9637 OFFICIAL RECEIPT **CITY OF SAN DIEGO, CALIFORNIA**  $N^{9}$ PROPERTY DEPARTMENT 41267 GANARY . CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Date INIT K. Address From: Dollars (\$ 31.6 204 Payment of T 121 Division . Grave Row Section Block Lot NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 • Invoice No 20% Sales Care "PAID' IN THIS SPACE. 77184 80% Sales 100 of Lots 77184 Acct. No. Opening/ 100 2 WO E-9/0-Closing 77181 1 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 7718 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Pre-Need Lot On Acct At Need 1Y Trust 9022 Pre-need Trust D Sales Tax 60101 78390 Check Cash innel 2 ISSUED BY TOTAL PAID AC-212 (Rev. 10-87)

E - 9637
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USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

TROY	ent—First (given)	18. MIDDLE	US	10. L	AST (FAMILY)		2. DATE OF BIRTH	3. DATE OF		4. SEX
SAN DELEGO		6	B. COUNTY OF C		CALIFORNIA, ENTER STATE	0	AME, RELATIONSHIP, MA		and the subsection of the subs	
SHE R. C	NON BLVD.	SAN DIBID,	CHOCHE CA. 921	Concernance and the second second	7B. CALIFORNIA LICENSE N F APPLICABLE T 357		28 ENCINITAS AN DIHGO, CI	Sector Concerned in the	4	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions auth	as applicant that the pro- ortand by Section 10376 it to Section 7100 of the P	of the Health and 1	Solvey Code, and	BA. SIGNATURE OF APPLIC	R I	NUPLED	ing as Such	88. DATE 8-16-	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH AND Y FOR THE DISPOSIT	SAFETY CODE	9A. AMOUNT OF	FEE PAID 98. DATE PER	1991	이 같은 것을 알았는 것을 것을 것을 했다.	L. Registr		
TION REQUIRES A NEW	90. ADDRESS OF RI IF DEATH OCCURRE P.O. BOX 85	D IN CALIFORNIA			BE. ADDRESS OF REGISTR IF DISPOSITION IS TO O		BICT OF DISPOSITION-	RNIA		
NAL STREET, STREET, SALES	TION(S) AUTHORIZED	CHECK ALL APPLIC		) D. SCIENTIFIC	USE		G. SHIP IN TO C	35-5-5-6-5-5-	CALIFORM	NIA
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM. EMETERY	ains other			Y ENVAULTMENT			PENDING	SE ONLY	'
INTERMENT	Mr. HOPS	ET ST. SAN		CA.	118. DATE INT	AIP	Wender OF	SON IN CHAP	ige of int	TERMENT
CREMATION	4-14	DRESS OF CREMA	TORY 9-1-1	a.	128. DATE CRE	MATED 12C	SIGNATURE F HERS	SON IN CHAR	E OF CRE	MATION
CREMATION SCIENTIFIC USE	a planet of the second s	DRESS OF FACILIT			138. DATE RE	CEIVED 130	. Signature of Per	son in Chaf	ige of Fa	CILITY
TRANSIT		DRESS IN RECEIVE CREMATED REMAIN			E 14B. DATE SH	PPED 140	. ADDRESS AND SIGN OF TRANSIT	ATURE OF P	Erson in	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON S D IDENTIFY FINAL (					SIGNATURE OF PER CHARGE OF DISPOS		OF CREM MAINS DR	IA TED RE-

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

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CITY OF SAN DIEGO, CALIFORNIA CITY THEASUREN ACCOUNTS RECEIVABLE		
AUXILIARY INVOICE - PAYMENT FORM	AMOUNT AM	Č.
PAYMENT DATA	SAVINGS BANK Rest OFFICE BEIG-1834	
PAYMENT P.M. RECEIVED DATE 10-14-91	AN DIEGO TRUST & SAVINGS BAN MISSION HILLS-HILLGREST OFFICE SAN DIEGO, CA 22103-1834 BO-62-1222 BO-62-1222 DCT. 14, 1991	
PAID BY (GINCLE ONE): CA CK NF	BIEGO TRUST & SION HILLS-HILLC SAN DIEGO, CA BO-S2-1222	
\$ 12 and 26		
AMOUNT PAID 12177.38		1
CUSTOMER DATA	Y N	1
CUSTOMER ACCOUNT NAME Cecelia Mones	22 2 2 0 0 5 2 B 1	1
CUSTOMEN (PAYON) ADDRESS 5602 El Cain Black		10
AD 92115	2102 2102	
and alex - mstarz	NIACP INIAL BUVD. BUVD. BUVD. BUND. CO CER OF CO CER OF CO CO CO CO CO CO CO CO CO CO CO CO CO	T
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	CALIFORNIA CR AND BURIAL O B602 EL CAJON BLVD. F SAN DIEGO, CA ME HOPE COMETOR: 3751 MARKET ST. SAN DIEGO, CA 9.	CAL
CASHIER INV. NO. 166578	a (	0
TR-1541 (2-82)		



10





#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/19/91

You are hereby authorized and i	instructed, subject to your rules an	d regulations, to int	er the remains
of EdNA /	MARY DORTON	0	
ina LINER	Funeral, date, tim	Fi 8/23	11:0) AM
Church, Chapel, Graveside	hamli Sumo De		Mortuary.
Church, Chapel, Graveside	TAPELY STORE	The com	Mortuary.
All Funeral cars must arrive be	fore 3:30 p.m. of regular work day	or an extra charge	will be applied
and billed to undersigned. War	time vateran 10		
IN	3		G
Lot 401 Grave	Row Section	Division/Sec	× 8
b	re-Nordel 178	21	x
Grave space & Care Fund T./	ALT. I.Y. Red. C	9	-4-
Additional spaces and care fun	id		
Opening/Closing & Setup			350.00
			150.00
Handling Fees			145.00
Flower vases - Marker setting i	fee		-/
Recording and filing fee			45.00
Sales taxes			12.38
		Dua	702.38
Odag	SF 11	1541	111 29
Note.	Paid receipt number	13 (/	TOXISS
97824F		Balance due	R
	Carl		
I hereby certify I am the	2010	of the above na	med decedent

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

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

F

9638

Signature of recorded holder of deed

Zip Cot

Invoice #\_169260 Acct. # 06

Work Order # \_

3

W.O. #\_ E 9638

NOTE

\$ 702.38	San Diego,	, California AUGUST 23	1991
Thirty days after date for	value received, the undersigned maker p	promises to pay San Diego City, Treasurer, or o	rderat
3751 Market Street, San	Diego, CA 92101, the sum of Seven hi	undred two and "100 001	LARS
with interest from	SEPTEMBER 23,1	1991 on the unpaid pri	incipal
	nor sonum, pouchis on demond		

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 LOONArd M Horton ADDRESS 1760 Chic. CALIFORNIA DRIVER LICENSE NUMBER 605412-226 PY-1012 (11-89)

	NT-FIRST (GIVEN) 1B. MIDDLE	10. L	ES, WHITEOUTS OR OTH AST (FAMILY) RTON	2. DATE OF BIRTH MONTH, DAY, YEAR 7/7/1908 8/17/1991 FT
CITY OF DEATH	58. CO			8. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CO OF INFORMANT EDWARD HORTON-SON
TYPED NAME AND A	DORESS OF APPLICANT-FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH	-IF APPLICABLE	4 HUNDINGBIRD LANE HERDERSON, NY 89014
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed d of the dispositions authorized by Section 10376 of the was authorized pursuant to Section 7100 of the Health o	Health and Safety Code, and	SA. SIGNATURE OF APPLICANT-	Funeral Director or Person Activity of Such 88. DATE S
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH SIONS OF THE CALIFORNIA HEALTH AND SAFET AND IS THE AUTHORITY FOR THE DISPOSITION SF IN THIS PERMIT. NOTE: THIS FEMIL GHES NO MIGHT OF DISPOSAL OUTSIDE OF C	Y CODE ECIFIED		991 Denall & Contract M.D.
	D. ADDRESS OF REGISTRAR OF DISTRICT O	and the second se	9E ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR I VITAL RECORDS-P SAN DIEGO, CA	IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION	of Cremated Remains other Metery	D. Scientific E. Temporar F. Disinterme	Y ENVAULTMENT	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA FOR CORONER'S USE ONLY L DISPOSITION PENDING
INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. BOPE CEMETERY-3751 SAN DIEGO, CA - SAN D		118. DATE INTERRED 8 / 0.3/91	Robert Ones Ca
CREMATION	12A. NAME AND ADDRESS OF CREMATORY		128. DATE CREMATED	and a second
SCIENTIFIC	13A, NAME AND ADDRESS OF FACILITY REC	CEIVING REMAINS	198, DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACIL
USE	14A. NAME AND ADDRESS IN RECEIVING ST REMAINS OR CREMATED REMAINS ARE		e 148, date shipped	14C. ADDRESS AND SIGNATURE OF PERSON IN CH OF TRANSIT
USE TRANSIT				LAND THE REPORT

- Alt

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8-19-5

Balance due

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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 . 100706 Division/ Section 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

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

I hereby authorize the interment in lot I hold under deed.	Signature	
	Arthreas	
Signature of recorded holder of deed	State	Zip Code
	Talaphore	
-	Invoice #	
Work Order # <b>E</b> 9639	Acct. #	

# LOT OWNER C-9339

Lot 2706 GR Div 10

FORM PR. 961.REV.

TAYLOR SYSTEM OF CEMETERY RECORDING

E-9629 G96-22.47-Clark Hundley 107-996-3655 Duggan's Chapel

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N?	É-963 41137
From: <u>Alla-kAundle</u> <u>Tu-kAundle</u> InPayment of	Address: 63 4 1	Date:	-1 <u>]</u> Jonan ollars (\$ 25	,19, 3,
Lot 2706 Grave	Row Se	ection	Divisio	on
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	
100 C 100	the second se	CREDIT	67007	2000

AC-212 (Rev. 10-87)

19.40

TOTAL PAID **ə**:



1

1

### E-9639 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

.

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

	NTFIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF	
Settu	<b>2</b> 000	Lloyd	MONTH, DAY, YEAR MONTH, DA	100000000000000000000000000000000000000
CITY OF DEATH	5B. COUNTY OF DEATH-	OUTSIDE CALIFORNIA, ENTER STATE	8. NAME, RELATIONSHIP, MAILING ADDRES OF INFORMANT	SS AND ZIP CODE
TYPED NAME AND A	DRESS OF APPLICANT-FUNERAL DIRECTOR OR PERSON ACTING A	S SUCH 7B. CALIFORNIA LICENSE NUMBE	Clark Bundley - (Bro 77 International Bly	
Rooma's I	lacion Chasel, Somer		Second. CB. 95476	
ACKNOWLEDGMENT OF APPLICANT	1 hereby acknowledge as applicant that the proposed disposition stated hereir of the dispositions authorized by Section 10376 of the Health and Safety Co was authorized pursuant to Section 7100 of the Health and Safety Code.		Funeral Director or Person Acting as Such	BB. DATE SIGNE
PERMIT UTHORIZATION OF OCAL REGISTRAR	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.		sued SC. SIGNATURE OF LOCAL REGISTR	loics, M
IT CHANGE IN DISPOSH	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-	9E. ADDRESS OF REGISTRAR OF	DISTRICT OF DISPOSITION-	0
ION REQUIRES A NEW INT TO SHOW FINAL INSPOSITION.	3313 Chanato M., Santa Rosa, Cl.	· · · · · · · · · · · · · · · · · · ·	th, In Sill . Vital Based	61 01
TYPE OF DISPOSI	ION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS		G. SHIP IN TO CALIFORNIA	CALIFORNIA
A. BURIAL (INCL.	DES ENTOMBMENT) D. SC	CIENTIFIC USE	H. TRANSIT TO OUTSIDE OF	CALIFORNIA
A. BURIAL (INCLU B. CREMATION		CHENTIFIC USE EMPORARY ENVAULTMENT	FOR CORONER'S US	
B. CREMATION				
B. CREMATION		EMPORARY ENVAULTMENT SINTERMENT		SE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI	CF CREMATED REMAINS OTHER  CF CREMATED REMAINS OTHER  ITA. NAME AND ADDRESS OF CEMETERY  ITA. NAME AND ADDRESS OF CREMATORY  ITA. NAME AND ADDRESS OF CREMATORY  2706  CELEBRICE CREMETION	INPORARY ENVAULTMENT SINTERMENT 11B. DATE INTERRET 8-21-91	FOR CORONER'S US	SE ONLY IGE OF INTERMEN
B. CREMATION C. DISPOSITION THAN IN A CE	E. TE     E	EMPORARY ENVAULTMENT SINTERMENT 11B. DATE INTERRET 8-21-91 5-20 12B. DATE CREMATED 8-2-91	FOR CORONER'S US	SE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC	E. TE     E	Interment         Interment           Interment         Interment           Interment         Interment           Interment         Interment           Interment         Interment           Interment         Interment           Interment         Intermeter           Intermeter         Intermeter	FOR CORONER'S US L DISPOSITION PENDING 11C. SIGNATURE OF PERSON IN CHAR 12C. SIGNATURE DEPERSON IN CHAR Manual S. Call D 13C. SIGNATURE OF PERSON IN CHAR	SE ONLY

BSUE DATE.



## INTERMENT ORDER

City of San Diego

20/91 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains TOPPES PATILIOTL Funeral, date, time TUED \$/21 1100 AM . Cal-Buria 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 NQ . Grave 8-B Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_/2 Grave space & Care Fund Additional spaces and care fund 00 Opening/Closing & Setup ..... 00 Burial Container Handling Fees ..... Flower vases - Marker setting fee ..... Recording and filing fee ..... Sales 1axes ..... ,00 Total Due Paid receipt number . Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature	
kkiress	
State	Zip Code
sightme	

Work Order # \_\_\_\_

9640

	APPLIC	TATION AND	PERMIT FOR E	SPOSITION OF H	uman remains	-9640
A. NAME OF DECEDE	100100 (1000000000000000000000000000000	BLACK INK ONLY-	and states without a state of the	RES, WHITEOUTS OR OTH		OF DEATH 4 SEX
GILBERTO	NI-FINOT (UNVEN)		L'association of the second	TORRES	MONTH DAY, YEAR MONTH	
A. CITY OF DEATH	J.	58. COL	NTY OF DEATH-OUTSIDE	CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING AD DE INFORMANT PUBLIC ADMINISTRAT	ORESS AND ZIP CODE
		N DIEGO, CA.	92115	78. CALIFORNIA LICENSE NUMBE	SAN DIEGO, CA. 921	5. 5. C. L. L.
ACKNOWLEDGMENT OF APELICANT	of the dispositions official	applicant that the proposed di and by Section 10376 of the 1 5 Section 7100 of the Health or	health and Salety Code, and	BA. SIGNATURE OF APPLICANT-	Funeral Director or Person Acting as Su	ch 88. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR INV CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT DO SHOW FINAL	SIONS OF THE CALIFOF AND IS THE AUTHORITY IN THIS PERMIT. NOTE: THIS PERMIT. NOTE: THIS PERMIT. OR. ADDRESS OF REGI IF DEATH OCCURRED	IN ACCORDANCE WITH INA HEALTH AND SAFET FOR THE DISPOSITION SP INHE OF INSTRUME OF D STRAR OF DISTRICT O IN CALIFORNIA	ST.00	FEE PAID 98. DATE PERMIT IS AUG 201 96. ADDRESS OF REGISTRAR O IF DISPOSITION IS TO OCCUR	991 . Anall & Rea	istrar issuing permit M.M.B.
A. BURIAL (INCLU B. CREMATION	ides entombment) Of cremated remain	HECK <u>all</u> applicable i Is oth <b>e</b> r	D. SCIENTIFI	RY ENVAULTMENT	C. SHIP IN TO CALIFORM	OF CALIFORNIA
INTERMENT	WIT MARKET	ST. SAN DI	EGO, CA.	118. DATE INTERRE 8-21-91	DI 11C. SIGNATURE OF PERSON IN C	
CREMATION	12A. NAME AND ADDI	RESS OF CREMATORY	CARD BOARL	/LINLER CREMATE	12C. SKINATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADD	RESS OF FACILITY REC	EIVING REMAINS	138. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		RESS IN RECEIVING ST. Emated remains are	ate or country whe to be shipped	RE 148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE O	F PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCR AND <u>DISTRICT</u> OF DISF		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER I -IF APPLICABLE

COPY 2 IS RETAINED BY 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

8/21/91 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains FREDERICK G. KENNEDY Funeral, date, time 597 INE G.S. HACIEL BEACh Mortuary. Church, Chapel, Graveside Chape / All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran JES D.I.F. Lot 6 Row -Division/ \_ Section . Grave space & Care Fund . PIE-NEED-0-1-P. D.620 Additional spaces and care fund 00 Opening/Closing & Setup ... 00 Burial Container ... Handling Fees . ...... 00 Flower veges-Marker setting fee Q.T. SAT 580 20 Jamily will Notiby Selection Recording and filing fee . 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

F

9641

ture of recorded holder of deed

Work Order PY-883 (NEV. 8-85)

W.O. # E-9641

NOTE

\$ 1282 38	San Diego, California	8/21/ 1991
hirty days after date for value received	d, the undersigned maker promises to pay Sa	n Diego City Treasurer, or order at
3751 Market Street, San Diego, CA 92	101, the sum of we let HUNDED Eichty Th	DOLLARS
with interest from9/	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.

Lorent Kenned SIGNATURE M A ADDRESS 564-13-2117 CALIFORNIA DRIVER LICENSE NUMBER NO267429

		and the second		RES, WHITEOUTS OR OTHE	
64 (86 (1) 46 (1) 10 (2) 10 (2)	ENT-FIRST (GIVEN)	1B, MIDDLE	1,850	LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. MONTH, DAY, YEAR MONTH, DAY, YEAR
A. CITY OF DEATH		SB. COUN		E CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CO
LA JOLLA		SAT	DIRGO		OF INFORMANT
	DORESS OF APPLICAN	-FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER	4349 TAOS DR.
PACIFIC B	ACH HORTUAL	4710 CASS ST	92109	815	SAN DIRGO, CA 92117
ACKNOWLEDGMENT OF	of the dispositions out	as applicant that the proposed disp arized by Section 10376 of the Har	offh and Safety Code, and	84. SIGNATURE OF APPLICANT-	Funeral Director og Person Acting as Such 88. DATE SK
APPLICANT	CARD STATE AND SO AND S	to Section 7100 of the Health and		Paranas	-101 al 22/9
PERMIT	SIONS OF THE CALIF	ED IN ACCORDANCE WITH P ORINA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC	CODE	OF FEE PAID 98. DATE PEHMIT ISS	UED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PE
AUTHORIZATION OF	IN THIS PERMIT.	O REPORT OF DEPOSAL DUISIDE OF CALL	\$7.6	AUG 2 2	1991 Norall & Canad, M.D.
NY CHANGE IN DISPOSE	90. ADDRESS OF RE	GISTRAR OF DISTRICT OF		1 9E. ADDRESS OF REGISTIONR. OF	DISTRICT OF DISPOSITION-
TION REQUIRES A NEW	F DEATH OCCURRE	DIN CALIFORNIA	5222	IF DISPOSITION TS TO OCCUR IN	N ANOTHER DISTRICT IN CALIFORNIA
DISPOSITION.	and the second second second second	CA 92186-5222		4	
0. TYPE OF DISPOS	TION(S) AUTHORIZED	CHECK ALL APPLICABLE ITE	MS		G. SHIP IN TO CALIFORNIA
A. BURIAL (INCL	UDES ENTOMEMENT)		D. SCIENTIF	IC USE	H. TRANSIT TO OUTSIDE OF CALIFORNIA
B. CREMATION	and a state of the		E. TEMPOR	NRY ENVAULTMENT	FOR CORONER'S USE ONLY
	OF CREMATED REM	AINS OTHER	F. DISINTER	MENT	I DISPOSITION PENDING
THAN IN A C	EMETERY				
1	11A. NAME AND AD	DRESS OF CEMETERY		118. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERN
INTERMENT	MT. BOPE CE	DETERT-3751 MA	REET ST.	106.10	SI INA
	SAN DIEGO.		GO CO.	18/054/9/	+ Type + + Jours
	12A. NAME AND AD	DRESS OF CREMATORY		T2B. DATE CREMATED	12C. SIGNATURE OF PERSON/IN CHARGE OF CREMAT
				1	1
CREMATION		DRESS OF FACILITY RECE			1 > 13C. SIGNATURE OF PERSON IN CHARGE OF FACILIT
	TON. THANKE AND ALL	UNLOG OF MOLETT RECE		I DATE RECEIVED	I GO GIGINI UNE OF FENOUN IN CHANGE OF PAULIN
	1				
CHEMATION			E OR COUNTRY WH	RE 14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHA
SCIENTIFIC USE	14A. NAME AND AD	DRESS IN RECEIVING STAT			OF TRANSIT
SCIENTIFIC USE		CREMATED REMAINS ARE T	U de Shippeu		
SCIENTIFIC USE			U BE SHIPPEU	1	
SCIENTIFIC USE TRANSIT	REMAINS OR (	CREMATED REMAINS ARE T	IE, OR OTHER DESCI		15C. SIGNATURE OF PERSON IN 15D. LICENSE NUM
SCIENTIFIC USE	REMAINS OR (	CREMATED REMAINS ARE T	IE, OR OTHER DESCI		15C. SIGNATURE OF PERSON IN 13D. LICENSE NUMU CHARGE OF DISPOSITION OF CREMATED MAINS DISPOS - IF APPLICAB

COPY 3

	MT. HOPE CEMETERY	200
	INTERMENT ORDER	1
	City of San Diego	
	5	Date 8-21-91
You are hereby authorized and inc	structed, subject to your rules and Sulli VAN	I regulations, to inter the remains
ina T.S. Valet	Funeral, date, time_2	Fi, 8/23, 1:0000
Church, Chapel, Graveside	spel + grane - Hu	Montuary.
All Funeral cars must arrive befor	re 3:30 p.m. of regular work day	or an extra charge will be applied
and billed to undersigned. War ti	ne veteran No	
Lot Grave_2	Row 5 Section 9	Division
Grave space & Care Fund	ke-Heed (12/3	T) Ø
Additional spaces and care fund		
Opening/Closing & Setup		350.00
Burial Container	· • • • • • • • • • • • • • • • • • • •	300.00
Handling Fees	· * • • • • • • • • • • • • • • • • • •	175.00
Flower vases - Marker setting fee	• • • • • • • • • • • • • • • • • • •	

**Recording and filing fee** Sales taxes ... **Total Due** Paid receipt number

**Balance** due

au

9642

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

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

F

r of deed

Invoice # Acct. #

Work Order # PY-583 (REV. 8-85)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	0	N		96
From: La da Lamara	Address: 1109 9. cm	1. 11	ollars (\$ _	1200	
Lot Grave		ection		Division Block	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT	67007		
Invoice No	PAID IN THIS SPACE	20% Sales Care OR 80% Sales of Lots Opening/ Closing	77184 100 77184 100 77181 100 77182	350 200	22
Acct. No	AUG .27 002429	20% Sales Care OR 80% Sales of Lots Opening/ Closing	77184 100 77184 100 77181 100	350 200 175 45 16	2222

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMA	APPLICATION	AND	PERMIT	FOR	DISPOSITION	OF	HUMAN	REMAI
--	-------------	-----	--------	-----	-------------	----	-------	-------

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

A. NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE	[1] U. 0468	LAST (FAMILY) SULLIVAN		TE OF DEATH A. SEX
SA, CITY OF DEATH San Diego		58. COUN	TY OF DEATH-OUTSIC	e california, enter state O	6. NAME, RELATIONSHIP, MAILING A OF INFORMANT LODGLE D. Simperly	Mercle F AMOVE PERCENTER
855 Brond	Way Chul	A VISTA, CA 91		7B. CALIFORNIA LICENSE NUMBER	4013 Hidden Meador Arnold, MO 63010	ws Drive
ACKNOWLEDGMENT OF APPLICANT	of the dispositions auth	as applicant that the proposed day orized by Section 10376 of the He It to Section 7100 of the Health and	calific and Safety Code, and	BA BIOMATURE OF APPLICANE	Funegal Director or Person Acting as :	Such BB. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	NED IN ACCORDANCE WITH 7 ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE D NOHT OF DISPOSAL OUTSDE OF CAL	CIFIED \$7.0	같은 UURA URANA (1996) AUREAN (2017) AN	SUED BC. SIGNATURE OF LOCAL RE	GISTRAR ISSUING PARMIT
UNY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Rec	GISTRAR OF DISTRICT OF OF ALFORM	x 85222	9E. ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR	DISTRICT OF DISPOSITION- N ANOTHER DISTRICT IN CALIFORNIA	
COLUMN AND COLUMN TO AN	TION(S) AUTHORIZED	CHECK ALL APPLICABLE IT	ems 🔲 d. scientif	ic use	C. SHIP IN TO CALIFOR	
B. CREMATION C. DISPOSITION THAN IN A CE		ains other	E. TEMPORA	NRY ENVAULTMENT MENT	FOR CORONER	
INTERMENT	Nt. Hope 3751 Nark			118. DATE INTERREC 8-28-91		
CREMATION	12A. NAME AND AL	DRESS OF CREMATORY		12B. DATE CREMATED	12C. SIGNATURE DE SOM IN	CHARGE CREMANON
SCIENTIFIC	13A. NAME AND AL	DDRESS OF FACILITY RECE	IVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON N	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STA CREMATED REMAINS ARE		ERE 148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF TRANSIT	of person in charge
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NE SUFFICIENT TO	AREST POINT ON SHORELI D IDENTIFY FINAL PLACE (	NE, OR OTHER DESC AND <u>district</u> of dis	RIPTION 158. DATE OF POSITION 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.

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E-9642

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	MT. HOPE CEMETERY
INIT	ERMENT ORDER
A KLAL	
JAN NO	City of San Diego
Marcate	152531 Date 8-21-9/
	ted, subject to your rules and regulations, to inter the remains
of <u>Raed</u> Han	
ina LID DBL CRYPT	Funeral, date, time FR1. 8/2.3 2. PM
Church, Chapel, Graveside	, G.S. Breenwood Mortuary.
	30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time w	4.4
Lot Grave 87 Row	Section Division/Block Mustin
Grave space & Care Fund	preneed
Additional spaces and care fund	
Opening/Closing & Setup	400.00
Burial Container	(DALCENPT) Lid. 60.00
	100,00
Flower vases - Marker setting fee	
	HEAT
Recording and filing fee	495
Sales taxes	
Rill	Total Due
A uslend ?!	Paid receipt number
Man OFO	Balance due
. 1	1
	of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from rization and interment.
I hereby authorize the interment in lot hold under deed.	Service
	Address 168 Squita Barbara
Signature of recorded holder of deed	State Distant Dip Code
collections 619-744-3100	State A. 92083 Telephone
No record of payment	943-1165
neccived. Paulettes	Invoice # 169294
Work Order # E 9643	Acct # 068139
PY-683 (REV. 8-66)	



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E - 9643

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

1A. NAME OF DECEDE		I <b>beel</b>	10. LAST (F	A 15 20 10		E OF DEATH 4. SEX
SA. CITY OF DEATH		58. COUNTY OF DEA	TH-OUTSIDE CALIFO	RNIA, ENTER STATE	6 NAME, RELATIONSHIP, MAILING AL OF INFORMANT Naji Hamdi: Upcl	
7A. CREDNINGASON	San B	PINDEPISTERVEN	C/28 AS SUCH 78. C/	LIFORNIA LICENSE NUMBER	168 Santa Barbara Vista, CA 92083	Way
ACKNOWLEDGMENT OF APPLICANT	of the dispositions authorized by 5	that the proposed disposition stated ection 10376 of the Health and Sah 7100 of the Health and Safety Code		in Dérly	undal Director or Person Acting as S	with 8B. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN AG BIONS OF THE CALIFORNIA HE AND IS THE AUTHORITY FOR TH IN THIS PERMIT. NOTE: THS PERMIT GNES NO REAL OF	ALTH AND SAFETY CODE E DISPOSITION SPECIFIED	A. AMOUNT OF FEE F 7.00	AUG 23 199		istrar issuing permit
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW DRAWT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAF IF DEATH OCCURED IN CALL P.O.BOX 85222 San Diggo, CA	FORNIA			DISTRICT OF DISPOSITION-	
	NON(S) AUTHORIZED CHECK	ALL APPLICABLE ITEMS	). Scientific Use		G. Ship in to californ H. Transit to outside	
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMAINS OTH EMETERY	ana	. Temporary Env. 7. Disinterment	AULTMENT		
INTERMENT	11A. NAME AND ADDRESS Mont Hope Cen 3751 Market St		o, CA	118. DATE INTERRED	11C. SIGNATURE OF PERSON IN	CHARGE OF INTERMENT
CREMATION	124 NAME AND ADDRESS	ON SEALED		128. DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS	of facility receiving red	ans • V	138 OATE RECEIVED	13C. SIGNATURE OF PERSON IN	Charge of Facility
TRANSIT	14A. NAME AND ADDRESS REMAINS OR CREMATI	N RECEIVING STATE OR CO D REMAINS ARE TO BE SH		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE C OF TRANSIT	of Person in Charge
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST P SUFFICIENT TO IDENTI	oint on Shoreline, or o Fy final place and <u>diste</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. 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.

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City of San Diego

	Date 8/20	2/91
You are hereby authorized and instructed, sub of REVA J. Flinn	ject to your rules and regulations, to in	ter the remains
ina T.S. Vault Fu	neral, date, time SAT 8/24	ILDO AM.
Church, Chapel, Graveside Chapel 5		
All Funeral cars must arrive 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/#	<u>+12</u>
Grave space & Care Fund	*****	69500
Additional spaces and care fund		
Opening/Closing & Setup		35000
Buriel Container		20000
Handling Fees		17500
Flower wases Marker contin PAT	<b>D</b> .	48000
Recording and filing tee	391	1150
Sales taxesAUG. 2.2.1	Total Due	19615
NT HOPE CEN	AETERY # 41146	19615
CITY of SAN DIES	Balance du	d
I hereby certify I am the Hueben and this is your authority to make disposition that I have the right to make this authorization	d remains as above indicated. I certif	amed decedent
any liability on account of said authorization		
I hereby authorize the interment in lot I hold under deed.	Harvy Hear	LANG
Signature of recertied helder et deed	CONCORD, CA. 5 115-687-1822	21452/ Zip Code
<b>F</b> 9644	Invoice #	
Work Order #	Acct. #	

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT	E-9644
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY 264-3151	Nº 41146
From: HARVEY FLINN NUMETERS HUNGERSDEINT	Address: 1292 SADDIE AND	Dollars (\$ 19/1 20)
In Jul Payment of Securi	ist Top REVA J Flinn	

Lot Gra	ive	Row	Section/	_	Division Block	2
* Invoice No	NOT VALID FOR P	PURPOSE STATED UNLESS ST.	AMPED CREDIT 20% Sales Care	67007 77184	139	00
Acct. No_			80% Sales of Lots	100	556	-
E QUART	1.191.4		Opening/ Closing	100	2,50	-
W.O			Burial Containers	77182 -	200	-
BALANCE DUE			Handling Fee	100 77185 —	1.75	-
			Recording & Misc. Fees	77183 -	529	-
	cct 🛛	1.	Pre-Need Trust	63033 9022		10000
Pre-need Trust Cash Check	K C L Sol	Let in	Sales Tax	60101 78390 -	16	-0
AC-212 (Rev. 10-87) # 426	ISSUED BY	DEN - FEMO	TOTAL PAID	\$	19-1	-

And I wanted at the

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# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

NAME OF DECEDE	nt—First (given)	18. MIDDLE	IC. LAST (FA)	MLY)	2. DATE OF BIRTH MONTH, DAY, YEAR	S. DATE OF DEATH	4. SE
CITY OF DEATH	the second s		IV OF DEATH-OUTSIDE CALIFOR	82-	6. NAME, RELATIONSHIP, M. OF INFORMANT	s - Daughter	
Antie roon-R			REON ACTING AS SUCH 7B. CAL	IFORNIA LICENSE NUMBER	126 H. Royal San Diego, (		
ACKNOWLEDGMENT OF APPLICANT	of the dispesitions out	as applicant that the proposed disponentiated by Section 10376 of the Health and 3 It is Section 7100 of the Health and 3	Wh and Safety Code, and		uneral Director or Person Act	ing as Such ¦ 8B. DAT	E SIGN
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PR ORMA HEALTH AND SAFETY ( I'Y FOR THE DISPOSITION SPEC D INSIT OF DISPOSAL OUTSIDE OF CALLY	sified \$7.00	AUG 2 3 1991	BC. SIGNATURE OF LO	Cal registrar issue	1000
IY CHANGE IN DISPOSI- ION REQUIRES A NEW AIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF RI	EGISTRAR OF DISTRICT OF J D IN CALIFORNIA San Diego	85222		DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CALIFO	RNIA	
	TION(S) AUTHORIZED	CHECK ALL APPLICABLE ITE	D. Scientific USE		G. SHIP IN TO C	ALIFORNIA OUTSIDE OF CALIFOR	NIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	AINS OTHER	E. TEMPORARY ENVAL	JLTMENT		ONER'S USE ONLY PENDING	ų.
INTERMENT	He	San 2	Market St.; Lego, GA	118. DATE INTERRED	Pales A	SON IN CHARGE OF IN	TERME
CREMATION	12A. NAME AND AD	DDRESS OF CREMATORY		128. DATE CREMATED	12C. SIGNATURE OF PERS	ION IN CHARGE OF CRI	EMATIC
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF FACILITY RECEI	VING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF FA	GILITY
- TRANSIT		DORESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON IN	CHAR
1		AREST POINT ON SHOREI IN	E, OR OTHER DESCRIPTION	15B. DATE OF DISPOSITION	15C SIGNATURE OF PER		

City of San Diego

Date Aug. 22 1991 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Unknown body parts 10to, 14. plans cresh P.A.# 11/235 of Funeral, date, time m/ in a ru Only Mayer Church, Chapel, Graveside, elive Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time feteran 🔑 Int 6/ Grave STop Bow Section Division Block 126.00 Grave space & Care Fund ..... Additional spaces and care fund 121.00 Opening/Closing & Setup ..... Buriel Container Handling Fees ..... Flower vases - Marker setting fee . Recording and filing fee ..... Sales taxes Total Due ..... CC# 91-0561 thro 297.00 Paid receipt number 91-0510 **Balance due** of the above named decedent I hereby certify I am the . and this is your authority to make disposition of remains as above indicated. I certify and resregent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed. d.d.tenes gnature of recorded holder of deed State Tie Code Telephone 19: 9645 F Work Order

PY-883 (NEV 8-86)

			E-9645	
	APPLICATION AND PERMIT FOR DISPO USE BLACK INK ONLY-MAKE NO ERASURES, V	SEAGERAL SEA MARS		
NAME OF DECEDEN		AMILY) (10) 161 thru 91-05	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX	
CITY OF DEATH	58. COUNTY OF DEATH-OUTSIDE CALIFO	ORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE	
Jamul	San Diego		San Diego County Medical Examin	
		ALIFORNIA LICENSE NUMBER HF APPLICABLE	5555 Overland Avenue San Diego, California 92123	
CKNOWLEDGMENT OF APPLICANT		GNATURE OF APPLICANT-F	Pratico Person Acting as Such 88. DATE SIGNED	
PERMIT THORIZATION OF	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.	PAID 98. DATE PERMIT ISS	UED SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT	
ON REQUIRES A NEW			DISTRICT OF DISPOSITION-	
A. BURIAL (INCLUI B. CREMATION	E. TEMPORARY ENV	AULTMENT	G. SHIP IN TO CALIFORNIA     H. TRANSIT TO OUTSIDE OF CALIFORNIA     FOR CORONER'S USE ONLY     L DISPOSITION PENDING	
INTERMENT	Mt Hope Cemetery, 3751 Market St., San Diego, CA 92102	118. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY	128. DATE CREMATED	12C. SIGNATURE OF TERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	148. DATE SHIPPED	14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING 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	158. 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.

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### MT. HOPE CEMETERY

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains. FRANKLIN USIF of Funeral, date, time ///0 in a TRAVESIDE ASOCIA Church, Chapel, Graveside . Mortuary. All Funeral cars must arrive before 2:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Division/ Section 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 14 30 Day note Total Due Balance due

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

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

Signature of recorded holder of deed

9646 F Work Order PY-593 (REV. 8-85)

W.O. # E-964

NOTE

\$ 1197.38	San Diego, California	8-23	19.24
Thirty days after date for value rece	ived, the undersigned maker promises to p	ay San Diego City Treasur	er, or order a
	192101, the sum of Elever Hundr	A Direty Seven A	DOLLARS
with interest from	ept 26, 1991	on the unp	paid principal
at the rate of 12 percent per appun	navable 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 KATHERS	neray	SIGNATURE LEGITLEDING Ray	_8
ADDRESS 1155 36 th	st sun	Diego 92113	_
CALIFORNIA DRIVER LICENSE NUMBER	no 211718	SSN# 453-40-3919	

NAME OF DECEDE	nt—First (given)	1B. MIDDLE		IC. LAST (FA	MILY)	2. DATE OF BIRTH	3. DATE OF DEATH 4. S
CITY OF DEATH			RNIA, ENTER STATE 6. NAME, RELATIONSHIP		P, MAILING ADDRESS AND ZIP CODE		
	DORESS OF APPLICAN	T-FUNERAL DIRE	CTOR OR PERSON ACTING	AS SUCH 78. CAI	APPLICABLE	1155 Smith : San Diego, (	6th Street CA 92113
CKNOWLEDGMENT OF APPLICANT	of the dispositions out	orized by Section 10	proposed disposition stated her 376 of the Health and Salety ( he Health and Salety Code.		NATURE OF APPLICANT	uneral Director or Person Act	ing as Such BB. DATE SIG
PERMIT ITHORIZATION OF DCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT, NOTE: THIS PERMIT OVES N SD. ADDRESS OF RI	ORNIA HEALTH AU TY FOR THE DISPO 10 NORT OF DEPOSAL O	ND SAFETY CODE SITTION SPECIFIED NTSBE OF CALIFORNIA	7.00	AUG 2 3 1991		cal registrar issuing per L. Romand, M. D.
Y CHANGE IN DISPOSH ON REQUIRES A NEW RIMIT TO SHOW FINAL DISPOSITION.	POB US232	D IN CALIFORNIA	pe, CA 92138-			ANOTHER DISTRICT IN CAUFO	RNIA
TPE OF DISPOSIT	tion(s) Authorized	CHECK ALL APP	LICABLE ITEMS			G. SHIP IN TO C	ALIFORNIA
	ides entomement)		100 E318	SCIENTIFIC USE		H. TRANSIT TO	OUTSIDE OF CALIFORNIA
] B. CREMATION ] C. DISPOSITION ( THAN IN A CE	OF CREMATED REM EMETERY	ains other	Sector and the	EMPORARY ENVA HSINTERMENT	ULTMENT		ONER'S USE ONLY PENDING
INTERMENT	11A. NAME AND AL	Canadian	etery 7: San Diego,	, <b>ca</b>	118 DATE INTERRED		SON IN CHARGE OF INTERMI
CREMATION	12A. NAME AND AD	DDRESS OF CRE	MATORY		128. DATE CREMATED		ON IN CHARGE OF CREMATI
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS			138. DATE RECEIVED	13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE BEMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARG		
SCATTERING AT SEA			N SHORELINE, OR OTHE		158. DATE OF DISPOSITION	15C. SIGNATURE OF PER	

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

E-9646 E gradle LARS 6 821 ğ 90-374 11 CITY OF SAN DIEGO, CALIFORNIA 00. ACCOUNTS RECEIVABLE 6 1197. AUXILIARY INVOICE - PAYMENT FORM -CUSTOMER ACCOUNT NO. 068096 619-263-3141 m SON-RAGSDALE PAYMENT DATA 82102 Octobe 8-9 PAYMENT P.M. RECEIVED DAT 3 EDERAL BLVD. 5 BAN DIEGO, PAID BY (CINCLE ONE) ŌS CA CK 12 8216 PAYMENT REFERENCE NUMBER DER DOLS AMOUNT PAID 1197,00 3 Ū, H TREASURER VALIDATION Z CUSTOMER DATA Cemetery -1 -Kor CUSTOMER ACCOUNT NA cankli TU. Hope HODERSON - KASSE nu. PAYOR NAME 117 01 10 --Ŧ ĝ CUSTOMER (PAYOR) ADDRESS 50.50 Federal Blid 1/3 Mt NO 3 203 92102 11 --E nu Þ 80 PAY TO THE ORDER OF O Grave 1 REMARKS The Bank of San Diego 10th & G Street Office P. O. Box 80637 San Diego, California 92136 1 INV. NO. 169262 CASHIER

TH-1861 (2-82)

Pre-Need Fot M. HO	PE ÇEMETERY	•
1) Aleed INTERM	ENT ORDER	
Pre-10 INTERN		
) City o	of San Diego	-
	Date 6	-28-91
You are hereby authorized and instructed, subj		ns, to inter the remains
of Nellie TAYlor		
in a Fu	neral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra	charge will be applied
and billed to undersigned. War time veteran 4	. /	2.2
Lot 160_Grave_5 Row	Section Divis	ion/10 12
2 2723 1127 13		395.0
Grave space & Care Fund		
Additional spaces and care fund		
Auditional spaces and care follo	· hore	
	1 In-fuel	
Opening/Closing & Setup	d In feel	
Opening/Closing & Setup Burial Container	d In fuel	
Opening/Closing & Setup Burial Container	d In fue	········
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee	d In fue	
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee		·······
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee		295(1)
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes	Total Due	295(1)
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes	Total Due ceipt number <u>41413</u>	3957W 3957W
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes	Total Due ceipt number <u>41413</u>	295(1)
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Paid re	Total Due ceipt number <u>41413</u> Bala	3957W 3957W nce due
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes	Total Due ceipt number <u>414/3</u> Bala of remains as above indicated and I agree to hold Mt. Hope Ci	395760 395760 395760 nce due <u>—</u> above named decedent I certify and regresent
Opening/Closing & Setup Burial Container	Total Due ceipt number <u>414/3</u> Bala of remains as above indicated and I agree to hold Mt. Hope Ci	395760 395760 395760 nce due <u>—</u> above named decedent I certify and regresent
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Paid re Paid re I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization	Total Due ceipt number <u>4/4/3</u> Bala of remains as above indicated and I agree to hold Mt. Hope Co and interment.	3957W 3957W 3957W nce due hce due t certify and represent emetery harmless from
Opening/Closing & Setup	Total Due ceipt number <u>414/3</u> Bala of remains as above indicated and I agree to hold Mt. Hope Co and interment. Suppose Bac 51-	3957W 3957W above named decedent I certify and represent emetery harmless from
Opening/Closing & Setup	Total Due ceipt number <u>414/3</u> Bala of remains as above indicated and I agree to hold Mt. Hope Co and interment. Suppose Bac 51-	3957W 3957W above named decedent I certify and represent emetery harmless from
Opening/Closing & Setup	Total Due ceipt number <u>41413</u> Bala of remains as above indicated and I agree to hold Mt. Hope Co and interment. Supplue Box 512 Address J. D. Ca	3957W 3957W above named decedent I certify and represent emetery harmless from
Opening/Closing & Setup	Total Due ceipt number <u>414/3</u> Bala of remains as above indicated and I agree to hold Mt. Hope Cl and interment. Separate Addrees <u>D. Box 512</u> Addrees <u>D. Ca</u> State Telephone	3957W 3957W above named decedent I certify and represent emetery harmless from
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Paid re and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I	Total Due ceipt number <u>414/3</u> Bala of remains as above indicated and lagree to hold Mt. Hope Co and interment. <u>P.D. Box 513</u> Address J.D. Ca State	3957W 3957W above named decedent I certify and represent emetery harmless from

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** 527-3400 1091 Dete 5135 From 1 al Thing Dollars ( . he-Payment of Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care BO% Sales 180 77184 Acct. No. of Lota Opening/ Closing 100 77181 W.O. 4 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Ascording & Misc. Fees 100 77183 Pre-Need On Acct 63033 741 Need Pre-Need Lot Truet 2022 Pre-need Trust Cash Cash Check Sales Tax 50101 ISSUED BY TOTAL PAID

June 27, 1991 mount Hope Cemetery 3751 market St. 5 8. 92101

Dear Joann, shanks 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 grane next to starry So I am inclosing a money order for 395." to pay for my grave next to him. Derhaps at a later date of can make arrangements with you to pay for all the other services and fees over a period of 3 ar & months. I hope so. In the meantime please send me the deed and any other. popers & might need so I can: get copies for my friend in case she would need to take over after In gone - not that Im

E-9047

E-9647

effecting to go poon, Jodnn, you are good in your work and I will always Treasure your nice ways of helping , Thank you dear girl. nellie I. Naylor P.O. Boy 5135 San Diego CA. 92165

INTERMENT ORDER

City of San Diego

Date 8/26/91

ina DB/E CALLOT FUI	neral, date, time FRI 8/30	1.00 P.
Church, Chapel, Graveside	5. PAGSDA/E	Mortuar
All Funeral cars must arrive before 2:30 p.m.	of regular work day or an extra charge	will be applie
and billed to undersigned. War time veteran ,		
Lot 79 Grave 2 Row	Section Division/Blee	* 1R
Grave space & Care Fund		_595
Additional spaces and care fund		
Additional spaces and care fund	@ 350	700 -
Burial Container		380
Handling Fees		3205
Flower vases - Marker setting fee		
Recording and filing fee	Q 454 -	909
		27=
DA	Total Due	2062
DA TE- Peid re	ceipt number# 41148	1031-
OTE Peid re		10315
Il. al 1	# 415 stylenge due 841-24	e. Ø
I hereby certify I am the TJUSDand	of the above na	med decede
and this is your authority to make disposition that I have the right to make this authorization	and lagree to hold Mt. Hope Cemetery I	and represe harmless fro
any liability on account of said authorization a	nd interment.	2 .
I hereby authorize the interment in lot I	Nenrytt	math
hold under deed.	1435aura	Gt .
Signature of recorded holder of deal	Landricon Co	92114
	5 479-2548 Telephone	* ZpC
	Invoice #	
<b>F</b> 9648		

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151	Date:	N9 1261	E - 9648 41148
From: <u>Elevery A Smith</u> <u>ANE Theorem &amp; Threty</u> In <u>PART</u> Payment of <u>Stru</u> Lot <u>75</u> Grave	Address: 1495 AVA ST	TH	ollars (\$ <u>LO</u>	sion
- Invoice No Acct. No W.O BALANCE DUE BALANCE DUE Pre-Need Lot □ At Need □ On Acct □ Pre-need Trust □ Cash □ Check □ AC-212 (Rev. 10-8r) # 522.74	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 30% Sales of Lots Opening/ Closing Durial Durial Containers Handling Fae Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77184 100 77181 100 77185 100 77185 100 77185 63033 9022 60101 78390 \$	114 00 476 00 476 00 496 39

-9648 **OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Ng PROPERTY DEPARTMENT 41242 WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Date Address: From Dollars (\$ 103 Payment of LEE-NEED Trues Division Lot 79 Section Grave Row Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 1 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care BO% Sales 100 Acct. No. of Lots 77184 263 Opening/ Closing 100 W.O. E-9648 77181 or 330 Burial 100 77182 Containers 100 BALANCE DUE Handling Fee ap na Recording & Misc. Fees 100 At Need On Acct Pre-Need \$3033 9022 Pre-Need Lot Trust 1 Pre-need Trust Cash 60101 Check Sales Tax 78390 7141 AC-212 (Rev. 10-87) 603 ISSUED BY TOTAL PAID

A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST OF	AMILY)	2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR	
IOLA	KATHERINK	SM	ITH	A0-31-27 8-24-91	
A. CITY OF DEATH	MD - 2000 C	NTY OF DEATH-OUTSIDE CALIFO	ORNIA, ENTER STATE	B. NAME, RELATIONSHIP, MAILING ADDRESS AND 2 OF INFORMANT HENRY A. SMITH - HUSBAN	
A. TYPED NAME AND A	DDRESS OF APPLICANT-FUNERAL DIRECTOR OR P	ERSON ACTING AS SUCH 7B. C	ALIFORNIA LICENSE NUMBER	1435 AVA ST.	
KRSON-RAGS	DALE MORTUARY: SAN DIEGO.	CA .	F-1329	SAN DIEGO, CA 92114	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed dis of the dispositions authorized by Section 10376 of the H was authorized pursuant to Section 7100 of the Health and	salth and Salety Code, and	GNATURE OF APPLICANT-FU		TE SIGNED
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH I SIONS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPE	CODE	PAID 88. DATE PERMIT ISSU	ED 9C. BIGNATURE OF LOCAL REGISTRAR ISSU	
UTHORIZATION OF	IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO BIENT OF DISPOSAL DUTSIDE OF CAU	41.00	AUG 2 9 19	91 . Norall & Cameral M	DAX
NY CHANGE IN DISPOSI- TION REQUIRES A NEW FERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCURRED IN CALIFORNIA VIEWAL RECORDS; F.O. DOL SAN DIECO	85222	DDRESS OF REGISTRAR OF I DISPOSITION IS TO OCCUR IN	NSTRICT OF DISPOSITION- ANOTHER DISTRICT IN CAUFORMA	
0. TYPE OF DISPOSI	TION(S) AUTHORIZED CHECK ALL APPLICABLE IT	EMS		G. SHIP IN TO CALIFORNIA	
BURIAL ONCL	JDES ENTOMBMENT)	D. SCIENTIFIC USE		H. TRANSIT TO OUTSIDE OF CALIFO	RNIA
B. CREMATION		E. TEMPORARY ENV	AULTMENT	FOR CORONER'S USE ONL	Y
C. DISPOSITION THAN IN A C	OF CREMATED REMAINS OTHER EMETERY	F. DISINTERMENT			
NTERMENT	HIA. NAME AND ADDRESS OF CEMETERY MT. BOPE CEMETERY; 375	MARKET ST. BIEGO, CA	118. DATE INTERRED	11C. SHOWATTURE OF PERSON IN CHARGE OF I	NTERMENT
CREMATION	12A. NAME AND ADDRESS OF CREMATORY METAL SEDIEC 11/1		128. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF C	REMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF FACILITY RECI	eiving remains	13B. DATE RECEIVED	ISC. SIGNATURE OF PERSON IN CHARGE OF I	FACILITY
USE		TE OD COUNTRY WHERE	148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN	N CHARGE
LIDE	14A. NAME AND ADDRESS IN RECEIVING STA REMAINS OR CREMATED REMAINS ARE				

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

100

<b>•</b> ••••	
MT. I	IOPE CEMETERY
INTER	MENTORDER
• Cit	y of San Diego
	Date Aug. 26, 1991
	Date 1109. 40, 1111
You are hereby authorized and instructed, se	ubject to your rules and regulations, to inter the remains
of ERICH KIETZMAN	N Q 1 0:30
ina ASH MICHE	Funeral, date, time That \$/29 9:30 P.M.
Church, Chapel, Graveside GRANS	DE MAYER Mortuary
BIODE N WINN TO BE ANY PERSON	n. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteral	
	3_Section_2_DivisionBlock_9
	250.00
	250.00
A DATE THAT AND TO DEPEND ON THE DATE OF A DAT	
Opening/Closing & Setup	<u></u>
Burial Container	••••••••••••••••••••••••••••••••••••••
Handling Fees	
Flower vases - Marker setting fee	reving tee 60.00
Recording and filing fee	45.00
Sales taxes	
1 5	Total Due
30 day paid	receipt number
nore	Balance due
11/100	
	of the above named decedent on of remains as above indicated. I certify and represent on and lagree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signatures
Signature of recorded holder of dead	Address A A A A A A A A A A A A A A A A A A
	States JF8-42-10 Zip Code
Work Order # E 9649	Invoice # 169268

Work Order #	E
PY-563 (NEV. 5-85)	

#### MT. HOPE CEMETERY

W.O. # E-9649

NOTE

\$130.00	San Diego, California	Aug. 26	19.9/
Thirty days after date for value received, the undersig 3751 Market Street, San Diego, CA 92101, the sum o	장애 생각 전에 있는 것 같아요. 한 것은 것 같은 것 것 같아요. 그는 것 같아요. 것 같아요. 같이 있는 것 같아요.		A 다음 것 같은 것 같
with interest from <u>Sept. 30, 1991</u>			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. ADDRESS 1261-A NORTH MOLLISON AVE. C 10# A3446386 4170-53 CALIFORNIA DRIVER MORNEE NU

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS -7649

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

Erich	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (F)			3. DATE OF DEATH 4. SE
La Mesa			of death-outside califo	RNIA, ENTER STATE	OF INFORMANT	LING ADDRESS AND ZIP CODE - Wife
TYPED NAME AND A	DDRESS OF APPLICAN	-FUNERAL DIRECTOR OR PERSON	N ACTING AS SUCH 7B. CA	LIFORNIA LICENSE NUMBER	1261A N. Moll El Cajoa, CA.	1son Ave. 92021
CKNOWLEDGMENT OF APPLICANT	of the dispositions auth	as applicant that the proposed disposition arized by Section 10376 of the Health a t to Section 7100 of the Health and Safety	nd Safety Code, and	INATURE OF APPLICANT-E	Euheral Director or Person Actin	g as Such BB. DATE SIGN F-26-7
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIE D BIGHT OF DISPOSAL OUTSIZE OF CALIFORNIA	7.00	AUG 27 19	D- 40	al registrar issuing perio
	P.O. Box 852	CALFORMA CALFORMA CALFORMA CA. 92186-5222			DISTRECT OF DISPOSITION- N ANOTHER DISTRICT IN CALIFORM	414
	non(s) authorized Ides entomement)	CHECK ALL APPLICABLE ITEMS	D. SCIENTIFIC USE		G. SHIP IN TO CA	LIFORNIA DUTSIDE OF CALIFORNIA
				1.000 (PAC) (PAC) (PAC)	the second s	and the second se
	of cremated Rema Metery	ans other	F. DISINTERMENT	NULTMENT		NER'S USE ONLY
C DISPOSITION	METERY	DRESS OF CEMETERY	🔚 김희희가 승규가 있다. 것 ^^			ENDING
C DISPOSITION THAN IN A CE	METERY Mt. Hope San Diego,	CA.	F. DISINTERMENT			ENDING
C. DISPOSITION THAN IN A CE	METERY Mt. Hope ( San Diego, Taneta CA 14065 Old	CA.	F. DISINTERMENT	118. DATE INTERRED 8/29/9/ 128. DATE CREMATED 8/27/9/		
C DISPOSITION THAN IN A CE	METERY ME. Hope San Diego, 14065 01d 13A. NAME AND AD .4,-3.P.	CA. CA. CA. DESCOLOCIONATORY Rwy 80 E1 Ca jor	F. DISINTERMENT	118. DATE INTERRED 8/29/9/ 128. DATE CREMATED 8/27/9/	11C. SIGNATURE OF PERSO	

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.

	HOPE CEMETERY
O I INTER	MENT ORDER
I want a ci	ty of San Diego
the key kust	- Shila
not + get	Date 0/2017/
	distance described and a later description
Dogat. M	ubject to your rules and regulations, to inter the remains
in a Dinet	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 vetera	.6
Lot 78 Grave 4 Row	Section Division / Dest
	1 In Bacil
Grave space & Care Fund	J13.00
Additional spaces and care fund	(n')
Opening/Closing & Setup	320.00
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container	10 g191 100.00
	A 145W
Handling rees	<i>"</i>
Flower vases - Marker setting fee	351
Recording and filing fee	35.0
Sales taxes	
	Total Due
Pair	d receipt number 41225 1002 W
	0-
12. 5753	Balance due
I hereby certify I am the CONSER	VATOR of the above named decedent
and this is your authority to make dispositi	on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorizatio	on and intermente
	Tresty a. Bran, Typen
I hereby authorize the interment in lot I hold under deed.	X Fillitte Mardian of Mel
	5201-A RUFFIN ROAD
Signature of recorded holder of deed	SAN DIEGO, CA 92123
	V State 16191694-3508
	Tetophone
	A STATE ADDIT AT THE
F 9650	Invoice #
Work Order #	Acct. #

-

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		E	-96 9 41	50
trege please		Date:	1-9		9.11
From: Field & Headeden	Address: Deled Rogg	in head	y Al	12	23
_ the Hand	The St	Jun D	ollars (\$ Z	122."	)
In Payment of	at hed bet and	Wat			
. Lot		ection		Division Block	2
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007	19	0
Acct. No.	FOU IN INIS STACE.	80% Sales of Lots	100	314	Co.
· · · · · · · · · · · · · · · · · · ·		Opening/ Closing	100	323	w
W.O		Burial Containers	100	102	2
BALANCE DUE			100	1451	in the second second
		Handling Fee	77185	1200	P.L.
		Handling Fee Recording & Misc. Fees	77185	35	100
Pre-Need Lot At Need On Acct		Recording & Misc. Fean Pre-Need Trust	100 77183 63033 9022	35	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Recording & Misc. Fees Pre-Need	100 77183	35	

	· • •	•	
	MT. HOPE CEME		
	INTERMENT O	DRDER	
	City of San Die	<b>g</b> o	TN
		8/2	alar
STEPHE	N	Date gr	R
You are hereby authorized and in:	structed, subject to you	r rules and regulations, to i	nter the ternains
of	- merior	4-6NGE	- HOKN
ina Ash VAU/T	Funeral, dete	, time Fr 8/30	2.00 FM
Church, Chapel, Graveside	raussing 0	N. MitsHell	Mortuary.
All Funeral cars must arrive befo	re 3:30 p.m. of regular	work day or an extra charg	e will be applied
and billed to undersigned. War ti	me veteran	Ø	
Lot 262 Grave	. Row Secti	on Division/B	terek 8
Grave space & Care Fund	PIZ-NEED	8.72.84	
Additional spaces and care fund	····· · · · · · · · · · · · · · · · ·		
Opening/Closing & Setur			. 1050
Burial Container	10 N		4000
Handling Fees	1.5		6000
Flower vases - Marker setting fe	0		
Recording and filing fee	0 5 #	······	4500
Sales taxes			330
	52	Total Dug	25330
	Paid receipt num	# 41164	253 30
	11/2010/07/08/07/07/07/07/07/07/07/07/07/07/07/07/07/	Balance de	
			360A 10

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

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

F

9651

Signature of recorded holder of deed

Invoice # Acct. #

Work Order # \_

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA		8-965
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº	41164
The MARRIDON EVERATION		Date:	L.1994
From: AM TOHELL MEETUAN	Address: Log PENNISYINANIA	AVE 1.0, CA. 9210	322
In Full_ Payment of Service	- FRON EVEN ENGLED	los N	

Lot 262 Grave	Row Se	ection/	Division Bleek	
Invoice No Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77184 100 77182 100 77182 100 77185 100 100 440	er er
Pre-Need Lot At Need On Acct	ISSUED BY ROAT ADAL	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390 \$ 2.553	10/10/



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# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NT-FIRST (GIVEN)	18. MIDDLE	1C. LA	ST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
CITY OF DEATH	(680	58. COUNTY (	OF DEATH-OUTSIDE C	CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, M OF INFORMANT	IAILING ADDRESS AND ZI	PCODE
SAN DIESO, C		- SARES FIFTH AVENUE,	DN ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE	629 PENNISTLYANI SAN DIEBO, CA		
ACKNOWLEDGMENT OF APPLICANT	of the dispositions out	as applicant that the proposed disposition orized by Section 10376 of the Health o at to Section 7100 of the Health and Safet	and Safety Code, and	BA. SIGNATURE OF APPLICANT-F	uneral Director or Person Act		'E SIGNE 8, 199
PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT.	NED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD IV FOR THE DISPOSITION SPECIFIE IN NIGHT OF DISPOSAL OUTSIDE OF CALIFORM	57.00		DED OC. SIGNATURE OF LC	CAL REGISTRAR ISSUIN	
Y CHANGE IN DISPOSI- ION REQUIRES A NEW DATE TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE		ATH	IF DISPOSITION IS TO OCCUR IN		RNIA	
		CHECK ALL APPLICABLE ITEMS			G. SHIP IN TO O	7870,972,957,2	
	JOES ENTOMBMENT)		D. SCIENTIFIC	A DECEMBER OF A	H. TRANSIT TO	OUTSIDE OF CALIFOR	INIA
B. CREMATION C. DISPOSITION THAN IN A CI	of cremated rem Emetery	ains other	F. DISINTERME	' ENVAULTMENT NT		PENDING	
-					ALC DIGNUTRIDE OF DED		THE R. LEWIS CO.
INTERMENT	NA NAME AND A SAN DIEGO, O	DRESS OF CEMETERY ST	NEET,	118. DATE INTERBED		ison in charge of in	TERMENT
INTERMENT	SAN DIEGO, O	DDRESS OF CREMATORY	REET, ERIAL AVENNE,	8/30/9/	11C SIGNATURE OF PER	Joyer	
	NT NOTE COME SAN DIENO, C 12A. NAME AND A GREENWOOD CA SAN DIENO, C	DDRESS OF CREMATORY	erial averae.	128 DATE CREMATED	120. Sice Diffe of Port	SON IN CHARGE OF CRI	EMATION
CREMATION	NY NOPE CORE SAN DIERO, C 12A. NAME AND AN <b>CREENNING CH</b> SAN DIERO, C 13A. NAME AND AN 14A. NAME AND AN	A DORESS OF CREMATORY ENATORY, I-605 & THE A DCD2 -/-	PERIAL AVENUE,	8/30/9/ 128 DATE CREMATED 8-29/91 138. DATE RECEIVED	120. sice top por	SON IN CHARGE OF CRI Uray ISON IN CHARGE OF FI	EMATION

COPY 3 OF THE PERMIT IS TO BE RETORNED 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.

COPY 3

E-9651

0

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego 8/07/91 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains OOLEU Funeral date time Fr BALLOAD ON SST. ESIDE 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 ASection Division/Black Row PRE-NEED D-9218 Grave space & Care Fund ..... Additional spaces and care fund ot 105 Opening/Closing & Setup .... ...... 00 Burial Container ..... 00 Handling Fees Flower vases - Marker setting fee .... PLACE are Light IN UPPER GRAVE EDENSE OF GRAVE Recording and filing fee ..... 30 30 Total Due ..... 30 Paid receipt number **Balance** due I hereby certify I am the figure and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability op account of said authorization and interment. 5111 x 4/2 I hereby authorize the interment in lot I hold under dead. re of recorded holder of deed Invoice # 9652 Work Order Acct. # PY-593 (REV. 8-85)

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: P.C. Pax 52,92	Date:	E N 1/2	-965 19 41 27 / .1	52 151 994
	In Eq. 1/ Payment of SERI			67007 77184	253 = Division Block 4	
•	Acct. No	ISSUED BY RAM JENGS	of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	7/184	105 40 45 223	20

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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1A. N	AME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	10. LA	ST (FAMILY)	3	2. DATE OF BIRTH	3. DATE OF MONTH DAY	DEATH	4. SEX
	Martha		Alice		Coozey	W	3-10-11	8-21-4	Turnes and	F
57.	TY OF DEATH		58. COUNTY	OF DEATH-OUTSIDE	CALIFORNIA, ENTER	STATE	6. NAME, RELATIONSHIP, M OF INFORMANT		AND ZIP	CODE
74 T	National C			San Diego	78. CALIFORNIA LI	CENSE NUMBER	self, pre-ana	nged		
- 4	4658 30th	St:San Die	T-FUNERAL DIRECTOR OR PERS TVICES BO. CA 92116		-IF APPLICAE	1370	l 			
ACK	OF APPLICANT	of the dispesitions out	os applicant that the proposed disposit writed by Section 10376 of the Health at to Section 7100 of the Health and So	and Safety Code, and	Phan Stan	SK	seeral Director or Person Ac	ling as Such	54 23	e signet 2-91
AUTH	PERMIT IORIZATION OF AL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN, THIS PERMIT.	USD IN ACCORDANCE WITH PRO ORINA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF IO BOHT OF DISPOSAL OUTSIDE OF CALIFOL	\$7.00	AUG 2	2 3 1991	Den SCISIONATURE OF LI	CAL REGISTRA	r issum 1.D.	g permit X
PERM	REQUIRES A NEW	Vital Recor	EGISTRAR OF DISTRICT OF D DIN CALFORNA Cds; P.O. Box 852 CA 92186-5222	1			DISTRICT OF DISPOSITION- A ANOTHER DISTRICT IN CALLED	DANIA		
10, T			CHECK ALL APPLICABLE ITEM	9	80.00	9 <b>0</b> -19	G, SHIP IN TO	CALIFORNIA		
	A. BURIAL (INCL)	JOES ENTOMBMENT)		D. SCIENTIFIC	USE	cap:	H. TRANSIT TO	OUTSIDE OF	CALIFOR	NIA
	B. CREMATION			E. TEMPORAR	Y ENVAULTMENT		FOR CON	IONER'S US	E ONLY	
	C. DISPOSITION THAN IN A CO	OF CREMATED REM EMETERY	AINS OTHER	F. DISINTERME	TI			PENDING		
Ĩ	INTERMENT	Mt. Hope	Cometery 3751 M Diego, CA	larket St.	118.0	ATE INTERRED	ALL	Jon in Charce	BE OF IN	TERMENT
APPLICABLE ITEMS	CREMATION	Contraction of the second second	DDRESS OF CREMATORY :. 14065 Olde Hay.80	;El Cajon,,CA		25/4/	12C. SIGNATUR OF PER	Sever Steve		MATION
ALL APPLICA	SCIENTIFIC USE	BANAME AND AN	DORESS OF FACILITY RECEIV	ING REMAINS	138. D	ATE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHARG	E OF FA	CILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		E 148 D	ATE SHIPPED	14C. ADDRESS AND SIG	ATURE OF PE	rson in	CHARGE
SC	CATTERING AT SEA OR SPOSITION OTHER AN IN A CEMETERY	SUFFICIENT T	AREST POINT ON SHORELINE O IDENTIFY FINAL PLACE AN			ATE OF	15C. SIGNATURE OF PER CHARGE OF DISPO		LICENSE OF CREM MAINS D 	ATED RE-
R	ISPOSITION C	FOR COMPLETING	MPANIES THE REMAINS G AND FORWARDING THE HE DISTRICT NEAREST ORIGINAL OR DUPLICAT	THE POINT WHE	O DAYS OF DI	SPOSITION T	TO THE REGISTRAR OF	THE DISTRI	CT IN W	HICH
0	COPY 1		STATE OF CALIFORNIA, D	EPARTMENT OF HEAL	TH SERVICES, O	FICE OF STAT	TE REGISTRAR		VS 9 (R	EV. 5/89
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	MT. HOPE CEMETERY	
	ERMENT ORDER	
	City of San Diego	8
	City of Salt Diego	alit
	Date	127/91
You are hereby authorized and instructe	COR# 91-1:	248
	AAHIII749	472
ina liner	Funeral, date, time (4/ED	
Vault/Liner		and the second state of th
Church, Chapel, Graveside <u>No</u>	SETVICE ; MEYE	
All Funeral cars must arrive before 3:30	ALL MARKEN	tra charge will be applie
and billed to undersigned. War time ver	teran NO.	
57	Section	ivision/Bleck 12
Lot Grave Row .	Section L	
Grave space & Care Fund		126°
Additional spaces and care fund	******	
Opening/Closing & Setup		1210
Burial Container		0
Handling Fees		14 M
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes TES		-
SA GO	Total Due	
	Paid receipt number	
		lalance due
I hereby certify I am the and this is your authority to make dispo	eition of remains as above indica	he above named decede ted. I certify and represe
that I have the right to make this author any liability on account of said authoriz	ization and I agree to hold Mt. Hop	e Cemetery harmless fro
2014 (2015) 2016 2017 T T 12 17 2017 T T 17 2017 17 17 17 17 17 17 17 17 17 17 17 17 1	TOTAL CONTRACTOR CONTRACTOR	
I hereby authorize the interment in lot I hold under deed.	Signature	
noia unaer aeea.	Address	
Signature of recorded helder of deed	-	
Signature of recorded helder of deed	State Telephone	Zip (

Work Order a

Acct. # 000952

Jane	ENT-FIRST (GIVEN) 1B. MIDI	DLE	Doe 91-1248	2. DATE OF BIRTH HONTH, DAY, YEAR	4. SE F
A. CITY OF DEATH San Isid	ro	58. COUNTY OF DEATH	OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP OF IMFORMANT, PUBLIC Administrator	CODE
		Av. San Diego, CA		San Diego, CA. 92123	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant of the dispositions authorized by Se was authorized pursuant to Section 7	that the proposed disposition stated herein ction 10376 of the Health and Safety Cod '100 of the Health and Safety Code.	is one BA. SIGNATURE OF APPLICANT	Funeral Director or Person Acting as Such 88. DATE	sign • 9
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE PERMIT IS ISSUED IN ACC BIONS OF THE CALIFORNIA HE/ AND IS THE AUTHORITY FOR THE IN THES PERMIT. NOTE: THIS PERMIT.	DISPOSITION SPECIFIED 7.0	0	991 Surall & Control of Local Registrar Issuing	S PERI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW FERMIT TO SHOW FINAL DISPOSITION.	P. OF BOR STRAN	ORMA	9E. ADDRESS OF REGISTRAR O IF DISPOSITION IS TO OCCUR	OF DISTRICT OF DISPOSITION-	
	TION(S) AUTHORIZED CHECK <u>A</u>		ENTIFIC USE	G, Ship in to California H, transit to outside of Californ	IA
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REMAINS OTHE	100 C 10	IPORARY ENVAULTMENT		
-		ry 3751 Market St			ERME
INTERMENT	San Diego, CA.		XIDX 14		
CREMATION	San Diego, CA. 12A. NAME AND ADDRESS O NON SEALER			D 12C. SIGNATURE OF BERSON IN CHARGE OF CRE	MATIC
	12A. NAME AND ADDRESS O NON SEALER		2	ED 12C. SIGNATURE OF BERSON IN CHARGE OF CRE	
CREMATION	12A. NAME AND ADDRESS O	F CREMATORY 57 - 8 B - 1 - 1	Y WHERE 148. DATE SHIPPED	ED' 13C. SIGNATURE OF PERSON IN CHARGE OF FA	CILITY

COPY 2 IS RETAINED BY 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

Data 8/27/91 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains NENAS OHIM of 10:00 A.M Funeral, date, time 7 Church, Chapel, Graveside Cardus Si D. Mortuary. All Funeral cars must 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 4814 Grave Row Section Division/Block Grave space & Care Fund .... Additional spaces and care fund 0500 Opening/Closing & Setup .... oc Burial Container ..... 00 Handling Fees ... Flower vases - Marker setting fee Recording and filing fee Sales taxes \*\*\*\*\*\*\*\* Total Due Paid receipt numb **Balance due** 

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

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9654

Signature of recorded holder of deed

Unde Futu	
2805 Mars,	ane
Lewen Drow	Cal
State 466-2812	91945
Telephone	AND

1.

Invoice # Acct. #

Work Order #

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	E - 9 Nº	654 41150
Front FREIS FUCKING LIND ANE THORSE AND WE FERTY IN FULL Payment of SER Lot 4874 Grave	1	775 AVS LEA 9 S.H.I'	pollars (\$ 4	(4 9 35) (42 3) (142 )
Invoice No.     Grave       Acct. No.     Acct. No.       W.O.     976554       BALANCE DUE     Acceleration       Pre-Need Lot     At Need       Pre-need Trust     Cash       Check     Acceleration	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lota 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 77185 100 77185 63033 9022 60101 7839 9022	179 0° 714 0° 105 0° 40 0° 45 0° 45 0°

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						E-9654	
APPLICATION	AND	PERMIT	FOR	DISPOSITION	OF	HUMAN REMAINS	L

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

and the state of the local data in the state	The second second second	EAR	00	NBNAS	11		3 <sup>TL</sup> 08 <sup>L/</sup> 1924			×
	DINGO		B. COUNTY OF DEATH-	BGO	NIA, ENTER STATE		E, RELATIONSHIP, N			CODE
TYPED NAME AND A	DORESS OF APPLICAN	T-FUNERAGESCT	1.,S; 78 12	TR. CAL	FORNIA LICENSE NUMBER	1	75 SPRING N DIEGO, 4			
CKNOWLEDGMENT OF APPLICANT	of the dispositions out	as applicant that the prop taxiand by Section 10376 at to Section 7100 of the H	posed disposition stated here of the Health and Safety C lealth and Safety Code.		A U H	uneral Dir	rector or Person Ac	ting as Suc	oh 88. DAT	
PERMIT THORIZATION OF CAL REGISTRAR	THUS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GYES M	TY FOR THE DISPOSIT	ION SPECIFIED	MOUNT OF FEE PA	AUG 26 19		SIGNATURE OF LO	DCAL REGIS	STRAR ISSUIN	A.S
CHANGE IN DISPOSI- IN REQUIRES A NEW IMIT TO SHOW FINAL DISPOSITION.	and the second sec	EGISTRAR OF DISTR CA 92138-	. Box 85222		RESS OF REGISTRAR OF SPOSITION IS TO OCCUR IN					
	DON(S) AUTHORIZED	CHECK ALL APPLIC				- 5	G. Ship in to H. Transit to	79570 X 10537		JIA
B. CREMATION	ALES ENTOMEMENT)			CIENTIFIC USE EMPORARY ENVAL	LTMENT	- r <sup>2</sup>			USE ONLY	192
C. DISPOSITION	OF CREMATED REM	AINS OTHER	123	SINTERMENT	19 19 19 19 19 19 19 19 19 19 19 19 19 1	r	I DISPOSITION	13-14-15 (CAL-08-1540)	USE ONLY	
						-		C. (2022) (2022) (2022)		
			Carbon de la				GRATINE OF FER	ISON IN CH	ANGE OF IN	EHMEN
INTERMENT	NOOME NOA	BT STREET	SAN DIRGO,	CA	9/6/91		Rold	You	anna an 1997	A.
INTERMENT	3751 MARK	RT STREET	SAN DIEGO,		118. DATE INTERRED 9/6/9/ 128. DATE CREMATED	• 4		Con in CH	esa	M.
	3751 MARK CYPHING 9 3953 INPE	RT STREET MAR <sup>S</sup> CREEKY RIAL AVENU	SAN DIEGO,	30, CA	9/6/9/ 128. DATE CREMATED	120. 5		SON IN CH	ARGE OF CRE	MATION
CREMATION	3751 MARKE CTERESON M 3953 INPER 134. NAME AND AD R/A	RT STREET MARSCHEMMAN RIAL AVENUE DORESS OF FACILIT DORESS IN RECEIVIN CREMATED REMAINS	SAN DIEGO, MY E SAN DIEG	<b>30, CA</b> IS	<u>9/6/9/</u> 128. DATE CREMATED -28-1991	12C. 54		SON IN CH	ARGE OF CRE	CILITY

COPY 3

Colemial



8/28/91

MT. HOPE CEMETERY

**City of San Diego** 

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 21. 0.20 Funeral, date, time Church, Chapel, Graveside \_\_\_\_\_\_ DWANDERNADO \_ Mortuary. All Funeral cars must arrive 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 Division/Black Grave space & Care Fund ..... PEE-NEEA - D-6401 Additional spaces and care fund Opening/Closing & Setup ..... 00 150 **Burial Container**. . . . . . . . . . . . . 00 Handling Fees ..... Flower vases - Marker setting fee ..... 00 40 Recording and filing fee ..... 38 OWAY MORTURAY 38 Il Coll beer **Total Due** Paid receipt number **Balance due** 

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

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

9655

Signature of recorded holder of deed

mas CA

Invoice #

Acct. #

Work Order # \_ PY-563 (REV. 8-65)

Þ	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	E Nº 8/3	- 96 411 22/.19	555
·	From:	Address: <u>Address: Address: Ad</u>	Lin 192	oilars (\$ ZC	rision	
	Invoice No         Acct. No.         W.O.       E         BALANCE DUE         Pre-Need Lot       At Need         Pre-Need Lot       At Need         Pre-need Trust       Cash         Ac-212 (Rev. 10-87)       # 103	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	57007           77184           100           77184           100           77181           100           77185           100           77185           100           77185           100           77185           63033           90022           60101           76390           \$	850 150 145 45 12 12 7/2	

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# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Charles	ENT-FIRST (GIVEN)	IB. MIDDLE		IC. LAST OFAM	1)		TE OF DEATH
CITY OF DEATH	1		B. COUNTY OF DEATH-			CONTRACT CONTRACTOR STORE	DDRESS AND ZP COU
			R OR PERSON ACTING AL		FORNIA LICENSE NUMBER	445 Cara St. Escondido, CA 920	25
ACKNOWLEDGMENT OF APPLICANT	of the dispositions switte	s applicant that the prop stand by Section 10376 to Section 7100 of the P	pased disposition stated herein of the Health and Safety Con tealth and Safety Code.		TURE OF APPLICANT-	uneral Director or Person Acting as S	Such BB. DATE SIG
PERMIT	THIS PERMIT IS ISSUE SIGNS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT. NOTE: THIS PERMIT SNES NO	ORINIA HEALTH AND Y FOR THE DISPOSITI	SAFETY CODE			ued SC SIGNATURE OF LOCAL RE	80000 - STOLOGICAL STREET
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	P.O. DOX 0 92106-5222	SIN CALIFORNIA	2020 TR- CARDINGS -			DISTRICT OF DISPOSITION-	8
	TION(S) AUTHORIZED	CHECK ALL APPLIC	North States of the	IENTIFIC USE		G. SHIP IN TO CALIFORM	
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REMA EMETERY	INS OTHER		MPORARY ENVAU	TMENT		
		DRESS OF CEMET		St.	118. DATE INTERRED		Charge of Interm
INTERMENT		Constery, D, CA 921			8/80/91	INT VIT ADLE	
INTERMENT		D. CA 921	oi Non' SE.	Alsa 18	5/80/91 128. DATE CREMATED	12C. SIGNATURE OF PERSON IN	CHARGE OF CREMAT
	San Diego 12A. NAME AND AD	DRESS OF CREMA	oi Non' SE.	12	128. DATE CREMATED		
CREMATION	San Diego 12A. NAME AND AD 10H SZ	DRESS OF CREMA	01 TORY NON SE. -12-2-	Y WHERE			Charge of Facilit

COPY 2 IS RETAINED BY 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-9655

MT. HOPE CEMETERY

**City of San Diego** 

Date Aug 28, 1991 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains San mon of Funeral, date, time Fru :00 am hurch /Grovesite: Calif Kurial Mortuary. Church, Chapel, 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 10 91 \_\_\_\_\_ Section \_\_ Division/Block Row 95.00 Grave space & Care Fund ..... Additional spaces and care fund 195.00 Opening/Closing & Setup ..... 75.00 Burial Container 50.00 Handling Fees ... Flower vases - Marker setting fee 45.00 Recording and filing fee ..... Sales taxes ..... Total Due ..... Paid receipt number # 41 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 intermen I hereby authorize the interment in lot I hold under deed. ignature of recorded holder of dead **Zie Code** Invoice # 9656 Work Order ACCL #

PY-883 (REV. 8-86)

	OFFICIAL RECEIPT	Address: CLARE EL MONT		1/30 011ars (\$ 5	E-9656 41163
1	Lot_92Grave	Row Se	ection		vision g
	Invoice No Acct. No W.O BALANCE DUJE Pre-Need LotAt Need @On Acct Pre-need TrustCashCheck @ AC-212 (Rev. 19-87)545%	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pro-Need Trust Sales Tax TOTAL PAID	87007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 63033 9022 63033 9022 530 7788 530 7788 530 7788 530 7788 530 7788 530 7788 530 7788 530 7788 7788 7788 7788 7788 7788 7788 77	31 0° 156 0° 195° ° 75° ° 50 0° 41° 6 ° 6 ° 5666 ° 5666 °

WHAT OF DESER					THER ALTERATIONS	1		
NAME OF DECEDE	for a construction of the second s	1B. MIDDLE	1 36.	LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 6/25/84 YEAR 8/25/91 YEAR	A. SE		
CITY OF DEATH	SAN DIEGO		SAN DIEGO	CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZI			
	JON BLVD.		CA 92115	7B. CALIFORNIA LICENSE NUM	SAN DIEGO, CA 92113			
AGKNOWLEDGMENT OF APPLICANT	of the dispositions outh	orized by Section 10	proposed disposition stated herein is one 376 of the Health and Safety Code, and he Health and Safety Code.	BA. SIGNATURE OF APPLICAN		te signe 8/92		
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THE PERMIT GHES IN	ornea health ai ly for the dispo d right of disposal (	ND SAFETY CODE ISITION SPECIFIED \$7.00	n and a second lease of the second	ISSUED 9C. SIGNATORE ON DOLL ENSTRANS	e el		
NY CHANGE IN DISPOSE TION RECURRES A NEW ERMIT TO SHOW RINAL DISPOSITION.	9D. ADDRESS OF RE IF DEATH OCCURRE P.O. BO	D IN CAUFORNIA	STRICT OF DEATH-		OF DISTRICT OF DISPOSITION- IR IN ANOTHER DISTRICT IN CALIFORNIA	ć		
B. CREMATION	ides entombiment) Of cremated rem/		D. SCHENTIFIC	RY ENVAULTMENT	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFOR FOR CORONER'S USE ONL	08535		
THAN IN A CE	11A. NAME AND AD			118. DATE INTER	RED 1 10-SIGNATORE OF PERSON IN CHARGE OF IN	TERMEN		
INTERMENT	MT. HOPE 3751 MAR		AN DIEGO,CA	18/30/4	Kol Douco			
CREMATION	12A. NAME AND AD	DDRESS OF CRE	F NON SEDA	128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CR	EMATIO		
SCIENTIFIC USE	13A. NAME ÁND AI	DDRESS OF FAC	ility recaiving remains	138 DATE RECEN	VED 13C. SIGNATURE OF PERSON IN CHARGE OF F	ACILITY		
TRANSIT			IVING STATE OR COUNTRY WHE AINS ARE TO BE SHIPPED	RE 14B. DATE SHIPP	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT			
SCATTERING AT SEA OR DISPOSITION OTHER			N SHORELINE, OR OTHER DESCR IL PLACE AND <u>DISTRICT</u> OF DISF		I MAINS I	NUMBER		

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Contraction of the

MT. HOPE CEMETERY

City of San Diego

8/28/91 Date . You are hareby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time UE Church, Chapel, Graveside Church Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Section 14 Division/Bin Lot Own Grave Row RE-NEED E-1251 Grave space & Care Fund ... Additional spaces and care fund Opening/Closing & Setup . Burial Container .... Handling Fees ..... Flower vases - Marker setting fee ... AUG 2 8 1991 **Recording and filing fee** Sales taxes ..... FRY HOPE CEMET **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. FALOOK ture of recorded holder of deed 7 n Cor 6 Invoice # 9657 Work Order # Acct. # PY-593 (REV. 8-86)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date: Ave - ≤ 1 D JAA NE2	E Nº 8/0.8/ 04 92/13 ollars (\$ 702	-9657 41155 (19 <u>97</u> 
Lot 29 Grave	Provide and a second se	ction	Divisio Block	<u></u>
Invoice No Acct. No W.O BALANCE DUE BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Cane 90% Sales of Lots Opening/ Closing Burial Containers Hantiling Fee Recording & Misc. Fees	77184 100 77184 100 77181 100 77182 100 77182 100 77185 100 77185 100 77185 100 77185 100 100 100 100 100 100 100 10	15000 1500 1500 1500 1500
Pre-Need Lot  At Need  On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87)	ISSUED BY RANGED ISSUED BY	Pro-Need Trust Sales Tax TOTAL PAID	63033 9022	12 88 02 37

the second second

NAME OF DECEDE	U			NO ERASUR			MONTH, DAY, YEAR MONTH	E OF DEATH 4. SEX	
CITY OF DEATH	1000		58. COUNTY OF I	Diego	CALIFORNIA, EN	TER STATE	6. NAME, RELATIONSHIP, MAILING AN	DRESS AND ZIP CODE	
TYPED NAME AND A		5050 8	TOR OR PERSON A		-IF APPLK	A LICENSE NUMBER			
ACKNOWLEDGMENT OF APPLICANT	i hereby acknowledge of the dispositions out was outhorized pursua	orized by Section 103	76 of the Health and I	Salety Code, and		the second se	uneral Director or Person Acting as S	uch BB. DATE SIGNED	
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH AN	D SAFETY CODE	9A. AMOUNT OF	•00 A	JG 29 19	100 BC. BIGNATURE OF LOCAL REC 91 Donald &, Cam	aistrar issuing permit and, M.D. ×	
IY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF RI	D IN CALIFORNIA	adentes presentes prese	22			DISTRICT OF DISPOSITION-		
BURIAL (INCLU	(ION(S) AUTHORIZED IDES ENTOMBIMENT)			) d. scientific   e. temporar		NT	G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSID FOR CORONER'S	e of California	
Than in a ce	OF CREMATED REM EMETERY	ains other		F. Disintermi	ENT		I. DISPOSITION PENDING	1	
INTERMENT	IIA. NAME AND AD	Cenetery		and the second se	118	DATE INTERRED	11C. SIGNATURE OF PERSON IN	Charge of Interment	
CREMATION	12A. NAME AND AD	DDRESS OF CREM	MATORY		128.	DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF FACIL	ITY RECEIVING R	Y RECEIVING REMAINS			D 13C. SIGNATURE OF PERSON IN CHARGE OF F		
TRANSIT				ING STATE OR COUNTRY WHERE IS ARE TO BE SHIPPED			14C. ADDRESS AND SIGNATURE C OF TRANSIT	of Person in Charge	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NE SUFFICIENT T	AREST POINT ON O IDENTIFY FINAL				DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE HUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

DUPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT PPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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25		PE CEMETERY		
1	INTERM	ENTORD	ER	
Pre-need	City of	f San Diego		
Pret	10000000000		1	28 001
101			Date Aug a	28, 1441
		212 1		
You are hereby authorized a			-	
of Vivian Si	ms			
na	Fun	ieral, date, time		
Church, Chapel, Graveside				Mortuary.
All Funeral cars must arrive	before 3:30 n.m. o	f regular work o	lav or an extra charge	will be applied
				- tour an albhorn
and hillord to undersigned h	Mar time waters			
and billed to undersigned. V	1999 POHICI CONNECTION			14
	1999 POHICI CONNECTION		Division/B	bckO_
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	Row fund	Section	tal Due	. <u>795.00</u> 

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

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

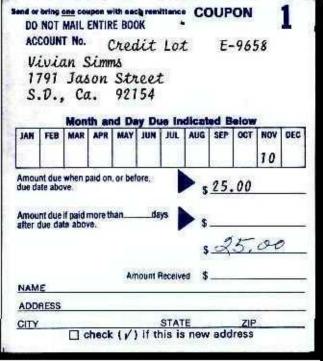
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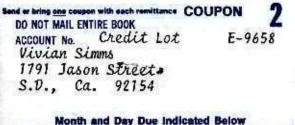
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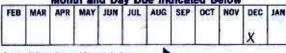
Signature of recorded holder of deed

Invoice # Acct. #

Work Order # .







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

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



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Amount Received

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#### Month and Day Due Indicated Below

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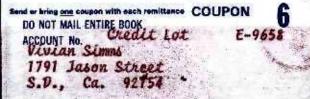
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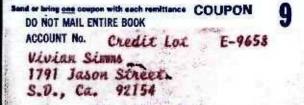
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Send er bring one coupen with each remittance COUPON 10 DO NOT MAIL ENTIRE BOOK ACCOUNT No. Credit Lot E-9658 Vivian Simme 1791 Jason Street S.D., Ca. 92154

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d or bring one coupley with each, remittance COUPON DO NOT MAIL ENTIRE BOOK F-96 CHLAR S 1791 Jason Street S.P., Ca. 92154 Month and Day Due Indicated Below AUG SEP OCT NOV DEC JAN FEB MAR JUN JUL APR 1 Amount due when paid on, or before, , 25.00 due date above. Amount due if paid more than\_\_\_\_ after due date above. \$25.00 NAME VIVIAN SIMMS ADDRESS 1791 JASON ST. NEGO STATE CAL ZIP 92154 CITYSAN check ( ) if this is new address and or bring one poupon with each remittance COUPON 17 DO NOT MAIL ENTIRE BOOK ACCOUNT No./ Credit Loc 2-9658 Vivian Siems 1791 Jason Street S.D. / Ca. 92154 Month and Day Due Indicated Below MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR 10 Amount due when paid on, or before. \$ 15.00 due date above. Amount due if paid more than days after due date above. . 25.00 NAME VIVIAN AMOUNT Received \$3 ADDRESS 1791 ST ASON CITY SAN DIEGO STATE ZIP 9 check (-,') if this is new address

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nd or bring one poupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK 2-9 ACCOUNT No. 1791 Jabon Street S.D., Ca. 92154 Month and Day Due Indicated Below MAR MAY JUN JUL AUG DEC JAN FEB APR SEP OCT inclusit dies when paid on, or be se data above. store. 12 20.60 er due due il pets more Dum ...... er due dubo abrive..... days \$ 20.00 NAME VIVIAN C. SIMMS ADDRESS 1791 JASON 51 DIFGO STATECALIFZIP 92154 check () If this is new address CITY SAN Send or bring one coupon with each remittance COUPON. DO NUT MAIL ENTIRE BOOK ACCOUNT No. CREWER LDE 11.5 VLULAN SLODA 1791 Jason Street S.D., Ca. 92154 Month and Day Due Indicated Below MAR APR MAY JUN AUG SEP OCT NOV DEC IAN FEB JUL 10 25.00 Amount due when paid on, or before, due date above. Amount due if paid more than... days after due date above. \$ 25.00 Amount Received NAME VIVIAN C. SIMMS ADDRESS 1791 JASON 5 GO STATE A LIFZIP 9 CITY 5 check ( / ) if this is new address

44007 **OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CAMARY ..... OEMETERY **MOUNT HOPE CEMETERY** PINK ...... AUDITOR 527-3400 Date: From: LUGA 110 Address: / Dollars (\$ 45. 4 Payment of Division 3623 Section Row Lo Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 110 67007 77184 40 Invoice No. 20% Sales Cars 00% Sales 100 of Lota 77184 Acct. No. Opening/ 100 - Ha Clothing 77181 wo + Burlei 100 Containers 77182 100 BALANCE DUE Handling Fee 77186 Recording & 100 Minc, Feet 77183 At Need Pre-Mond 63033 On Acct Pre-Need Lot 9022 Trust Pre-need Trust Check Cash Sales Tax 60101 78390 TOTAL PAID ISSUED BY AC-212 (Rev. 1-91)

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And in the owner of the owner of the 48892 **OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY ..... CEMETERY **MOUNT HOPE CEMETERY** 527-3400 Date: From: 11 Unge Address: Dollars (\$ 50 2 715/10 Payment of Division 3673 'Lot Section Grave Row Plant 50 0 NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Cars 80% Salos 100 of Lots 77184 Acct. No. Opening/ 100 Closing 77161 W.O. K-Surial 100 Containers 77182 100 BALANCE DUE 77180 Handling Fee Recording & 100 Misc. Feet 77183 Pre-Need 83033 Pre-Need Lot 9 At Need On Acct Trunt 9022 Check Pre-need Trust Sales Tax 80101 78390 Cash 200 **ISSUED BY** TOTAL PAID AC-212 (Rev. 1-91)

43665 **OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** 527-3400 Date: 5-5 1923 From: Uluca. Address: 1791 -ason -Dollars (\$ 50.00 ) InPa Payment of . Division 10 ----

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Invoice No Acct. No W.O. <u>E-7658</u> BALANCE DUE <u>\$120.00</u>	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers Handling Fee	67007 77184 100 77184 77181 77181 77182 77182 77182 77185	11 39	
Pre-Need Lot 12 At Need O On Acct O Pre-need Trust O Cash O Check O	pp.	Recording & Misc. Fees Pre-Need Trust Sales Tex.	100 77183		
AC-212 (Rev. 1-91) 2250	ISSUED BY Mitory um	TOTAL PAID	•	50	00

**OFFICIAL RECEIPT** Nº 43278 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** 527-3400 Date: Address: From: Dollars (\$ 50, 09 - 17 Payment of Division in 3623 Section Grave Bow NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 87007 77184 Invoice No. 20% Sales Cars 50 N 60% Sales 100 of Lots Acct. No. Opening/ Closing 100 W.O. E- 965 Buriat 100 Containers 77182 BALANCE DUE 100 Handling Fee Recording & Misc. Fees 100 77183 Pre-Need 63033 At Need On Acct Pro-Need Lot Trust 9027 Check -Pre-need Trust Sales Tax Cash 00101 (ait) 78300 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 41995 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR **MOUNT HOPE CEMETERY** 527-3400 Date: Mar. 6 . 19.92 From: VIVIAN SIMMS Address: 1791 Tason ST. 5.D CA 92154 - Dollars (\$ 25.00 TWEATY- FIVE AND DO100--Payment of Pre-need lot "In PART Division in 3623 Grave Section Bow Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 80% Sales 25 00 100 77184 Acct. No. of Lots Opening/ 100 -9658 77181 Closing W.O Burial 100 Containers 77182 BALANCE DUE # 470.00 100 Handling Fee Recording & 100 Minc Frees 77183 Pre-Need Lot At Need On Acct Pre-Mond 83033 Truet 9023 Pre-need Trust Cash Check Sales Tax 80101 2044 ISSUED BY A. C. Handel 78:30 TOTAL PAID 25 AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 41534 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK ..... AUDITOP 527-3400 19.91 Date: From: Vinian C inge CA 92154 UN ST Address: Dollars (\$ \$500 Jurnity Link and Payment of Cardit Re In Par Division Lot 3623 Row Grave ---Section Dian NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 77184 10 80% Sales 100 Acct. No. of Lots 77184 Opening/ 100 W.O. E-9658 Closing 77181 Buriol 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Minc. Fees 77183 At Need Pro-Need 63033 Pre-Need Lot On Acct 9022 Trust Pre-need Trust Cash 10 Sales Tex Check 60101 78390 00 mas AC-212 (Rev. 1-6 ISSUED BY TOTAL PAID

OFFICIAL RECEIPT **CITY OF SAN DIEGO, CALIFORNIA** Nº 41607 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 -10 Date: Address: Fron Dollars (\$ 25. unter chedit Payment of 3/23 Division ·Lot Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 77184 25 10 SIME Sales 100 77164 Acct. No. of Lots W.O. E-965 Ocenina/ 100 Closing 7718 Burlel 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need Lot 7 At Need On Acct Pre-Need 63033 Trust 202 Check -- Pre-need Trust Cash Sales Tax 60101 78390 ISSUED BY TOTAL PAID 941 - AC-212 (Rev. 1-91)

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OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 1791 JA Scal	Date:	Nº 8/23	411!	
h 2027 Payment of CTE	Sho-	ection		vision	)
Invoice No Acct. No W.OE - 9659 BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lote Opening/ Closing Burial Containers Handling Fee Recording & Misc. Feet	67007 77184		
Pre-Need Lot D At Need D On Acct D Pre-need Trust D Cash D Check D AC-212 (Rev. 10-87) # 1944-8	ISSUED BY RALL DOVGO	Pre-Need Truss Sales Tax TOTAL PAID	63033 9022 60101 78390	300	

OFFICIAL RECEIPT Nº 42457 CITY OF SAN DIEGO, CALIFORNIA PROGERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK 527-3400 1091 Date: 9215 Address From: Dollars (\$ 25.4 weiter ile upn #9 Payment of Division in 3623 Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED TPAID'IN THIS SPACE CREDIT 57007 Invoice No. 20% Salas Care 25 80% Salas 100 of Lots Acct. No. Opening/ Closing WO E- 9658 100 77181 Surial 100 Containers 7718 BALANCE DUE 100 Handling Fee 7718 Recording & 100 Mise From Pre-Need On Acct 63033 Pre-Need Lot At Neat 8022 Trust Check -Pre-need Trust Selet Tax Cash 60101 76390 2097 ISSUED BY TOTAL PAID AC-212 (Hey. 1-91)

OFFICIAL RECEIPT Nº 42581 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK 527-3400 Date Address: From: Dollars (\$ 25 unter Payment of in 3623 Division 0 Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Salas Cara 7718 25 VP 80% Sales 100 Acct. No. of Lots Opening/ Closing 100 W.O. E. 965 77181 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 100 Recording & MIC. Fees 77183 At Need Pre-Need 63033 On Acct Pre-Need Lot Trust Check T Pre-need Trust Cash Salas Tax 60101 78390 2116 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 42143 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK Date: Address: 179 From mertis- live 110 Dollars (\$ 25 In Payment of Division in 3623 Section Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Salas Care 25 80% Seles 100 77184 of Lots Acct. No. Opening/ 100 WO E- 96" Closing 7718 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc. Feus 77183 Pra-Need 63033 Pre-Need Lot At Need On Acct 9022 Truet V Pre-need Trust Check Sales Tax 60101 Cash 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 42224 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Date 174 From Address. Mulity-Dollars (\$ 4 Phr - The Payment o Division (13 Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. \_ 7718 20% Sales Care 25 90% Sales 100 Acct. No. of Lots 7718 Opening/ Closing 10 wo 7718 Surial Containers 7718 BALANCE DUE 100 Handling Fee 7718 Recording & 100 7718 Pre-Need 63030 9022 Pre-Need Lot AI Need On Acct Pre-need Trust Cash Check Salas Tax 50101 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 41802 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK ..... AUDITOR 527-3400 1-30- 190 Date: From Vincan C. binnes wow St. Sen Nien 92154 Address: 179 - Dollars (\$ \$500 Payment of Chid Division Lot 3623 10 Grave Section Row CREDIT NOT VALID FOR PURPOSE STATED UNLESS STAMPED 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 3500 50% Sales 100 of Lota Acct. No. 7718 Opening/ Closing 300 WD E-9658 7718 Surial 100 Containers 77182 BALANCE DUE 100 Handling Fee 7718 Recording & 100 Mint, Frens 77183 Pre-Nend 83033 Pre-Need Lot At Need On Acct Trust 002 \* Pre-need Trust D Cash 12 Sales Tax 60101 Check 78390 ISSUED BY 00 TOTAL PAID AC-019 (Hev. 1-91)

OFFICIAL RECEIPT Nº 42423 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT MOUNT HOPE CEMETERY non-\$27-3400 Date: 6-24 Address: From: 71-4 Dollars (\$ 25 he -7 In Payment of 3623 Division Lot Grave Section Dia Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 87007 Invoice No. 20% Sales Care 30% Sales 100 7718 of Lots Acct. No. Opening/ Closing 100 E- 963 77181 Burial 100 Container 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 77183 At Need Pre-Need 63033 On Acct Pre-Need Lot 602 Truet Check P "Pre-need Trust Sales Tax Cash 60101 2085 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 41865 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK 527-3400 Date/ Address: From Dollars (\$ 25. whiten-Payment of 3623 Division Grave Section. Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 50% Sales 100 77184 Acct. No. of Lots Opening/ 100 WO. E-965 Ciosing Budial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Minc. Fees 77183 Pre-Need Lot P At Need D On Acct Pre-Need 63033 Trunt 9092 Check -Pre-need Trust Cash Sales Tax 60101 76380 2026 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 42922 PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER MOUNT HOPE CEMETERY 527-3400 Date: 11-4 - 19.92 S. D. CA 92154 Address: Dollars (\$ 25,00 Payment of 3623 Division Grave Block Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 25 80% Sales 100 Acct. No. of Lots 7718 Opening/ Closing 100 F96 W.O. / 77185 Burial 100 BALANCE DUE 320,00 Containara 771B 100 7718 Handling Fee Recording & Misc. Fees 100 7718 Pro-Need 63033 Pre-Need Lot On Acct At Need Truet 8022 - Pre-need Trust D Cash 0.1 Check Sales Tax 80101 78300 ISSUED BY W. ), Teager TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 43078 PROPERTY DEPARTMENT WHITE TO CLISTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date: 12-4/-- Address: 1791 Jacon It From: Veren C. Semma Dollars (\$ 25.00 - ful and TK/100 ou 14 Payment of Arence · In Par 10 3623 Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 77184 Invoice No. 20% Sales Cara 25 80% Sales 100 Acct. No. of Lots 77164 Opening/ Closing 100 WO E 960 77281 Burial 100 BALANCE DUE 295 . -Containers 77182 100 Handling Fee 77185 Recording & Misc. Fees -100 77183 At Need On Acct Pre-Need 63033 Pre-Need Lot 0022 Trust Pre-need Trust Cash Check Sales Tax 60101 ISSUED BY W. J. Teager 783B TOTAL PAID 2179 AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** 43438 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY **MOUNT HOPE CEMETERY** PINK AUDITOR 527-3400 1923 Date: Address: /79/ 1-00 92154 Dollars (\$ 50.00 Payment of Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care ROM Sales 100 50 00 of Lots Acct. No. . Opening/ 100 Closing W.O. E-9658 77181 Burial 100 Containers 77182 BALANCE DUE \$ 220.00 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need Lot At Need On Acct Pre-Need 63053 902 Truet Pre-need Trust Check 100 Sales Tex 60101 Cash 2218 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91) 50 00

	MT. HOPE CEMETER		
	INTERMENT OR	DER	
	City of San Diego		
		Date 8/8	8/91
You are hereby authorized and	nstructed, subject to your rul		
AND SEC.	Funeral, date, tir	<b><i>n</i></b>	IO P.M.
Vault/Liner	1 100	not Burial	Mortuary
Church, Chapel, Graveside			
All Funeral cars must arrive be	1000000	k day of an extra charge	will be applied
and billed to undersigned. War	time veteran 200		NO1
Lot J-A Grave	_Row 19 Section	5 Division/Be	* 7
	PRE-NEED-	C III FG	~
Grave space & Care Fund	CIT-NECO-	5.7627	
Additional spaces and care fun	d		1
Opening/Closing & Setup	••••••••••••••••••••••••••••		105
Burial Container			400
Handling Fees	*****		600
Flower:vasee Marker setting d	. O.T. SAT.		210_
Recording and filing fee			4500
			33.
MarTUAry	******	Total Due	2623
LNDING		#41160	46330
Sales taxes Mortuary	Paid receipt number	41160	do do
Sto.	SSX	Balance due	-4-
I hereby certify I am the	SON	of the above na	mod docadeo
and this is your authority to ma		above indicated. I certify	and represent
that I have the right to make this any liability on account of said	authorization and interment	noid Mt. Hope Cemetery	narmiess from
	7	P. DR	land-
I hereby authorize the intermer hold under deed.	Classifier	ACCC	11000
	four and	15 24 CAR	( CANYO
Signature of recorded holder of dead	that the	241 51	2 17 la Zu Code
		1893-08169"	-12 - 4000
	Telephone		
		#	
Work Order # E 965	9 Acet. #		

Acct. #

Work	Order	#	
		5	

OFFICIAL RECEIPT **CITY OF SAN DIEGO, CALIFORNIA** NO PROPERTY DEPARTMENT 41160 WHITE ...... TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK ..... AUDITOR 264-3151 Date: Address: From Dollars (\$ 00 Payment of . 1 10 20 in-Division Grave Section Row Block Lo -NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 Acct. No. of Lots 77184 Opening/ 100 77181 Closing 4659 WO Burial 100 Containers 77182 100 BALANCE DUE Handling Fee 77185 0 65 Recording & 100 MISC. Fees 77183 Pre-Need 63033 8022 Pre-Need Lot 2 At Need On Acct Trust 3 Pre-need Trust Sales Tax Cash Check 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 10-67)

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

E-0	1659
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100.00

THE CITY OF SAN DIEGO

VIA P MATI DEPT		HASING IF	PAYMENT FO	OR IG. W.		ECTI	Sec. 46.	A COLORADOR	34 J	1		DP	Nº	- 18	38
DES	en e	1.1			NEFIT/PURPOSI								SIBLE		
	R	esu9nd	os over	payment	of inte	Americ s		son par - 965		rooks		DEPT. N	o 072	2	<u> </u>
COMM	ENT	S and/or SPE	CIAL INSTRUCT	IONS:	-		L	- 10				K	RD DESCRIPT	CHARLENN.	and the second second
			1							111		PAYMEN 01	/ 09	98.93	
	S E Q	PAYES FORMAT		VENDOR NUMBER NAME ADDRESS CITY - STATE -	ZEP CODE	_	INVOICE DESCR (MAIL 15 CH	NO. OR IPTION ARACTERS)			LATE		AMOUNT	TAX	WRT-CK. NUMBER
	ASCD	9556	n Brooks Carroll Diigo, C	Canyon			Resou	ud		4			\$210.00		
一日の			_1		Ť			Zail	12142	DTAL AMO	UNT	\$	210.00		
ACTING	CY		RIBUTION C	OF CHARGE			OPER.	NATING D		10 million	OUNT	_	AUTHORIT	Y FOR PAYN	
		100	072	_	77183	mile		SUVIT:		\$1	10.0	0	RES/DOC.	NO	
									64	inter.	A		I CERTIFY		CLAIM TAS STATED.
-	1				0 8			6	-	1	9			UPAN NET	

DEPT./ DIV. NAME

M.S.

#

DEPT. HEAD OR DESIGNEE PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Watch 517-3400 DATE

-2-92

DP -

# E-9659 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDOLE		AST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR 11/5/33	3. DATE OF DEATH MONTH, DAY YEAR 8/27/91	4. SED
ATTRICTA JOANNE ITY OF DEATH SB. COUNTY OF DEATH-OUTS SAN DIEGO SAN DIEGO			DUNTY OF DEATH-OUTSIDE	ROOKS California, enter state	AILING ADDRESS AND ZI	the second se	
		SAN DIEGO, CA	92115	78. CALIFORNIA LICENSE NUMBER 		NYON RD. #24	41
ACKNOWLEDGMENT OF APPLICANT	I hereby ocknowledge of the dispesitions out	as applicant that the proposed sociated by Section 10376 of the it to Section 7100 of the Health	disposition stated herein is one Health and Safety Code, and and Safety Code.	BA SIGNATURE OF APPLICANT -	uneral Director or Person Ac	ting as Such 88. DAT	te signe 0/91
UTHORIZATION OF	SIGNS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT.	JED IN ACCORDANCE WIT FORMA HEALTH AND SAFE TY FOR THE DISPOSITION S 10 RISHT OF DISPOSAL OUTSIDE OF	\$7.00	F PEE PAID 98. DATE PERMIT'ISS SEP 0 3 199		Cal registrar issuin	IG PERM
TOHANGE IN DISPOSI- TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT	886. / 9797. C. M. S	9E. ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN			
· · · · · · · · · · · · · · · · · · ·	ION(S) AUTHORIZED	OHECK ALL APPLICABLE	ITEMS	1165	G. SHIP IN TO	CALIFORNIA O OUTSIDE OF CALIFOR	PNIA
B B. CREMATION	UES ENICHMENT)		E TEMPORAR			IONER'S USE ONLY	ontales of
and the second second second	OF CREMATED REM METERY	AINS OTHER	F. DISINTERM	ENT			8
INTERMENT	MT. HOPE	DDRESS OF CEMETERY CEMETERY KET ST. SAN I	1-A-Row 19-7 (2)	9/10/91		ison in charge of in	TERMEN
CREMATION	LENEDA I	DDRESS OF CREMATOR NC. DE HWY. 80 EL		128. DATE CREMATED	12C. SHEMATORE OF PER	SON IN CHARGE OF CRI	EMATION
SCIENTIFIC USE	13A. NAME AND A	odress of facility ri	ECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			RE 148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN C		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			Eline, or other descr ie and <u>district</u> of disp		15C, SIGNATURE OF PER CHARGE OF DISPO	SITION OF CREA	NUMBER MATED RE- DISPOSER PUICABLE
DISPOSITION OTHER THAN IN A CEMETERY COPY 1 OF TH SPONSIBLE F SPOSITION O	E PERMIT ACCO OR COMPLETING CCURRED OR T	MPANIES THE REM. G AND FORWARDING HE DISTRICT NEAR	AINS TO THE STATED THE PERMIT WITHIN EST THE POINT WHE	D PLACE OF DISPOSITION. 10 DAYS OF DISPOSITION THE CREMATED REMA ONE YEAR FROM ISSUE DA	THE PERSON IN CHA		ON IS

r,

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MT. HOPE C	EMETERY
INTERMEN	T ORDER

**City of San Diego** 

pu are hereby authorized and instructed, subject to your rules and regulations, to interpret $ferres for fear for the fea$	LHORN
in a <u>ASH VAUIT</u> Funeral, date, time <u>Fri \$/30/9/</u> Vauit/Liner Church, Chapel, Graveside <u>Graves sing</u> ; <u>Murc Hel</u>	<u>200 P.M.</u> Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge and billed to undersigned. War time veteran	will be applied
Lot クタン Grave Row Section Division/Alle Grave space & Care Fund アポモアノミラース 8.4 Additional spaces and care fund	*
Opening/Closing & Setup	10500
Handling Fees	_60 00
Recording and filing fee	-330 25330
Paid receipt number 4/165 Balance due	25330

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

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

F

9660

Signature of recorded holder of dead

8/27/91

Date

Invoice # Acct. #

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

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Date:	N9 <u>8 / 20 /</u>	E-9660 41165 
The HUNSTED FIETY TH	ice: For GEOFFEEY ENG		Dollars (\$ 200	sion
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lois Opening/ Closing Buriat Containers Handting Fee Recording & Misc. Fees Pre-Need	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 63033	105 00 40 00 60 00 45 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY KALL ANGO	Trusi Sales Tax TOTAL PAID	60101 78360	253

and and a state

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## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE		18. MIDOLE		1C.	ENGL	ÖRN	2. DATE OF BIRTH MONTH DAY, YEAR	3 DATE O	AY. 1983	4. SEX
SA, CITY OF DEATH			5B, COUNTY OF	58, COUNTY OF DEATH-OUTSIDE CALIFORMA, ENTER STATE SAN DIEGO		8. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE					
74	EREPTATION	SELE SACK TORACT	"3895"PIPT	C WHENERSON	ACTING AS SUCH		DRNIA LICENSE NUMBER	629 PENNSYLVANIA SAN DIEGO, CA	92103		
	CKNOWLEDGMENT OF APPLICANT	of the dispositions auti	orized by Section 1	s proposed disposition s 0376 of the Health and the Health and Salety (	Salety Code, and	BA. SIGNA	the of population	uneral Director or Person Ac	ling as Such	88. DAT	
	PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIN AND IS THE AUTHORI IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH	AND SAFETY CODE OSITION SPECIFIED	Contraction of the second	OF FEE PAID 7.00	AUG 2 8 19	91 Denal			and the second second second
T	Y CHANGE IN DISPOSI- ON REQUIRES A NEW IRMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF R IF DEATH OCCURR P.O. DOX 052	D IN CALIFORNIA		86-5222			DISTRICT OF DISPOSITION-	Alex		
10		Tion(s) authorized udes entombment)	CHECK ALL AP	plicable items	] D. SCIENTIFI	c use		G. SHIP IN TO H. TRANSIT TO		F CALIFORM	NIA
1	B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM EMETERY	ains other	Ę	E. TEMPORA		TMENT		IONER'S U PENDING	SE ONLY	
-	INTERMENT	SAN DIEGO,		WWW.ET STR	EET,		11B. DATE INTERRED		ISON IN CHA	rge of int	TERMENT
ABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CREMATORY         CREMATION         12A. NAME AND ADDRESS OF CREMATORY         Image: Scientific use         13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS         Scientific use         14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				128. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHAP	AGE OF CRE	MATION	
ALL APPLICABLE	201201-010101-020				1	13B. DATE RECEIVED	D <sup>1</sup> ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY			CILITY	
COMPLETE .	TRANSIT				RE	148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT				
-	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION					158. DATE OF DISPOSITION	16C. SIGNATURE OF PER CHARGE OF DISPOS		SD LICENSE OF CREM MAINS DI —IF APPL	ATED RE-

COPY 2 IS RETAINED BY 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-9660

	MT. HOPE CEMETERY	
	INTERMENT ORDE	R
	L City of San Diego	
		0 9 01
		Date 9-3-91
You are hereby authorized and	instructed, subject to your rules a	nd regulations, to inter the remains
ofEVERETT_	SEAN DOUL	N
ina LINER	Funeral, date, time	Kur 9/5 200 P.M.
Church, Chapel, Graveside	FRANGSIDE Ofmy CA	-Burial Mortuary.
	a second and a second	y or an extra charge will be applied
and billed to undersigned. War	time veteran	
Lot 100 Grave 6	Bow Section	Division/Block
Lot 100 Grave	Row Section	Division/Block
Grave space & Care Fund		59500
Additional spaces and care fun	d	·····
Opening/Closing & Setup	PAIL	35000
Burial Container		15000
Handling Fees	OCT 1 199	1 14500
Flower vases - Marker setting	fee MT: HOPE CEMET	
Recording and filing fee	CITY of SAN DIEGO.	
Salae tavee 4 .		1031
Mr white	Total	129738
Mr bu	Paid receipt humber 5/	Autor 1297.34
30 orte	Paid receipt number <	Digenov. Con
	<b>N</b>	Balance due
I hereby certify I am the	ncle	of the above named decedent
and this is your authority to ma that I have the right to make this	ke disposition of remains as above a suthorization and lagree to hold	ve indicated. I certify and represent Mt/Nope Cemetary harmless from
any liability on account of said		N. I.D.
I hereby authorize the interme		milling
hold under deed.	Signeture	C CIA CF
Signature of recorded holder of deed	Address 1	A CA GUIN
Signatura of recorded holder of caso	Sum 2 (0)	2-29-57 Zip Code
	Talephone	- 2 - 1
		112and
F 96	nvoice # _	ALC IN F
Work Order # 30	61Acet.#	068105
P7-583 (REV. 8-55)		

-

WO # E-9661

NOTE

1297-30	San Diego, California	9/3/ 1991
Thirty days after date for value rec	eived, the undersigned maker promises to pay	y San Diego City Treasurer, or order at
3751 Market Street, San Diego, C	A 92101, the sum of here here fundete	NINETY SELEN MAR TO DOLLARS
with interest from	Dat. 5,1991	on the unpaid principal
at the rate of 12 percent per appu	m neveble on demand	

at the rate of 12 percent per annum, payable on demand.

-2-11

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 aby remains from a plot for which the purchase price is past due and an paid.

PRINT NAME SIGNATURE ADDRESS 56 20661164 65-652 × MAR CALIFORNIA DRIVER LICENSE PY-1012 (11-89)

E-9661 a mer aber to AN DIEGO, CALIFORNIA CITY D CITY THEASURES ACCOUNTS RECEIVABLE AUXILIARY INVOICE . PAYMENT FORM + 224 CUSTOMER ACCOUNT NO. 068105 PAYMENT DATA PAYMENT P.M. RECEIVED DAT PAID BY (CINCLE ONE) CK CA PAYMENT REFERENCE NUM \$1297.38 TREASURER VALIDATION CUSTOMER DATA ARKL CUSTOMEN ACCOUNT IP OTHER THAN CUSTOMER ACCOUNT NAME CUSTOMER (FAYOR) AUDRESS 4. MARKS INV. NO. 169278 TR-1861 [2-82]



### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E - 9661

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

A NAME OF DECEDE	and the second	1B. MIDDLE		LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF	
and the second se	I DEEGO		58. COUNTY OF DEATH-OUTSI SANDDITRGO	-W	LM	ME, RELATIONSHIP, MA	-O'QUIN	
562 EL CAJO		DIIGO,C		-1357		DEEGD, CA 9		
ACKNOWLEDGMENT OF APPLICANT	of the dispositions outh	orized by Section 103	proposed disposition stated herein is one 176 of the Hereith and Safety Code, and ne Health and Safety Code.		NT-Funeral	Director or Person Actu	ing as Such	88. DATE SIGNE 8/4/91
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH AN Y FOR THE DISPO	ID SAFETY CODE	DF FEE PAID 98. DATE PERM	1991			R ISSUING PERMI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOK	D IN CALIFORNEA	TRICT OF DEATH-	9E. ADDRESS OF REGISTRA I IF DISPOSITION IS TO OC			INIA.	
	tion(s) authorized Jdes entombment)	CHECK ALL APPI	icable items 🔲 D. Scienti	TIC USE		G. SHIP IN TO C		CALIFORNIA
B. CREMATION C. DISPOSITION THAN IN A CE	of cremated rem Emetery	NINS OTHER	E. TEMPOR	ARY ENVAULTMENT			ONER'S US	E ONLY
INTERMENT	114. NAME AND AL MT. HOPE 3751 MAR	CHERTER	NON SERIES		RRED 110	Rock Jon	son in charg	e of intermen
CREMATION	12A. NAME AND ADDRESS OF CREMATORY			128. DATE CREM	ATED 12C.	SIGNATURE OF PERS	SON IN CHARGE	OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS			138. DATE REC	EIVED 13C.	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			IERE 14B. DATE SHIP	PED 14C.	14C. ADDRESS AND SIGNATURE OF PERSON IN CHAI OF TRANSIT		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			I Shoreline, or other desc L place and <u>district</u> of di			SIGNATURE OF PERI		UCENSE 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.



City of San Diego

Date 9-3-91

ON/4 30 p.m. of regul eteran Se	lar work day or	Division/Block	Mortus rill be applie
30 p.m. of regul eteran Se		- 0	
Se	iction 5	Division/Block	k_5"
-	action 5	Division/Block	k_5~
5			
ME-NEG	EA	297	1
			0
RE-NEE	0.E-		d
2-NEEL	D.E.72	1.0.	ø
E NEE.D	E-78	. Q	ø
TE-NEEL	D. 5-78	1.0	Ø
E-NEE	0. 6-72	1.9	d
	Total Du		ø
Paid receipt #	umisek		ó
2	2 - NEE - NEE - NEE - NEE E- NEE	NEED E-78. E-NEED E-78 E-NEED E-78	2-NEED E-7210 - NEED E-7210 E-NEED E-7210 E-NEED E-7210 Total 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
Signature of recorded holder of deet	Address
Signature or recorded houser or deep	Siste Za Code
	Telephone
	Invoice #
Work Order # <u><b>E</b></u> 9662	Acct. #

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	IC. L	AST (FAMILY) IG	2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN	3. DATE OF DEATH	4. SEX
A. CITY OF DEATH	indroy 2 million	KANSAS	N ACTING AS SUCH	CALIFORNIA, ENTER STATE 7B. CALIFORNIA LICENSE NUMBER		BROADWAY MON	TUAR
7387 BROADW	ay Lemon	GROVE, CA 91945-	1533	FD=94FLICABLE	WICHITA, KS 6	Net best March	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions outh	as applicant that the proposed disposition orized by Section 10376 of the Health a It to Section 7100 of the Health and Salety	nd Salety Code, and	BA. SCHATURE OF APPLICATION	uneral Director Soon Act	ting as Such 88. DAT	SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIGNS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY COD IY FOR THE DISPOSITION SPECIFIEI IS INSHIT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00	SEP 0 5 19	A AA	cal registrar issuin R. Ramod, M.d.	A
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	9D. ADDRESS OF RE IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEA D IN CALIFORNIA	TH	PE. ADDRESS OF REGISTRAR OF COLOFICANSDINGUE RECORDS P.O. BOX	自己ですのからないないである	ORRVICES/VIT	AL 5222
	non(s) authorized Jdes Entomement)	CHECK ALL APPLICABLE ITEMS	D. SCIENTIFIC	USE	G. SHIP IN TO C	CALIFORNIA OUTSIDE OF CALIFOR	INIA
B. CREMATION C. DISPOSITION THAN IN A CR	OF CREMATED REM	ains other	E. TEMPORAR	Y ENVAULTMENT		PENDING	r
INTERMENT	3751 MARE SAN DIEGO,	CA 92102 NON	2-5-5 5510/02	118. DATE INTERRED	Rolling		TERMENT
CREMATION	12A. NAME AND AD	DDRESS OF CREMATORY		120. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF FACILITY RECEIVING	g remains	138. DATE RECEIVED	13C. SIGNATURE OF PER	Son in Charge of F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		E 148. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	iature of Person in	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, ( O IDENTIFY FINAL PLACE AND I			15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION I OF CREA	NATED RE-

COPY 2 IS RETAINED BY 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-9662

· 'A

City of San Diego

note 9-8-91

4	
You are hereby authorized and instructed, s	ubject to your rules and regulations, to inter the remains
	Funeral, date, time Thur 9/5 1100 A.M.
Church, Chapel, Graveside Church Q	CACESIDE ; CONRAD Mortuary.
	n. of regular work day or an extra charge will be applied
and billed to undersigned. War time vetera	
Lot H_ Grave Row	Section Division/ <del>Sect</del>
Grave space & Care Fund	575
Additional spaces and care fund	PAID
Opening/Closing & Setup	.1 10 350
Burial Container	SEP 0.3 1991
Handling East	14500
Flower vases - Marker setting fee	MT. HOPE CEMETERY
Recording and filing fee	HILDISAN DIEGO, CALIFI 4500
Sales taxes	1231
	Total Due
Paid	d receipt number 41/85 /3772
	Balance due
dought	06
I hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent ion and lagree to hold Mt. Hope Cemetery harmless from in and interment.
I hereby authorize the interment in lot I hold under deed.	Summer 7. Luna
Signeture of recorded holder of dead	Sterin (101) 725-6549 26 Code Tologhous
Work Order # <b>E</b> 9663	Invoice #

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		f N		9663 1185
47	From: <u>Hangela Kontas</u> Antie Hundred Minster In Payment of Lister	Address: TEL B# - + Fa	Date: D D D	9- 14 93 ollars (\$ 4	- 8 5 20  8 21	., 19 <u>97</u>
;; •	Lot Grave 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) 3397	Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID		Division Block	

	02000-00000	12111022011121	ND PERMIT FO			E - 9663 MAN REMAINS R ALTERATIONS
A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		IC. LAST (FAM	IL Y)	2. DATE OF BIRTH 3. DATE OF DEATH 4. S MONTH, DAY, YEAR MONTH, DAY, YEAR 9-1-1991
L CITY OF DEATH	58. COUNTY OF DEATH-OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		A1796 775 725 2010 00 00 00 00 00 00 00 00 00 00 00 00	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP COD OF INFORMANT PAMELA L. BELLAH - DAUGHTER		
387 BROADWA	T - LIDSON	ROVE, CA	TOR OR PERSON ACTING AS 91945-1533	S SUCH 7B. CALL	FORMIA LICENSE NUMBER	951 8TH STREET FORTUNA, CA 95540
ACKNOWLEDGMENT OF APPLICANT	of the dispositions author	orized by Section 1037	roposed disposition stated herein % of the Health and Safety Co t Health and Safety Code.		ATURE OF APPLICAN	weral Director or Berson Acting as Such BB. DATE SIG
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIFI AND IS THE AUTHORIT IN THIS PERMIT. HOTE: THE PERMIT.	ornia health and Ty for the dispos	TION SPECIFIED	NOUNT OF FEE PAI	SEP 0 4 19	191, Donall & Roman, M.D.
NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	SAL DIBOO		BEALTH SERVI			DISTRICT OF DISPOSITION ANOTHER DISTRICT IN CALIFORNIA
A. BURIAL (INCLU	and a state of the		CABLE ITEMS	IENTIFIC USE	-	G. SHIP IN TO CALIFORNIA
B. CREMATION C. DISPOSITION THAN IN A CE	of cremated Rem/ Emetery	ains other	10.000 E (F 1425	MPORARY ENVAU	LTMENT	FOR CORONER'S USE ONLY
INTERMENT	SAN DIEGO,	T STREET	METAL SEA	-12 HER	118. DATE INTERRED 9/5/91	
	12A. NAME AND ADDRESS OF CREMATORY					
CREMATION		DRESS OF CREM	ATORY		128. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI
CREMATION SCIENTIFIC USE	W/A		iatory . Ity receiving remains	k		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIN
SCIENTIFIC	N/A 13A. NAME AND AD N/A 14A. NAME AND AD	DDRESS OF FACIL		Y WHERE		•

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	Date 9 - 3 - 7/
	tructed, subject to your rules and regulations, to inter the remains $\mathcal{L} \mathcal{T} \mathcal{M} \mathcal{H} \mathcal{N}$
ina T.S. UAULT	Funeral, date, time Fri 9-6 2.00 P.M.
Wauth / Liner	APEL Q.S. CONRAD Mortuary.
All Funeral cars must arrive befor	a 3:30 p.m, of regular work day or an extra charge will be applied
and billed to undersigned. War tin	ne veteran
Lord	Row Section Division/Block
Grave space & Care Fund	<u>795</u>
Additional spaces and care fund	
Opening/Closing & Setup	PAID 3000
Burial Container	AID BOOOD
Handling Fees	SEP 0.3.1991 175
Flower vases - Marker setting fee	·47 **
Recording and filing fee	MT. HOPE CEMETERY
Sales taxes . Eighter	16-
ENDING ENDELIARY	Tgtal Due
and y or monthany	Paid receipt number 4/187 162856
	Balance due

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

F

9664

Invoice # Acct. #

Work Order # PY-593 (NEV. 8-85)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		E Ng	-9664 41187
From: VERA & HEITMA	Address:	Date:	4-3	
In Fall Payment of Security	Ty Bicht AND Too		ollars (\$ 16	28 36 )
Lot 29 Grave	Row Se	ection2	Div Blo	ision
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriat	67007 77184 100 77184 100 77181	15100
BALANCE DUE		Containers Hendling Fee Recording & Misc, Fees Pre-Need Trust	77182	195 00

E-9664

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE		ST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SA. CITY OF DEATH		SAN D	IEGO	CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MA	an - Wife	IP CODE
387 BROADEA	- LENON C	NOVE, CA 91945	RSON ACTING AS SUCH	78. CALIFORNIA LICENSE NUMBER	2220 Main Str Lemon Grove,	CANNER AND A MARKED AND AND AND AND AND AND AND AND AND AN	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions outh	as applicant that the proposed disp arized by Section 10376 of the His # to Section 7100 of the Heslik and	oith and Safety Code, and	A SHATTHEE OF APPLICAN	Interal Director of Person Act	ing as Such 88, DA	TEL SIGNE
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	NED IN ACCORDANCE WITH P ORIMA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE( D MINIT OF DISPOSIN, OUTSIDE OF CALL	CODE \$7.0	! //	BC. SIGNATURE OF LO	CAL REGISTRAR ISSUE	A Bank
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	HATEES	CA 92186-5222	Constraints and a state of the second state of the	HE ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN IF DISPOSITION IS TO OCCUR IN		RNIA	
	non(s) authorized Ides entombment)	CHECK ALL APPLICABLE ITE	D. SCHENTIFIC	USE	G. SHIP IN TO C	OUTSIDE OF CALIFOR	RNIA
B. CREMATION C. DISPOSITION THAN IN A CR	of cremated rem Emetery	AINS OTHER	E. TEMPORARY	' ENVAULTMENT NT		oner's use onl Pending	Y
INTERMENT	HOUWY NOT		9-11-2-1 Tal 35 Alsa	9 118. DATE INTERRED		son in charge of it	NTERMEN
CREMATION	12A. NAME AND AL	DDRESS OF CREMATORY		128. DATE CREMATED	12C. SIGNATURE OF DER	SON IN CHARGE OF CF	EMATION
SCIENTIFIC	13A. NAME AND AD	DRESS OF FACILITY RECE	iving remains	138. DATE RECEIVED	13C. SIGNATURE OF PER	Son in Charge of F	ACILITY
TRANSIT		DRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		146 DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELI D IDENTIFY FINAL PLACE A			15C. SIGNATURE OF PER CHARGE OF DISPOS	TION OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

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

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

9/3/91

Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ANNERSON Funeral, date, time 11 Church, Chapel, Graveside Church Ca. 5-Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veterand Lot 96 Section \_ Row 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 D Sales t ...... TUI oTI Total Due Paid receipt number **Balance due** hereby certify I am the . of the above named decedent and this is your authority to make dispesition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to bold Mt. Hope Cemetery harmless from any liability on account of said authorization and interments I hereby authorize the interment in lot I hold under deed. nature of recorded holder of deed 9665 F Work Order PY-593 (REV. 8-85)

WO # E-9665

NOTE

38150 9-3-1991 San Diego, California. Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order after 3751 Market Street, San Diego, CA 92101, the sum of Thirle CN HUNDISD Eichte ONE AND TOO DOLLARS NT 4 199 with interest from on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after — maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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.

PRINTNAME WENDUA FRAN encul SIGNATURE ADDRESS 13.810072 CALIFORNIA DRIVER LICENSE NUMBER



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NTFIRST (GIVEN)	18. MIDDLE		IC. LAST (FAN	and the second se		OF DEATH 4 SEX
A GALANCENUL			5B. COUNTY OF DEATH-OU SAN DILIGOO	SUCH 78. CAL	FORMIA LICENSE NUMBER	8. NAME, RELATIONSHIP, MALING ADD	
	JON BEND,	the second s	and the second sec		-1357	SAND EIGO, CA 92114	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions out	orized by Section 103	ropesed disposition stated herein is 76 of the Hacitik and Safety Code, a Nacith and Safety Code,	- Li	allia Hayles	uneral Director or Person Acting as Su	9/5/91
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THS PERMIT GNES N	ORNIA HEALTH AN	D SAFETY CODE	.00	SEP 0 5 19	ED SC. SIGNATURE OF LOCAL REGI	
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX	D IN CALIFORNIA	54404 (SC - 755 (SV9)			DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CALIFORNIA	
Y	rion(s) authorized Jdes Entombment)	CHECK ALL APPL	1221003562335	NTIFIC USE		G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE	New York and the second s
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM EMETERY	ains other		PORARY ENVAL	LTMENT	FOR CORONER'S	USE ONLY
I	10. HOPE 3751 MAR	CHARTERICE	TERY 96 -10 -1	N SARke		TIC. SIGNATURE OF PERSON IN C	HARGE OF INTERMEN
CREMATION	12A. NAME AND A	DORESS OF CREM	IATORY		12B. DATE CREMATED	12C, SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF FACI	ITY RECEIVING REMAINS		138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT			VING STATE OR COUNTRY INS ARE TO BE SHIPPED	WHERE	148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE O	F PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			Shoreline, or other D Place and <u>district</u> of		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER 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.



Date

9-4-91

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ne cullought ZENE of . Funeral, date, time Eki Church, Chapel, Graveside Graveside :KushiNicolay Monuary. All Funeral cars must arrive 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 3549Grave Division/Black Row Grave space & Care Fund Additional spaces and care fund **Opening/Closing & Setup** Burial Container .... Handling Fees .... SEP 0.4 1991 Flower vases - Marker setting fee . Recording and filing fee MT. HOPE CE Sales taxes ... GEMENT **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 Canetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot | hold under deed. ure of recorded holder of dead Invoice # 9666 F Work Order # Acct. # PY-693 (REV. 8-85)

	0000000000	5 316 MAR (1933, AMP 4) (1974)	ND PERMIT FC	555-M754500-1960	90040399 4097 49984	MAN REMAINS	-9666
NAME OF DECEDE		1B. MIDDLE		IC. LAST (FAN		2. DATE OF BIRTH 3.	DATE OF DEATH 4. SE
IRENE				MCCULL	over	10-30-05 9	NTH, DAY, YEAR
CITY OF DEATH	EMPLETON		5B. COUNTY OF DEATH-C		RA, ENTER STATE	6. NAME, RELATIONSHP, MAILING	
	DDRESS OF APPLICAN	THU SHOULD ST	OR OR PERSON ACTING AS		FORNIA LICENSE NUMBER	4370 Olmeda Atascadero, CA	93422
CKNOWLEDGMENT OF APPLICANT	of the dispositions outh		oposed disposition stated herein 5 of the Health and Salety Cod Health and Salety Code.		and the	meral Director or Person Acting a	as such as DATE aight
	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT. 9D. ADDRESS OF RE	ORNIA HEALTH AND Y FOR THE DISPOSIO DISHT OF DISPOSAL OWN BUSTRAR OF DIST	SAFETY CODE TION SPECIFIED SEE OF CALIFORNIA RICT OF DEATH-	\$7.00	109-05-9	DISTRICT OF DISPOSITION-	nD
ENIT TO SHOW FINAL			TY HEALTH DEP IS OBISPO, CA	1	TY, P.O.BOX	ANOTHER DISTRICT IN CALIFORNIA 5222, SAN DISGO,	이야기에서 도망도에 관재하게 물로 통
	TION(S) AUTHORIZED	CHECK ALL APPLIC		ientific use		G. Ship in to calif H. Transit to Out	
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM	ains other		MPORARY ENVAU	LTMENT		ER'S USE ONLY DING
INTERMENT	HOUNT HOP	NORESS OF CEMET	7, 3751 Mark		118. DATE INTERRED 9-6-91	11C. SIGNATURE OF PERSON	IN CHARGE OF INTERME
CREMATION	12A. NAME AND AD	DRESS OF CREM/	ATORY		128. DATE CREMATED	12C. SIGNATURE OF PERSON	IN CHARGE OF CREMATIO
SCIENTIFIC USE	13A. NAME AND AD	DORESS OF FACILI	TY RECEIVING REMAINS	1	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
TRANSIT			ING STATE OR COUNTR NS ARE TO BE SHIPPED		148. Date Shipped	14C. ADDRESS AND SIGNATUR OF TRANSIT	re of Person in Char(
SCATTERING AT SEA			Shoreline, or other Place and <u>district</u> o		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

R.

	OFFICIAL RECEIPT			E	-9666
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Nº	41194
1			Date:	9-4	- , 19 91
	From: PAYMOND MC CULLOUGH	Address: 3343 1813 57.	5.	a ca 9	2103
	E. EN HUMI REDEIGHT	y ix AND Too	D	ollars (\$ 7%	6
	In Payment of	12 FOR & RENE MO	4/10116	eft	

Lot 2579 Grave	Row Se	ection		Division Block	10
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriat Containers Handling Fee Recording &	67007 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 —	250 90 175 49	0 5 5 K
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87) # 2806	ISSUED BY ROLT JONG	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390 \$	786	100

City of San Diego

9/4/91 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains CREWS ERALDINE of Funeral, date, time 🗖 in a Church, Chapel, Graveside Charles Gra . 6 Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran . Lot 7/ Grave 8 Row Division Ant Section Grave space & Care Fund ... Additional spaces and care fund Opening/Closing & Setup ..... 00 Burial Container . OCT 21 1091 Handling Fees . Flower vases - Marker setting fee MT. HOPE CEMETERY Recording and filing fee CITY of SAN DIEGO Sales taxes **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

9667 F Work Order PY-683 (REV. 8-06)

WO # E- 9667

NOTE

San Diego, California 199 Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order ar 3751 Market Street, San Diego, CA 92101, the sum of Juiel ut HUND RED NINETY SEVEN AND DOLLARS OCT 1. 1991 with interest from on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker \* \* will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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 NATHAN: -CALIFORNIA DRIVER LICENSE NUMB

	15325503070		NGC) - TATABAGAT NASAMBAS NGC - NGC SANGAT NASAMBAS	DISPOSITION OF HU	ER ALTERATIONS	E-966
NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	10.	LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SE MONTH, DAY, YEAR
GERALLIN				CREWS	9-12-40	9-1-91 F
. CITY OF DEATH		58	. COUNTY OF DEATH-OUTSI	DE CALIFORNIA, ENTER STATE	8. NAME, RELATIONSHIP, M OF INFORMANT	AILING ADDRESS AND ZIP CODE
San Diego			Sam Diego			ggers - Mother
. TYPED NAME AND A	DDRESS OF APPLICAN	The first sector is a sector of the sector o	R OR PERSON ACTING AS SUC	H 7B. CALIFORNIA LICENSE NUMBER	512 29th St.	
Anderson-	Regedale Ma		Federal Blvd.		San Diago, Ci	02102
CKNOWLEDGMENT	I hereby acknowledge	as applicant that the prop	osed disposition stated herein is one	8A. SIGNATURE OF APPLICANT-	Funeral Director or Person Act	ing as Such   68. DATE SIG
APPLICANT	was authorized pursua	nt to Section 7100 of the H	of the Health and Safety Code, and with and Safety Code.	· Aller 11	helling	9/4/9
PERMIT	THIS PERMIT IS ISS	UED IN ACCORDANCE	WITH PROVI- 9A. AMOUNT	OF FEE PAID 98. DATE PERMIT ISS	SUED 9C. SIGNATURE OF LC	CAL REGISTRAR ISSUING PER
and the second	AND IS THE AUTHORI	FORMA HEALTH AND S		.00 'ern 0 e (A	A MA	DUMA
THORIZATION OF	IN THIS PERMIT.	IN MINT OF DISPOSAL OUTSID		SEP 0 5 19	9 : Nonall A	Campas, M.D.
		EGISTRAR OF DISTR	the state of the s	98. ADDRESS OF REGISTRAR OF		NAME OF A DESCRIPTION O
Y CHANGE IN DISPOSI- ON REGARES A NEW	IF DEATH OCCURR	ords; P.O.	Box 85222	IF DISPOSITION IS TO OCCUR I	N ANOTHER DISTRICT IN CALIFO	RHIA
RMIT TO SHOW FINAL DISPOSITION.	ATCAT RACE	States and the second	and the second			
EVER OF DISPOSE		D CHECK ALL APPLICA	iego, Ca		and another of the	we II. About to Vinci
The or disros	nonto nonizer	o check <u>ALL</u> AFFER	DLE HEND		G. SHIP IN TO (	CALIFORNIA
A. BURIAL (INCL)	UDES ENTOMBMENT)		D. SCIENTIF	FIC USE	H. TRANSIT TO	OUTSIDE OF CALIFORNIA
B. CREMATION			E. TEMPOR	ARY ENVAULTMENT	FOR COR	ONER'S USE ONLY
C. DISPOSITION	OF CREMATED REM	IAINS OTHER	F. DISINTER	IMENT		PENDING
	11A. NAME AND A	DDRESS OF CEMETE	RY	ALA I 118. DATE INTERRED	11C. SIGNATURE OF PER	SON IN CHARGE OF INTERME
INTERMENT	Mt. Hope	Cemetery;	3751 Market St.	NUN	001	
	91-8-1	-12	San Diego, CA	Sinhe 9-6-91	1 Roll A	Gales /
	12A. NAME AND A	DDRESS OF CREMAT	ORY	128. DATE CREMATED	12C. SIGNATURE OF BER	SON IN CHARGE OF CREMATH
CREMATION				1	1	
W100305W00099001	N/A			1		
1-Destroyant Actual	13A. NAME AND A	DORESS OF FACILITY	RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
SCIENTIFIC	1450250545000250075352			1) 1)	A NUMBER OF THE SECOND STATES OF THE SECOND SE SECOND SECOND SECO	
USE				1		
	14A. NAME AND A	DORESS IN RECEIVIN	G STATE OR COUNTRY WH	ERE 148. DATE SHIPPED	14C ADDRESS AND SIGN	ATURE OF PERSON IN CHAR
	REMAINS OR	CREMATED REMAINS	ARE TO BE SHIPPED		OF TRANSIT	
TRANSIT				1	is.	
	N/A				1	
	16A ADDERS NE	LADCOT DOMT ON O	FORELINE, OR OTHER DESC	RIPTION 158. DATE OF	15C. SIGNATURE OF PER	
SCATTERING AT SEA					CHARGE OF DISPOS	ATTION I OF CREMATED R
SCATTERING AT SEA OR DISPOSITION OTHER			LACE AND DISTRICT OF DIS		CHARGE OF DISPOS	ITION OF CREMATED R MAINS DISPOSED I MAINS DISPOSED

<u>DPY 2</u> IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN HARGE OF DISPOSING OF THE CREMATED REMAINS.

E-9667 11 CITY OF SAN DIEGO, CALIFORNIA GITT TREASUREN ACCOUNTS RECEIVABLE AUXILIARY INVOICE . PAYMENT FORM 068104 CUSTOMER ACCOUNT NO. PAYMENT DATA 10-21-91 PAYMENT P.M. RECEIVED DATE \_\_\_\_ PAID BY (CINCLE ONE) CA PAYMENT REFERENCE NUMBER AMOUNT PAID 1297.31 TREASURER VALIDATION CUSTOMER DATA nthe siels CUSTOMER ACCOUP DAi PAYON NAME me CUS OCT 2 1 1991 MT. HOPE CEMETERY CITY of SAN DIEGO, CALLE u-MS#7 r ARKS INV. NO. 169271 HIER TR-1881 [2-82]



FY ?



Date

9-4-91

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 4.# -91-0199 Funeral, date, time 差 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 vegeran NO Lot 57 Grave S-T Section . Division/Heck Row Grave space & Care Fund ..... Additional spaces and care fund ..... 00 Opening/Closing & Setup ..... Burial Container Handling Fees Flower vases - Marker setting fee ..... Recording and filing fee Sales taxes OAS 6H+WNS 00 Total Due Paid receipt number . Balance due

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

I hereby authorize the interment in lot I hold under deed.	Signatura	
Signature of recorded holder of deed	Address	
	State	Zip Code

Telephone

Work Order # \_\_\_\_

9668

A. NAME OF DECEDE	ent—First (given)	1B. MIDOLE		C. LAST (FAM	910995	2. DATE OF BIRTH	3. MOENDOEATH 5711791 YEAR	4. SEX M
Carl Streem and the street street and	N DIEGO	1	SAN DIEGO			6. NAME, RELATIONSHIP, M. DE INFORMANT, PUBLIC ADVINTS	STRATOR-R. B	
		N DIEGO, CA 92		ACH 78. CALL	FORMA LICENSE NUMBER	5201-A RUFFIN SAN DIEGO, CA 9		
ACKNOWLEDGMENT OF APPLICANT	of the dispositions cut	as applicant that the proposed arised by Section 10376 of the t to Section 7100 of the Health	Health and Safety Code, a	ne BA. SIGN md ►	ATURE OF APPLICANT-	Funeral Director or Person Act	ing as Such 8B. DAT 9/5/	/91
PERMIT	SIGNS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WIT ORINIA HEALTH AND SAFE Y FOR THE DISPOSITION S D IGHT OF DISPOSITION S	SPECIFIED \$7.	SU 6824, 0.555, 2605	SEP 05 19	91 SIGNATURE OF LO	L Provent M	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW "ERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRICT D IN CALIFORNIA 85222 SAN DI				DISTRICT OF DISPOSITION- N ANOTHER DISTRICT IN CAUFO	RNIA	
- And the events of the second	tion(s) authorized udes entomement)	CHECK ALL APPLICABLE	I TTEMS	TIFIC USE		G. SHIP IN TO C	OUTSIDE OF CALIFOR	NIA
B. CREMATION C. DISPOSITION THAN IN A CI		ains other	F. DISINT	DRARY ENVAU ERMENT	LTMENT		ONER'S USE ONLY PENDING	a
INTERMENT	PIL HOPIS	CEMETERY	MUST SUM SUSSESS AND SOUTH	5.178900%	118. DATE INTERRED		son in charge of in	TERMENT
CREMATION		KET ST. SAN I		SIALER	128. DATE CREMATED	12C, SIGNATURE PERS	SON IN CHARGE OF CRI	EMATION
SCIENTIFIC USE	13A. NAME AND AD	Doress of Facility R	eceiving remains		13B. DATE RECEIVED	13C. SIGNATURE OF PER	Son in charge of F	ACILITY
TRANSIT		DRESS IN RECEIVING S CREMATED REMAINS AF		WHERE	14B, DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ature of Person in	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	Arest point on shor O identify final plac			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	ITION OF CREAL	NUMBER AATED RE DISPOSER PUICABLE

COPY 2 IS RETAINED BY 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

-- 191 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains NIAE 1:00 PA Funeral, date, time/c Church, Chapel, Graveside 6.5. \_\_ Mortuary. GYGENWAND All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran MO Grave 2 Section Division/SUCC Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup **Burial Container**. Handling Fees .... SEP 0 6 1991 Flower vases - Marker setting fee MT. HOPE CEMETERY Recording and filing fee CITY of SAN DIEGO, CALIF FOR GREEN WOO ...... Total Due ... Paid receipt num 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.

9669

Signature of recorded holder of deed

Invoice # Acct. #

Work Order # .

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N9	E-9669 41218
From: BETTY MONAGE	Address: 2874 HAVET	Date: D D	011ars (\$ 7.0	
In Payment of	Row Se	ection	Bio	rision
Invoice No Acct. No W.O	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184	250 2
Pre-Need Lot  At Need On Acct Pre-need Trust Cash Check	1000	Handling Fee Recording & Misc. Fees Pre-Need Trust Salee Tax	100 77185 100 77183 63033 9022 60101 78380	12 22

	ENT-FIRST (GIVEN)	18. MIDDLE			AST (FAMI			ALTERATIONS	TH 4. SE
Andra		Nae	X 3-1-5331	1	beed			05-27-1907" 09-01-199	AR 2
San Diego	100 a 20 20 20 20 20	ALC: NO	58. COUNTY OF	신문 문화 방송 가지 않는 것이 아니?	CALIFORN	A. ENTER STATE	e	NAME, RELATIONSHIP, MAILING ADDRESS AN	D ZIP CODE
	DORESS OF APPLICAN	Dieco,	TOR OR PERSON	CODE COMPANY STOLEN AND A ST		ORNIA LICENSE N PPLICABLE	Sector 200	8874 Haveteur Way San Diego, CA 92123	
OF APPLICANT	I hareby acknowledge of the dispositions out was authorized pursuan	orized by Section 10.	376 of the Health and	Safety Code, and	BA. SIGNA	TURE OF APPLIC	ANT-Fun	eral Director or Person Acting as Such 88.	DATE SIGN
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	Y FOR THE DISPO	ID SAFETY CODE SITION SPECIFIED	9A. AMOUNT O 7.	F FEE PAIC	SEP 0	9 199	D' SC. SIGNATURE OF LOCAL REGISTRAR IS	
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.		GISTRAR OF DE		F				STRICT OF DISPOSITION-	
B. CREMATION	udes entombment) Of cremated rem Emetery	una ories	Ē	] D. Scientific ] E. Temporaf ] F. Disinterim	RY ENVAUL	TMENT		G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALI FOR CORONER'S USE O	Str - 25
INTERMENT	Ht. Hope San Dieg	Cametery	1 3751 M	s-s	teet	118. DATE INTE 9/10/9			f intermi
	12A. NAME AND A	AND AN CASE OF CASE				128 DATE CREM	AATED	2C. DISTATURE OF PERSON IN CHARGE OF	CREMATI
CREMATION	testes sent teachters compared to		LITY RECEIVING I	REMAINS		13B. DATE REC	EIVED	3C. SIGNATURE OF PERSON IN CHARGE O	FACILITY
CREMATION SCIENTIFIC USE	13A. NAME AND AL	DRESS OF FAC		and the second s	· · · · · ·				
SCIENTIFIC	14A. NAME AND AL	DRESS IN RECE	IVING STATE OR AINS ARE TO BE		RE	14B. DATE SHI	PPED	4C. ADDRESS AND SIGNATURE OF PERSON OF TRANSIT	IN CHAR

COPY 3

. . .

	1.
7754	



Data 9-6-91

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 435 PA #1117777 1#90-1557 MARIE GI. Funeral, date, time TUE in a 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 \_\_\_\_\_ Grave 8 8 Bow Section Division Block Grave space & Care Fund Additional spaces and care fund 00 Opening/Closing & Setup .... 00 Burial Container Handling Fees ..... Flower vases - Marker setting fee ..... **Recording and filing fee** Sales taxes ..... im HALE-Total Due Paid receipt number . **Balance due** of the above named decedent I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed. Address a of recorded holder of dead Zie Code Sints. Talanhuna 9670 F Work Order PY-593 (REV. 8-85)

E-9670

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

-	U	SE BLACK INK ONLY-MAKE	NO ERASURES, WI	HITEOUTS OR OTHE	R ALTERATIONS fo	und
A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE Lourdes	IC. LAST (FAN	2310-05		ATE OF DEATH 4. SEX
A. CITY OF DEATH	0		San Diego	NIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING PUBLIC Administr	ator
A. TYPED NAME AND A Mayer Mortu	DDRESS OF APPLICAN	T-FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH 7B, CAL		5201-A Ruffin Rd San Diego, CA. 9	Contraction for a
ACKNOWLEDGMENT OF APPLICANT	of the dispositions out	as applicant that the proposed disposition sto orized by Section 10376 of the Health and 3 It to Section 7100 of the Health and Sofety Co	Safety Code, and	AL-M	uneral Director or Person Acting as	Such 88. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE ITY FOR THE DISPOSITION SPECIFIED D NIGHT OF DISPOSAL OUTSIDE OF CALIFORNA.	SAL AMOUNT OF FEE PA	SEP 10 199		EGISTRAR ISSUING PERINT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O.Box	EGISTRAR OF DISTRICT OF DEATH 5222 CA. 92186-5222			DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CALIFORNIA	
		CHECK ALL APPLICABLE ITEMS	I D. SCIENTIFIC USE E. TEMPORARY ENVAL	ILTMENT	G. SHIP IN TO CALIFOR	IDE OF CALIFORNIA
C. DISPOSITION THAN IN A CE	OF CREMATED REM	AINS OTHER	F. DISINTERMENT			
INTERMENT	San Diego,	CA. 53-88	5241ER	118. DATE INTERRED		CHARGE OF INTERMENT
CREMATION	12A. NAME AND AL LINER	DORESS OF CREMATORY		128. DATE CREMATED	12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF FACILITY RECEIVING R	IEMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR ( CREMATED REMAINS ARE TO BE \$		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF TRANSIT	OF PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR O IDENTIFY FINAL PLACE AND <u>DIS</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	I 15D. LICENSE NUMBER I OF OREMATED RE- I MAINS DISPOSER I —IF APPLICABLE

COPY 2 IS RETAINED BY 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

		Date	9/6/9	71
You are hereby authorized and instructed, su of AUDRA REEN	bject to your rules a	and regu	lations, to inte	r the remains
ina <u>liner</u> F	uneral data time	FUE	9/10/91	1:00 P.M.
Church, Chapel, Graveside CHAPE !-	-G.S.G	REEL	lunal	Mortuary
All Funeral cars must arrive before 3:30 p.m.				
and billed to undersigned. War time veteran	A. (1996)		extra charge h	un oo approve
		20		
Lot Grave Row	Section	<u> </u>	Division/Bloc	x 5-
Grave space & Care Fund				
Additional spaces and care fund	)	/		
Opening/Closing & Setup	//			
Burial Container	11/			
Handling Fees	1//			
Flower vases - Marker setting fee	K			
Recording and filing fee				
Sales taxes				
	Tota	al Due .		
Paid	receipt number			
			Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorizatio any liability on account of said authorization	n and I agree to hol	ova indic	f the above name tated. I certify a tope Cemetery h	and represent
I hereby authorize the interment in lot I hold under deed.	Signature			,
	Address	_		
Signature of recorded holder of dead	State		a start in the	Zip Code
	Telephone			
F 9671	Invoice #			
Work Order # <u><b>E</b></u> 9071	Acct. #			





City of San Diego

You are hereby authorized and instructed, subj	ject to your rules and regulations, to in	ter the remains
A Murtle Baker		- <u>1000000</u> 00
na Voult Fu	neral, date, time Tues 9/10	11:00 A
Church, Chapel, Graveside	HUMPHREY	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge	will be applied
and billed to undersigned. War time veteran .	No.	
51 67 Grave Row 3	Section Division/8 k	ock _Z_
Grave space & Care Fund Pre-ne	red B-4493	ø
Additional spaces and care fund		
Opening/Closing & Setup	£-9294	
Surial Container		-9
landling Fees	6-9994	_ø
lower vases - Marker setting fee		
Recording and filing fee	#-9291	ø
Sales taxes	E-9394	Ø
	Total Due	ø
Paid re	ceipt number	
	Balance due	a a
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certif and I agree to hold Mt. Hope Cemetery	
hereby authorize the interment in lot I	Signature	<del></del>
	Address	
	Address Stars	Zip Code
nold under deed.	ASSOCIATE:	Zp Code
hold under deed.	Sum	Zip Code



### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-9672

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

A. NAME OF DECEDE		18. MIDDLE	MAY	10. L	AST (FAMILY)		3. DATE OF DEATH	4. SEX
A CITY OF DEATH	ity		58. COUNTY C	F DEATH-OUTSIDE	CALIFORNIA, ENTER STATE O	6. NAME, RELATIONSHIP, MAI	iny - Daughte	
A TYPE BE	ondway C	a Mortes	CA CA 9	N ACTING AS SUCH	7B. CALIFORNIA LICENSE NUM	GER 303 East Palos Chula Vista, (		
ACKNOWLEDGMENT OF APPLICANT	I hereby ocknowledge of the dispositions out was authorized pursua	norized by Section 10	0376 of the Health or	nd Safety Code, and	BA. SIGNATURE OF APPLICANT	Emeral Pregitor or Person Actin	a as Such 9.9.9	SIGNED
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT, NOTE: THIS PERMIT, NOTE: THIS PERMIT,	FORNIA HEALTH A	ND SAFETY CODE	\$7.0	그는 것 모든 것 같아요. 것 같아요. 것 같아요. 것 같아요. 것 같아요. 가지 않는 것 같아요. 같아요.	1991 C SIGNATURE OF LOC	AL REGISTRAR ISSUING	-
NY CHANGE IN DISPOSI- TION RECURES A NEW FERALT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF R IF DIATH OCCURN VILLAI San Die	D IN CAUFORNIA	ISTRICT OF DEA .0. Box 2186-522	85222		OF DISTRICT OF DISPOSITION- IR IN ANOTHER DISTRICT IN CALIFORM	NA.	
0. TYPE OF DISPOSI	TION(S) AUTHORIZED	CHECK ALL API	PLICABLE ITEMS	1 O. SCIENTIFIC	USE	G. SHIP IN TO CA	LIFORNIA DUTSIDE OF CALIFORNIA	A
B. CREMATION				H	TY ENVAULTMENT	H	NER'S USE ONLY	1 1
C. DISPOSITION THAN IN A GI		AINS OTHER		F. DISINTERM	ENT		ENDING	
INTERMENT	3751 182	CORESS OF CE	San Diego	Row 3-7-	: glipla	TED, 11C. SIGNATURE OF PERS	In the charge of inte	erment
CREMATION	12A. NAME AND A 12A. T.	S Vac	EMATORY		128. DATE CREMAT	ED 12C. SIGNATURE OF PERSO	ON IN CHARGE OF CREM	ATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF FAC	CILITY RECEIVING	3 REMAINS	138. DATE RECEN	VED 13C. SIGNATURE OF PERS	ON IN CHARGE OF FAC	ILITY
TRANSIT	14A. NAME AND AL REMAINS OR		Eiving state o Mains are to b		RE 148. DATE SHIPPE	D 14C. ADDRESS AND SIGNA OF TRANSIT	Ture of Person in C	HARGE
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				C.K.			

COPY 2 IS RETAINED BY 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 Sen Diego

¥.

Date Aug. 6, 1991

You are hereby authorized and instruction	ed, subject to your rules and regulations, to inter the remains
of MARION MR	ACKIEV
ina T.S. VAULT	- Funeral, date, time Tues. 9/10 140 AM.
Church, Chapel, Graveside	G. S. : Calif. Buriel Mortuary.
All Funeral cars must arrive before 3:34	0 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time ve	teran <u>NO</u>
Lot 156 Grave 5 Row	Section Division/Diest
Grave space & Care Fund	49500
Additional spaces and care fund	fill
Opening/Closing & Setup	A 10 M 350
Burial Container	A Spere
Handling Fees	17500
Flower vases - Marker setting fee	Q, F
Recording and filing fee	1 <u>*1</u>
Sales taxes	_/6 <sup>20</sup>
	Total Due
	Paid receipt number INVOICE 1281.50
	Balance due
Muth	
	of the above named decedent sition of remains as above indicated. I cartify and represent ization and I agree to hold Mt. Hope Cemetery harmless from ration and interment.
	Juella Puna
I hereby authorize the interment in lot hold under deed.	370-D Ranchon Quive
Signature of recorded holder of deed	Active Chula Vista, Ca. 91911
	States (619) 426-3054 Zip Code
	Telsphone

	107×25.1	
Invoice	170384	
Acct. #	068316	

9673

Work Order # E

E-9673 CITY OF SAN DIEGO, CALIFORNIA CITY TREASURER 922 ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM EUSTOMEN ACCOUNT NO. 068316 PAYMENT DATA 7-26-91 PAYMENT P.M. RECEIVED DATE CK PAID BY (CINCLE ONE) 10.04 3553 PAYMENT REFERENCE NUMBER 82 \$1,281.50 AMOUNT PAID TREASURER VALIDATION CUSTOMER DATA CUSTOMER ACCOUN 66 (4 OR NAMP CUSTOMER (PAYOR) ADDRESS len - MSH72 REMARKS INV. NO. 140384 CASHIER ... TN-1881 (2-82)

1

W.O. # E-9673

NOTE

1281.50		San Diego, California	SEPT. 9	19 91
Thirty days after date for	value received, the undersign	ed maker promises to pay Sar	Diego City Treasure	r, 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 unp	aid 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.

PRINTNAME Luella Payne	SIGNATURE Luella Payne
ADDRESS _ 270-D Rancho Drive	V
CALIFORNIA DRIVER LICENSE NUMBER E099715	6 ssn # 552-94-4044

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

MARLON	NT-FIRST (GIVEN)	18. MIDDLE		1000000000	AST (FAMILY)	2. DATE OF E		TE OF DEATH	4. SE
CITY OF DEATH	11 10 C	BURAL	SANDO	TIBGO	CALIFORNIA, ENTER STATE	6. NAME, RELATION	ISHIP, MAILING A	DORESS AND ZI	P CODE
	n Blyd. Sa				7-1357	CHULA VIS		911	
ASKNOWLEDGMENT OF APPLICANT	I hereby ocknowledge of the dispositions out was authorized pursua	nonized by Section 103	76 of the Health and	Safety Code, and	BA SIGNATURE OF APPLICANT-	Funeral Director or Pe	rson Acting as :	Such 88. DAT	
PERMIT '	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THE PERMIT CHES N	ORNIA HEALTH AN	D BAFETY CODE	84. AMOUNT O	F FEE PAID 98. DATE PERMITAS SEP 1019		IL.C.	Construction of the second second	1221200
Y CHANGE IN DISPOSI- ION REQUIRES A NEW EBMIT TO SHOW FINAL DISPOSITION.	P.O. BOK	ED IN CALIFORNIA			9E. ADDRESS OF REGISTRAR O IF DISPOSITION IS TO OCCUR				
	tion(s) authorized Joes Entombment)	CHECK ALL APPL	STERNEY'S CONDERS	] D. SCIENTIFIC	USE		IN TO CALIFOR	688	NIA
B. CREMATION				T F TELOOPAS	ALL TRADUCT ALL IN MALE AND AND				_
G. DISPOSITION THAN IN A CI	OF CREMATED REM EMETERY	AINS OTHER	C	F. DISINTERM	IY ENVAULTMENT ENT		R CORONER		έ.
	EMETERY	POBESS OF CEM	TERY NON	F. DISINTERM	ENT		DSITION PENDIN	Ø	
THAN IN A CI	IIA NAME AND A	NET ST. S	AN DEBGO,	F. DISINTERM	ENT		DSITION PENDIN OF PERSON IN	ig Charge of IN Dait	terme
THAN IN A CI	IIA NAME AND A MT. BOPS 3751 MAR	DORESS OF CREM	AN DEBSO,	F. DISINTERM	ENT 118. DATE INTERRE 12 9/10/91		OF PERSON IN	IG CHARGE OF IN CHARGE OF CRI	TERME / Ematic
THAN IN A CI	IIA NAME AND AN 3751 MAR 12A. NAME AND AN 13A. NAME AND AN 14A. NAME AND AN	DDRESS OF CEMI RET ST. S DDRESS OF CREA T. J. C.	AN DEEGO	F. DISINTERM	ENT		OF PERSON IN OF PERSON IN OF PERSON IN	IG CHARGE OF IN CHARGE OF CRI CHARGE OF F/	

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





City of San Diego

Date 9/9/91

You are hereby authorized and instructed, subj		nter the remains
or John L Smith	JR	
in a To Sollault Fur	nerhal, date, time Flyn 9/12	2: P.M.
Church, Chapel, Graveside Chapel 3G	.S. Hosspalle	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular werk day or any xtra charg	will be applied
and billed to undersigned. War time veteran		5
Lot [5' Grave Row	Section 16 Division/8	<u>7</u>
Grave space & Care Fund	VI. f.	69500
Additional spaces and care fund		
Opening/Closing & Setup	TO	. 350
Burial ContainerD.		200
Handling Fees		175
Flower vases - Marker setting the SEP.	0 9 1991	
	PE CEMETERY	45-00
Sales taxes	Total Due	148150
A Paid re	ceipt numbe# 41226	148150
Sil	Balance du	10 _ <b>P</b> 0
I hereby certify I am the SON and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	
I hereby authorize the interment in lot I hold under deed.	Immy The	nut
Signature of recorded holder of deed	Trephone 30 Million	ncraft
		7
Work Order # <b>E</b> 9674	Acct. #	





MT. HOPE EMETERY INTERMENT ORDER

City of San Diego

Date 9/9/91

JOHN & SMITH	neral, date, time Sla	ARTIZ .	zion f.m.
hurch, Chapel, Graveside Charles G	Construction and the second states	CONTROL STREET, DOUGLE STREET,	Mortuary.
Il Funeral cars must arrive before 3:30 p.m. d			TENTRAL STATES
nd billed to undersigned. War time veteran	57 G 74	in extra change	will be applied
incomed to undersigned, war time veteran .	<u>n</u> .		
ot Grave Row	Section	_ Division/	1
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	Total Due		164
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		Balance due	Ø
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hereby certify I am the O/			amed decedent
hat I have the right to make this authorization	and lagree to hold Mt. I		
ny liability on account of said authorization a		* /	-4
hereby authorize the interment in lot I	Channe	de	mit
old under deed.	7-39/	50/50	inclose
gnature of recorded holder of deed	Son	Diego	Ca Pall
	125°	1489	Zip Code
	Telephone	101	
	Invoice #		

Acct. # .

PY-663 (REV. 8-86)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		E Nº	-9674 41227
From: Diserver & SALTI	Address: Add	Date:	9 1 (A 121)	3
In Payment of	111 1-1-1-1	inita J	ollars (\$	<u> </u>
- Lot Grave	Row Se	ection	Div Blo	ision ck
*Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lota Opening/	67007 77184 100 77184 100	716 00
W.OBALANCE DUE		Closing Burial Containers Handling Fee	77181	300 00
Pre-Need Lot At Need On Acct	Com.	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183	10 50
AC-212 (Rev. 10-67)	ISSUED BY THE FURS	TOTAL PAID	·	1681 20

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

家

1A. NAME OF DECEDE	NT—FIRST (given)	1B. MIDOLE		1C. LAST OFAN	Contraction of the Contraction o	2. DATE OF BIRTH MONTH, DAY, YEAR 7-10-23	3. DATE OF DEATH MONTH, DAY, YEAR 9-6-91	4. SEX
5A. CITY OF DEATH	<b>g</b> 0	ľ	SB. COUNTY OF DI	ATH-OUTSIDE CALIFOR	NIA, ENTER STATE	6. NAME, RELATIONSHIP, N OF INFORMANT Jimmy L. Sad	00000000000000000	P CODE
7A. TYPED NAME AND A ACKNOWLEDGMENT OF APPLICANT	sdale Mort.	5050 Fe	Inral Bly posed disposition state of the Health and Se	dIF ad herein is one 8A. SIGN oferty Code, and	FORNIA LICENSE NUMBER APPLICABLE ATURE OF APPLICANT-F	139 S. Banca San Diego. ( uneral Director or Person Ac Climans	oft St. A 92113	te signed
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	JED IN ACCORDANC ORNIA HEALTH AND TY FOR THE DISPOSI	E WITH PROVI- SAFETY CODE TION SPECIFIED	94. AMOUNT OF FEE PA \$7.00	1	1ED 9C. SIGNATURE OF LO	L. Comes M.	VE PERMI
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL SPOSITION.	90. ADDRESS OF RE IF DEATH OCCURRE Vitel Reco	D IN CALIFORNIA	- 2012 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175 - 2175	IF DI		DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CAUR	Alia	
10. TYPE OF DISPOSE			CABLE ITEMS	D. SCIENTIFIC USE		G. Ship in to H. Transit to	California O outside of Califor	
B. CREMATION C. DISPOSITION THAN IN A C		AINS OTHER		E. TEMPORARY ENVAL F. DISINTERMENT	ILTMENT	FOR COL	RONER'S USE ONL	Y
WTERMENT	11A. NAME AND AL Mt. Hope	Cemetery;			11B. DATE INTERRED		ason in charge of in	NTERMENT
CREMATION	12A. NAME AND AL 17. 3	DORESS OF CREM			128. DATE CREMATED	12C. SIGNATURE OF PER	ISON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF FACILI	ty receiving ri	EMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PEI	rson in charge of F	ACILITY
TRANSIT	14A. NAME AND AL	DDRESS IN RECEIV CREMATED REMAI			14B. DATE SHIPPED	14C. ADDRESS AND SIG OF TRANSIT	NATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NE SUFFICIENT T	DRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 158. DATE OF 15C. SIGNATURE OF PERSON IN 150. DISPOSITION DISPOSITION CHARGE OF DISPOSITION					SITION   OF CRED	E NUMBER MATED RE- DISPOSER PLICABLE

COPY 2 IS RETAINED BY 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-9075

MT. HOPE CEMETERY

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 4 JORNES OFMAN of . Funeral, date, time TAUT :00 AM. HUMPH GTAVESIDE 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 billed to undersigned. War time veteran . 16 Division/Block 7 Grave 12 Section 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 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 Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed

Date 9-9-91

Work Order # .

F

9676

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

NORMAN	NT—FIRST (Given)	18. MIDDLE	BERT	IC. LAST (FAN	ARDES		TE OF DEATH 4. SE
A. CITY OF DEATH	n Diego		58. COUNTY OF DEATH-	OUTSIDE CALIFOR	NIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING AC	
A HERNHEAV	adway Cha	A Vista	CA 91911	AS SUCH 7B. CALL	FORNIA LICENSE NUMBER	1100 Industrial 1 Chula Vista, CA	
ACKNOWLEDGMENT OF APPLICANT	I hareby acknowledge of the dispositions aut	as applicant that the pr perized by Section 1037	oposed disposition stated here 6 of the Health and Safety Co 1 Health and Safety Code.	in is one SA. SIGN ode, and	ndire of Applicant - P	ware Director or Person Acting as S	Such BE DATE SIGNE
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THE PERMIT GVES N	Fornia health and Ty for the disposi	SAFETY CODE	MOUNT OF FEEGA	SEP 1 0 199	HED BC. SIGNATURE OF LOCAL REG	ASTRAR ISSUING PERM
N CHANGE IN DISPOSI- N REQUIRES A NEW AIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF M DEATH OCCURN Vital Reg San Diego	COTOS P.O	RICT OF DEATH- . Box 85222 86-5222			DISTRICT OF DISPOSITION- I ANOTHER DISTRICT IN CALIFORNIA	
O. TYPE OF DISPOSI		OHECK ALL APPLI		CIENTIFIC USE		G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSID	1992 - Santa Santa Karata Armanan
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM EMETERY	ANS OTHER	100000000000000000000000000000000000000	EMPORARY ENVAL ISINTERMENT	JLTMENT		204
INTERMENT			ITERY In Diego, CA JEA/ER	VIETRI	118. DATE INTERRED		CHARGE OF INTERMEN
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CREMATION	12A. NAME AND A			[21,7]	128, DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC	N/A	T. J. CREM				12C. SIGNATURE OF PERSON IN C	
SCIENTIFIC	N/A 13A. NAME AND A N/A 14A. NAME AND A	DDRESS OF FACIL	ault	is Ry where		•	Charge of Facility

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

E-9676

## MT. HOPE CEMETERY

9676 WO. # E-9675

9/9 1991

NOTE

168150

San Diego, California

hirty days after date for valu	e received, the undersigned maker promises to	pay San Diego City Treasurer, or order at
3751 Market Street, San Die	ue received, the undersigned maker promises to go, CA 92101, the sum of SixTEEN AUNDRED	Eighty ONE AND The 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 BERNALL PROVINCE ADDRESS 1100 IN BUSTRIAL BLUD SPACE E-9 CH4LA VISTA, CA. 91911 When account Paid In Full at CALIFORNIA DRIVER LICENSE NUMBER NO829458 PY-1012 (11-00) DRISI Act. to MA Ruchle his request.

MT. HOPE CEMETERY

City of San Diego

Data 9/10/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the r of <u>Chaeles</u> imitsuke MCADORy	emains
in a Diale Line T Funeral, date, time	
	ortuary.
All Funeral cars must 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 52-55 5200 - Exchanged Lots Lot 52-55 Grave Row Section Division/Bleek	0
Grave space & Care Fund	<u>15 ° °</u>
Additional spaces and care fund	
Opening/Closing & Setup	20 00
Burial Container	30 00
Handling Fees	20
Flower vases - Marker setting fee	
Recording and filing fee	9000
Seles taxes Total Due	27
rusi Balance due 221	6223

I hereby certify I am the \_\_\_\_\_\_ of the above named decedent and this is 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.

9677

Signature of recorded Indider of deed

Invoice # Acct. #

Work Order # E

ond or bring one occupant with each remilitance 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	
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Amount due when paid on, or before, due date above

90.00

NAME CHARLES L. + MITSHED S. MCAJOR ADDRESS 6 D6 SEARS A CITY SAN DIE GU STATE CA ZIF ZIP

Sond or bring and policion with each reinitian COUPON 18 DO NOT MARLENTIRE BOOK ACCOUNT No. E Pre-Need Taust Chastes HcAdory

> 506 Seats Avenue S.D., Calif. 92114

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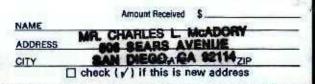
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Amount due when paid on, or before, due date above.

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



Sand or bring one coupon with each remittance COUPON 11 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. Credict LOL & Pre-Need Trass Charles McAdory 506 Sears Avenue S.D., Califo. 92114

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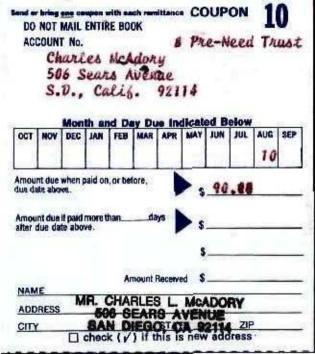
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Amount Received \$



□ check ( / ) if this is new address



Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. 6 Pre-Need Trust Charles McAdory 506 Sears Avenue S.D., Calip. 92114 Month and Day Due Indicated Below OCT NOY DEC JAN FEB MAR APR AUG SEP MAY JUN HBL. Amount due when paid on, or before, 90.00 due date above. Amount due if paid more than. days after due date above Amount Received S NAME CHARLES ADDRESS CITY 7IP

check ( / ) if this is new address

Bend 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 2 92714

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Send or bring and coupon with each remittence COUPON 6 DO NOT MAIL ENTIRE BOOK ACCOUNT No. 8 Pre-Need Trust Charles McAdory 506 Sears Avenue S.D., Calif. 92114

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Sond 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

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CITY S.D. STATE CA ZIP 921

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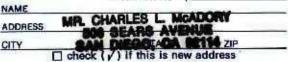
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Amount Received



Send or bring one coupon with each remittance COUPON 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 FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC IAN Amount due when paid on, or before. \$ 90.00 due date above. davs Amount due if paid more than after due date above. 90.2 NAME CHARLES L. + M.TSUKO S. MCADO ADDRESS 506 SEARS AU

CITY SAN DICOD STATE CA. ZIP 92/14 Check (V) If this is new address Sand or bring one compan th sach remittance COUPON DO NOT MAIL ENTIRE BOOM & Pre-Need Trust ACCOUNT No. Charles McAdory 506 Sears Avenue S.D., Calip. 92114 Month and Day Due Indicated Below MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR Amount due when paid on, or before, 90.88 due date above. days Amount due if paid more than after due date above. NAME CHARLES LAMOUNT Received \$ 5. MCAdo DRESS 504 SEARS AN

SAN DI COU STATE CA ZIP 92/14 Check (/) if this is new address Send or bring any coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Credit Lot & Pre-Need Trust Charles McAdony 506 Seals Avenue S.P., Calif.

#### Month and Day Due Indicated Below

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days

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

Amount due if paid more than after due date above.



NAME	MR. CHARLES ME MCADORY	
ADDRESS	SAN DIEGO, CA 92114	
CITY	STATE ZIP	

STATE 7IP check ( ) if this is new address

Send or bring and compon with each remittance COUPON 16 DO NOT MAIL ENTIRE BOOK ACCOUNT No. & Pre-Need Trust. Charles Mc&dorg 506 Sears Avenue S.D., Califi 92114

#### Month and Day Due Indicated Below

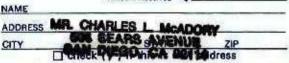
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Amount due when paid on, or before, due date above.

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Amount Received



Sand or bring and coupon with each remittance COUPON 17 DO NOT MAIL ENTIRE BOOK ACCOUNT NO. CREACE LOE & PRE-Need Trast Charles McAdery 506 Sears Average S.F., Calif. 92114

#### Month and Day Due Indicated Below

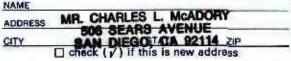
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# DO NOT MAIL ENTIRE BOOK ACCOUNT No. Credit Lot & Pre-Need Tabat Charles Schory 506 Sears Avenue

S.N., Calif. 22114

## Month and Day Due Indicated Below

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

NAME

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



Amount Received

ADDRESS MR CHARLES L. MCADORY CITY 506 SEARS AVENUE ZIP Sond or bring one coupon with each remittance COUPON 20 DO NOT MAIL ENTIRE BOOK ACCOUNT No. # Pre-field Taunce

> Charles McAdary 506 Sears Adenue S.D., Calif. 92114

#### Month and Day Due indicated Below

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# DO NOT MAIL ENTIRE BOOK ACCOUNT No. Credit Lot & Pre-Need Trus. Charles McAdory 595 Sears Avenue S.F., Calis. 92114

## Month and Day Due Indicated Below

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

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



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

AND STATES OF STATES 748 **OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Date From Addre Dollars (\$ Payment of Division Section Lo Grave Row LATER NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Involce No. 20% Sales Care 60% Sales 100 of Lots 77164 Acct. No. Opening/ 100 Closing 77181 WO F Burial 100 Containera 77182 100 BALANCE DUE Handling Fee 77186 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Pre-Need Lot At Need On Acct Trust 9022 Pre-need Trust Cash Salus Tax 80101 Check 7 78390 **ISSUED BY** TOTAL PAID AC-212 (Rev. 1-91)

43651 **OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALMORNIA PROPERTY DEPARTMENT CANARY. TO CUSTOMER MOUNT HOPE/CEMETERY PINK 527-3400 . 1953 Date: ane 5.D. 92114 Address: 50 From: Ch -Dollars (\$ \_70.00 Payment of Division Lot 5248 Row Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 Invoice No. 20% Sales Care 77184 80% Salas 100 of Lots Acct. No. Opening/ 100 77181 WO. E-9677 **Barriel** 100 Containers BALANCE DUE 362,23 100 Handling Fee 7718 Recording & 100 Misc. Fees 7718 00 Pre-Need 63033 90 Pre-Need Lot At Need On Acct Truet Pre-need Trust D Sales Tax 60101 Cash Check 78300 ISSUED BY TOTAL PAID 90 00 AC-212 (Rev. 1-91)

CONTRACTOR OF TAXABLE PARTY.

43529 Propagate in career OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK 527-3400 Date Address Fron 710 Dollars (\$ Payment of In Division Section Plack Grave Bow NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care **60% Sales** 100 of Lots 77184 Acct No. Opening/ Closing 100 W.O.E-967' 77181 Burial 100 77182 Containers **BALANCE DUE** 100 **Handling Fee** 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 9022 On Acct Pre-Need Lot At Need Truet Pre-need Trust Cash Sales Tax 60101 Check 78390 TOTAL PAID ISSUED BY AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	METERY MOUNT HODE CEMETERY	43468
From hards + TU test 	Milday Address: 506 See	Date: 3-10, 1993 J.C. 92114 Dollars (\$ 90. 22) News T
Lot 5241	Grave Row I	Section
	n Acct heck issued by Waits	CREDIT         67007           20% Sales Care         77184           e0% Sales Care         100           of Lots         77184           Opening/         100           Closing         77181           Burisl         100           Containers         77182           Handling Fee         77182           Handling Fee         77185           Pre-Need         50053           Trust         9022           Geles Tax         60101           TOTAL PAID         \$

OFFICIAL RECEIPT **CITY OF SAN DIEGO, CALIFORNIA** Nº 43189 PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK ..... AUDITOR 527-3400 Date: From Address Dollars (\$ 90 usi Payment of Division Block Lot Grave Row. Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 77184 80% Sales 100 of Lots 77184 Acct. No. Opening/ Closing 100 W.O. E- 9677 77181 Buriel 100 Containers 7718 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need 63033 9022 At Need On Acct Pre-Need Lot Trust -Pre-need Trust Cash Check Sales Tax 60101 78396 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 43061 PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ...... CEMETERY MOUNT HOPE CEMETERY PINK ...... AUDITOR 527-3400 Date: Address From Dollars (\$ 90. avment o In Division Grave Row\_ Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 of Lota 77164 Acct. No. Opening/ Closing 100 77181 W.O. E-Burial 100 Containers 7718 BALANCE DUE 100 Handling Fee 77165 Recording & Misc. Fees 100 77183 Pre-Need 63033 Pre-Need Lot On Acct At Need 002 Trust Check 2 Pre-need Trust Cash Salas Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** CITY OF SAR DIEGO, CALIFORNIA Nº 41707 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Date: ne Alme Address Fron Dollars (\$ 90 Payment of the - Meld 141 Division Row Section. Grave Block Lot NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 77184 BO% Sales 100 77184 of Lots Acct. No. Opening/ Closing 100 W.O. E-9677 7718 Barial 100 Containers 77182 BALANCE DUE 100 **Handling Fee** 77185 Recording & 100 Misc. Fees 9000 77183 Pre-Need 63033 Pre-Need Lot At Need On Acet Truet 9027 12 Pre-peed Trust Sales Tax 80101 Check 78:00 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91

**OFFICIAL RECEIPT** Nº 41514 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 -14- 1991 Address: 506 SEARS ALE SDCA 93114 ADOLL From! - Dollars (\$ 90 00 NETY MM. Payment of CREDIT LOT: PRE NESD TRUET Lot\_5249 Division Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 77184 80% Sales 100 Acct. No. of Lots 77184 Ocenina/ 100 W.O. 5778E-967 Closing 77181 Buriet 100 Containar 77182 **BALANCE DUE** 100 Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need Lot At Need Pre-Need R3033 On Acct 9022 Trust Pre-need Trust Cash Check PT Sales Tax 60101 78390 100 120 AC-212 (Roy 1-57/18 ISSUED BY TOTAL PAID

**OFFICIAL RECEIPT** Nº 42394 **CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT** CANARY ...... CEMETERY **MOUNT HOPE CEMETERY** 527-3400 Date: 6-23 19 40 From: M. S. C. M. Adary Address: 506 Sears Ave 92119 line to not achos 90.00 Dollars (\$ Payment of Cred. + lot / Trust Division 5248 Lot Grave Row Section Floo NOTVALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 80% Sales 100 Acct. No: of Lots 77184 Opening/ 100 9677 Closing 77181 W.O. Burial 100 77182 Containen 1352.23 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Mac Fe86 77183 Pre-Need Lot 2 At Need On Acot Pre-Need 90 00 63033 Tout 00/22 Ø Pre-need Trust Cash Check Sales Tax 60101 1) Jude 78390 ISSUED BY TOTAL PAID 1674 AC-212 (Rev. 1-01)

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 42921 PROPERTY DEPARTMENT CANARY ...... CEMETERY MOUNT HOPE CEMETERY PINK ...... AUDITOR 527-3400 19.92 11-4 Date: From: Charles McAdory Address: 506 Sears Hue, S.D. CA 92114 Donars (\$ 90.00 Payment of Dalare 02 5248 2 16 Division Lot Row Section Dise Grave / 11- 11-CREDIT **NOT VALID FOR PURPOSE STATED UNLESS STAMPED** 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 77184 NO% Sales 100 Acct. No of Lots 77184 Opening/ Closing 100 7718 W.O Burial 100 BALANCE DUE 992,00 Containans 7718 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 40 Pre-Need At Need 63033 Pre-Need Lot On Acct Trust 902 Pre-need Trust Cash Sales Tax Check 60101 ISSUED BY W. There 40 78390 40 700 TOTAL PAID AC-212 (Rev. 1-91)

of the local division of the local divisione

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	N	19 41237
From: Charles Mituka MA	DORY Address 506 SEARS A	Date:	9/10,1971
In Fast Payment of FITE	or the	Dollars (\$	20000 1

and the state of t

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Lot 278 Grave	Row Se	action	Division 20
Invoice No Acct. No W.O	- "PAID' IN THIS SPACE.	Of Lots 771 Opening/ 1 Closing 771	84 200 200 81 00
Pre-Need Lot At Need On Acct C Pre-need Trust Cash Check		Handling Fee 771	00 00 00 00 00 00 00 00 00 00 00 00 00
AC-212 (Hev. 10-87) # 117	ISSUED BY PART PARS	TOTAL PAID	200 00

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 41568 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Date Fron Sineti Dollars (\$ avment o 57 Division Section Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 77184 60% Sales 100 of Lots Acct. No. 77184 Opening/ Closing 100 7718 WO **Burini** 100 Containers 77182 BALANCE DUE 100 Handling Fee 7718 Recording & 100 77183 Pre-Need 83033 Pre-Need Lot 12 At Need On Acct Trust 9025 Pre-need Trust D Cash Check D Sales Tax 60101 78390 ISSUED BY TOTAL PAID 616 AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 41605 **CITY OF 8AN DIEGO, CALIFORNIA PROPERTY DEPARTMENT** WHITE ...... TO CUSTOMER CANARY ..... CEMETERY MOUNT HOPE CEMETERY PINK ...... AUDITOF 527-3400 -10 Date: From Address: Dollars (\$ Payment of Lot 524 Division Section Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 80% Sales 100 of Lots Acct. No. . 7716 Opening/ Closing 107 WO E-9677 77161 Buriel 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Mild, Fees 100 77183 Pre-Need 62033 Pre-Need Lot At Need On Acct Trust 102 Sales Tax Pre-need Trust 9 Cash 60101 Check 78500 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

And in case of the

**OFFICIAL RECEIPT** Nº 41967 **CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT** MOUNT HOPE CEMETERY PINK AUDITOP 527-3400 7-5 107-Date: Address: Fro Sint Dollars (\$ 90 Payment of In Division Lot Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 80% Salds 100 77184 Acct. No. of Lois Opening/ 100 W.O. E- 9677 Closing 77181 Burial 100 Containate 77182 100 BALANCE DUE Handling Fee 77185 Recording & 100 Misc. Fees 77185 63033 Pre-Need Pre-Need Lot At Need On Acct Trust Check Pre-need Trust D Cash Sales Tex 80101 78390 .643 ISSUED BY TOTAL PAID AC-212 (Rev. 1-01)

**OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA** Nº 42080 **PROPERTY DEPARTMENT** CANARY ..... CEMETERY MOUNT HOPE CEMETERY PINK ..... AUDITOR 527-3400 Date harle TX Cda Dollars (\$ 90. Payment of Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 80% Sales 100 of Lots 771B4 Acct. No. Opening/ Closing WO E-9677 7718 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fees 100 77163 Pre-Need 63033 At Need Pre-Need Lot On Acct Trunt 9027 Check D Pre-need Trust Cash Seles Tax 80101 78300 ISSUED BY TOTAL PAID AC-212 (Rev. 1-81)

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 42210 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date: Address From 710 Dollars (\$ Payment of Division Section 10 Grave ROW ...... NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 Invoice No. 20% Sales Care ADVS. Salas 100 of Lots Acct. No. 77184 Opening/ Closing WO. E- 9671 100 7718 Burtel 100 7718 BALANCE DUE 100 Handling Fee 7718 Recording & 100 7718 Pre-Need Pre-Need Lot . At Need 03035 On Acct l ner Trust Pre-need Trust Cash Check Sales Tax 60101 TRACE ISSUED BY TOTAL PAID AC-212 (Ray, 1-91)

OFFICIAL RECEIPT Nº 42458 CITY OF SAN DIEGO, CALIFORNIA **PROPERTY DEPARTMENT MOUNT HOPE CEMETERY** 527-3400 1092 From Thitsule & Charle Melling. Date: Dollars (\$ 90 In Payment o Division Lat 5248 Grave Row Section -Finnt NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. 20% Sales Care 80% Sales 100 of Lots 77184 Acct. No. Opening/ Closing 100 W.O. E- 9677 77181 **Exerini** 100 Contaioen 77182 BALANCE DUE 100 Handling Fee 7718 Recording & 100 77183 Pre-Need At Need #3033 On Acct Pre-Need Lot Trust 902 Check Pre-need Trust 4 Cash Salec Tax 60101 1680 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 42584 CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date: l'dosis From hayle Dollars (\$ 2 UST In. Payment of Division LO Grave Row Section -NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 80% Sales 100 Acct. No. of Lots 77184 Opening/ Closing 100 WO E-9677 77181 Burisi 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fores 100 77183 At Need Pro-Need 63033 Pre-Need Lot On Acct 10022 Trust Pre-need Trust Cash Check . Sains Tax 80101 78300 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91) 22.2

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 42738 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date Address 00 Dollars (\$ 90 7 Jinet 11 51 Payment of in Division Lot Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 80% Sales 100 Acct No. of Lots 7718 Opening/ Closing W.O. E- 9671 7718 Burial 100 Containers 7718 BALANCE DUE\_ 100 Handling Fee 7718 Recording & Misc. Fees 100 77183 Pre-Need Pre-Need Lot 9/ At Need On Acct 8303 Trust Pre-need Trust 14 Cash D Check 2 Sales Tax 60101 76390 1692 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT 43415 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 , 19 93 Date: 3-3 5. D. CA 92114 Address: From Dollars (\$ \_ 90.00 Payment of Division Lot\_5248 Grave Row Section Disale NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 77184 00% Sales 100 of Lots 77184 Acct. No. Opening/ 100 Closing 77181 WO. E - 9677 Gurial 100 Containera 77182 BALANCE DUE 722.23 100 Handling Fee 77166 Recording & Misc. Fees 100 00 Pre-Need 90 63033 Pre-Need Lot 2 At Need On Acct Toust 2 Pre-need Trust D Cash Cash Check Sales Tax 60101 78390 ISSUED BY ZIT 1728 TOTAL PAID 90 00 AC-212 (Rev. 1-91)

AL RECEIPT Nº 41864 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK 527-3400 10 97 Date Address: From Dollars (\$ 90. Payment of 5711 Division Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 a Invoice No. 20% Sales Care 80% Sales 100 Acct. No. of Lots 77184 Opening/ 100 WO F-9677 Cicaing 77181 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Pre-Need Lot At Need On Acct Trust Check Pre-need Trust Gash Sales Tax 60101 78380 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

City of San Diego

Date 9/11/91

of <u>Vohn Dof</u> PA in a <u>Linter</u> Valuer Church, Chapel, Graveside <u>Del 0</u>	Funeral, date, time <b>J</b> N/y ; CA	Hur %2 10 I-Burint	20 R.M.
All Fuperal cars must arrive before 3:30 p.r and billed to undersigned. War time veteral	NO.	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
ot 53 Grave ST Row_	Section	Division/Black	12
Grave space & Care Fund			12600
Additional spaces and care fund			
Opening/Closing & Setup			12100
Burial Container			00
Handling Fees			
-			
Flower vases - Marker setting fee		******	
Recording and filing fee			
Sales taxes			·
MANN	Tota	Due	
	receipt number		29700
Paid	receipt number		all
		Balance due	the second se
I hereby certify I am the		of the above nam	ed decadent
		re indicated. I certify an	ou documente

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

E

9678

Signature of recorded holder of deed

Zip Code
52

Invoice # 1103 Acet # 000953

Work Order # PY-563 (REV. 8-85)

6

		Antoni Bathari A	ND PERMIT FO			MAN REMAINS	E-967	8
1A. NAME OF DECED	ent—First (given)	1B. MIDDLE		IC. LAST (FAM		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR 4/16/91	
SAL CITY OF DEATH	20	Spence.	58. COUNTY OF DEATH-OU	0		& NAME, RELATIONSHIP, M	AILING ADDRESS AND Z	
	CAJON HEAD		30, CA 92115		FORNIA LICENSE NUMBER	52010A RUPPIN SMI DIBGO, CA S		
ACKNOWLEDGMENT OF APPLICANT	of the dispositions with	orized by Section 1033	roposed disposition stated horein is 76 of the Health and Salety Code, a Health and Salety Code.		TURE OF APPLICANT	Funeral Director or Person Ac		tte signed 1/91
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH AN Y FOR THE DISPOS	TION SPECIFIED \$7.	UNT OF FEE PAIL		991 PC. SIGNATURE OF LO	L RUMAN M	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERAT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI		TRICT OF DEATH			DISTRICT OF DISPOSITION-	RNIA	
	ITION(5) AUTHORIZED	CHECK ALL APPL	icable items	NTIFIC USE		G. SHIP IN TO	CALIFORNIA ) OUTSIDE OF CALIFO	RNIA
B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM EMETERY	AINS OTHER	E. TEMF	PORARY ENVAU	TMENT		ONER'S USE ONL PENDING	Y
NTERMENT		CET ST.S	DIRGO.CA	1-12 SSA/2R	118. DATE INTERRED 9/12/91		ISON IN CHARGE OF I	NTERMENT
CREMATION	12A. NAME AND	DRESS OF CREM			128. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF C	REMATION
CREMATION SCIENTIFIC USE	13A. NAME AND AI	DDRESS OF FACI	LITY RECEIVING REMAINS		138. DATE RECEIVED	13C. SIGNATURE OF PER	rson in charge of i	ACILITY
TRANSIT			VING STATE OR COUNTRY INS ARE TO BE SHIPPED	WHERE	148. DATE SHIPPED	14C. ADDRESS AND SIG	NATURE OF PERSON I	N CHARGE
SCATTERING AT SEA	15A. ADDRESS, NE	AREST POINT ON	SHORELINE, OR OTHER D	ESCRIPTION	15B. DATE OF	15C. SIGNATURE OF PER		NUMBER

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

DISPOSITION

CHARGE OF DISPOSITION

SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION

OR DISPOSITION OTHER

THAN IN A CEMETERY

1

OF CREMATED RE-

MAINS DISPOSER -IF APPLICABLE

	MT. HOPE CEMETERY	-
	INTERMENT ORDE	R
I. A	UCENNER ALL CONTRACTORS	
N upper of	City of San Diego	0
Property		Date 9-11-91
You are hereby authorized and ins	structed, subject to your rules an	d regulations, to inter the remains
of To: Ricky	DOROSAN !	E DIAN DOLDSAN
in a	Funeral, date, time	
Church, Chapel, Graveside	A DECEMBER OF A	Mortuary.
many the work the many many many second	re 3:30 p.m. of regular work day	or an extra charge will be applied
and billed to undersigned. War til // ANI9 Lot Grave	Row Section	Division / 10
Grave space & Care Fund	PAID	
Additional spaces and care fund	1161-F-611-611-614-64-61-11-11-1	
Opening/Closing & Setup	SEP 1 1 1991	
Buriel Container	T. HOPE CEMETERY	
	Y of SAN DIEGO. CALIE	
Flower vases - Marker setting fee	Mardy tu	4510
Recording and filing fee		
Sales taxes		
, V. Ma		45.00
from de toyan	Total	1/2/3 4510
BRIS DO DOS	Paid receipt number	Balance due
I hereby certify I am the		of the above named decedent
and this is your authority to make that I have the right to make this a any liability on account of said au	uthorization and lagree to hold l	e indicated. I certify and represent Mt. Hope Cemetery harmless from

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

Signature of recorded holder of deed

Advisor Disgi de) 700000 Som Son Disgi de) 700000 Tetephone 237.8563 Invoice #\_\_\_\_\_

Acct. #

9679 E Work Order PY-503 (REV. 8-85)

E-9679



## SAN DIEGO

THE CITY OF

 MT. HOPE CEMETERY
 • 3751 MARKET STREET
 • SAN DIEGO, CALIFORNIA 92101

 Property Department
 Business hours 8 a.m. to 4 p.m.

 264-3151
 Monday thru Friday • Gates open daily

QUITCLAIM DEED

In consideration of \_\_\_\_\_

I/WE BRIGIDO T. AND LYDIA B. DOROSAN DO HLREBY REMISE, RELEASE, AND QUITCLAIM to RICKY B. DOROSAN AND DIAN P. DOROSAN 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 1/1+12 Grave - Row - Section - Division/Block 10

TO 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 \_\_\_\_\_ day of \_\_\_\_\_ 1991

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES: Witnesses

× Larasan 3,20 B ROprovan



PY-593 (REV. 8-86)



MT. HOPE CEMETERY

City of San Diego

Date 9/11/191 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains HENDERSON MARBURG IFE 11:30 Funeral, date, time MON Church, Chapel, Graveside Church + Ch. S. GSONIE Mortuary. All Funeral cars must 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 OLot 172 Grave Section Division/Block Row Grave space & Care Fund ..... Additional spaces and care fund 35000 Opening/Closing & Setup .... 00 Burial Container ... Handling Fees ... Flower vases - Marker setting fee Recording and filing fee ... Sales taxes ..... DETUAL OING A otal Due . Will BRING Cheeks Balance due 1991 I hereby certify I am the and this is your authority to make disposition of remains section that I have the right to make this authorization and notice to how any liability on account of said authorization for the internet MT. I hereby certify I am the . of the above named decedent a indicated. I certify and represent It. Hope Cemetery harmless from I hereby authorize the interme Simpleture hold under deed. Address nature of recorded holder of deed Grana Zip Cod Telephone Invoice # 9680 F Work Order Acct. #

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151	Date:	N	20 08	9680
	From A DERSEN EDESSALE Eleven Humber & Nine Ty Su In Zull Payment of Control		ey	92/83 ollars (\$ 4	Division	
•	Lot Grave 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) ≠ 8082	ROW SE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burnal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77184 100 77182 100 77182 100 77185 100 77185 60033 9022 60101 78390 3 8022 8 9022	Block	

E- 9680

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECED	ent—first (given)	18. MIDDLE	DN	1C. LAST (F)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
A. CITY OF DEATH		68.	COUNTY OF DEATH-O	UTSIDE CALIFO	INIA, ENTER STATE	6. NAME, RELATIONSHIP, MA GE INFORMANT Cornelius W.	1990-1992 (1993) - 1992	search -
A, TYPED NAME AND A		5050 F	OR PERSON ACTING AS		LIFORNIA LICENSE NUMBER FAPPLICABLE <b>F-1329</b>	6563 Jackson San Diego, G	Dr.	
ACKNOWLEDGMENT OF APPLICANT	of the dispositions out		ed disposition stated herein i the Health and Safety Code Mi and Safety Code.		Debbu W.	neral Director or Person Actu Ulume	ng as Such BB DAT	E SIGNED
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE 1 ORNIA HEALTH AND SA TY FOR THE DISPOSITIO D INDIT OF INSPOSAL OUTSIDE	FETY CODE	\$7.00	SEP 1 3 199	ED' SC. SIGNATURE OF LOC	al registrar issuin	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW FERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	ords; P.O.			DRESS OF REGISTRAR OF D DISPOSITION IS TO OCCUR IN	ISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CALIFOR	HEA	
	tion(s) authorized udes entombment)	CHECK ALL APPLICAE	LE ITEMS	ENTIFIC USE		☐ G. SHIP IN TO CA ☐ H. TRANSIT TO	ALIFORNIA OUTSIDE OF CALIFORI	NIA
B. CREMATION C. DISPOSITION THAN IN A C	of cremated rem Emetery	AINS OTHER	E, Tem F, Disi	PORARY ENVA	ULTMENT		NER'S USE ONLY PENDING	
INTERMENT		Cometery; 3 //g St	751 Market a an Diego, C/	it.	i ou d	11C. SIGNATURE OF PERS	ION IN CHARGE OF IN	TERMENT
CREMATION	12A. NAME AND AL	NER	RY		128. DATE CREMATED	12C. SIGNATURE FERS	ON IN CHARGE OF CH	EMATION
2			where the second s				ON BU ONLOOF OF FA	
- SCIENTIFIC USE	13A. NAME AND AL	JORESS OF FACILITY	RECEIVING REMAINS		136. DATE RECEIVED	13C. SIGNATURE OF PERS	ON IN CHARGE OF FA	CILITY
	N/A 14A. NAME AND AL		STATE OR COUNTRY	' WHERE	138. DATE RECEIVED	13C. SIGNATURE OF PERS		SASSIN ()

HARGE OF DISPOSING OF THE CREMATED REMAINS.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR





Date

0/11/01

### INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Olivia williams REDDXE of . Funeral, date, time MON 9/16 1:00 PM in a . 56.5. RAGEDALS Church, Chapel, Graveside Chuch Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO Division/Block\_ Lot\_ Grave . Row Section . Grave space & Care Fund Additional spaces and case fund Opening/Closing & Setup Burial Container Handling Fees ...... Flower vases - Marker setting to Recording and filing fee Sales taxes ..... Total Due ... Paid receipt number Balance d and this is your authority to make disposition of remains as above indicated. 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. gnature nature of recorded holder of deed Zip Code elephone Invoice # 9681 F Work Order Acct. # PY-683 (REV. 8-85)

of





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Data 9-12-You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Mortuary. Church, Chapel, 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 🛆 Division/S Section 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 dua I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed.

re of recorded holder of deed

9682

'a .

Work Order PY-593 (REV. 8-66)

E-9682

W.O. # E-968-

#### MT. HOPE CEMETERY

NOTE

\$1297.38 San Diego, California Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order a 3751 Market Street, San Diego, CA 92101, the sum of Twelve Sundred Ninety Seven 20 DOLLARS with interest from on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will , accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be 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.

Cell ester PRINT NAME SIGNATURE GGN 2 240 ADDRESS CALIFORNIA DRIVER LICENSE NUMBER SSN

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	INT-FIRST (GIVEN)	18. MIDDLE	11	C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR		4. SEX
CITY OF DEATH		1	OUNTY OF DEATH-OUT		ITER STATE	6. NAME, RELATIONSHIP, M OF INFORMANT		P CODE
TYPED NAME AND A	DORESS OF APPLICAN	T-FUNERAL DIRECTOR C 5050 Feder	R PERSON ACTING AS SL	ICH 78. CALIFORNI -IF APPLN		Doris Cook - 4343 "C" St. Sen Diego, C	#1	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions ave	as applicant that the propose orized by Section 10376 of t at to Section 7100 of the Healt	and Safety Code.		OF APPLICANT-F	uneral Director or Person Ac	ting as Such BB. DAT	19
PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WI ORINIA HEALTH AND SAF TY FOR THE DISPOSITION D INSHIT OF DISPOSAL OUTSIDE O	SPECIFIED \$7	17 OF FEE PAID 98	. Date реямат ISBI	HED SC. SIGNATURE OF LO	Cal registrar issun	
IT CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRICT D IN CALIFORNIA rds; P.O. Bo San Dia	x 85222			DISTRICT OF DISPOSITION-		
er Constantion .	TION(S) AUTHORIZED	CHECK ALL APPLICABL		neic use		G. SHIP IN TO	CALIFORNIA O OUTSIDE OF CALIFORI	NIA
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM	ains other	E. TEMPO	DRARY ENVAULTME ERMENT	NT	FOR COR	RONER'S USE ONLY	20 - C
INTERMENT	HE. HOPE	Competery; 37	51 Market St n Diego, CA	·• · · · · ·	DATE INTERRED	TIC. SIGNATURE OF PER	ISON IN CHARGE OF IN	ITERMEN
INTERMENT	125-11-0 124. NAME AND AL		n Diego, CA	19	DATE INTERRED		Jean	l
	125-11- 124. NAME AND AL 134. NAME AND AL	DARESS OF CREMATOR	n Diego, CA	126.	7-16-91 date cremated	Wents )	SON IN CHUNGEOF CRI	L
CREMATION	125-11- 12A. NAME AND AL 13A. NAME AND AL 13A. NAME AND AL 14A. NAME AND AL	D-11 Sa DORESS OF CREMATOR ER	IN DIEGO, CA	12B. 13B	7-16-91 date cremated	Wenty 12C SIGNATURE DE TO	SON IN CHARGE OF FA	EMATION

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

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

E-9682

	a 50 10		-	
10.8	MT. HOPE CEM	ETERY		
	INTERMENT			
	City of San Di			
	City of Gall Di	990	0 1-	~
		Date	9-12-	11_
	12 124		2. 2. 2	2
You are hereby authorized and i	C BARNE	ur rules and regulat	tions, to inter the	remains
na Ast Vacet	BUK Funeral, de	te, time Thi,	9/13/91	2:00
Church, Chapel, Graveside	RAVISIDE	Feather	4Ng/UN	lortuary.
All Funeral cars must arrive be	fore 3:30 p.m. of egula	r work day or an ex	tra charge will be	applied
and billed to undersigned. War	time veteran <u>NO</u>	\$1		
ot 113 Grave 7	_Row Sec	tion LOOF	Block _	43
Grave space & Care Fund	1. 2.1	(1970)	<i>1</i>	8
Additional spaces and care fun	d			
Opening/Closing & Setup	D.A.I	n	10:	5.00
Burial Container	PAI		4Q	.00
Handling Fees	SFP-241	991	lei	1.00
Flower vases - Marker setting f			······	
Recording and filing fee	MT. HOPE CEL	METERY		5.00
Sales taxes	CITY of SAN DIE	<u>30. CALE</u>	<u>F</u>	30
		Total Due	2.2.3	2
	Paid receipt nur	mber <u>HOX</u>	1933	a
		B	alance due 🔝	9
hereby certify I am the	analyter	23 <b>8</b> 34		
nereby certify I am the	a de la	of th	e above named d	ecedent

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

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

E

9683

Signature of recorded holder of deed

98 92020

Invoice # Acct. #

Work Order #

OFFICIAL RECEIPT	1	E-9683
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	Nº 41288
From: <u>Herris</u> Paris	Address: 1455 Juny 1 Address: 1455 Juny 1 Address: 1455 Juny 1	a: <u>1-24</u> , 19 <u>24</u> <u>Kan, <u>Er</u>(<u>1</u>, 19<u>24</u>) Dollars (\$ <u>253</u>, 30)</u>
In Payment of	RowSection	Division 4
Invoice No Acct. No W.O?	NOT VALID FOR PURPOSE STATED UNLESS (AMPED) PAID' IN THIS SPACE  CREDIT 20% S  80% S  01 L0  Open Open Open Open Closi Bufa Contin Hand	67007         1           Sales Care         77184           Sales         100           Sales         100           Ing/         100           77184         100           100         100           77181         100
Pre-Need Lot At Need O' On Acct D Pre-need Trust Cash O Check C AC-212 (Rev 10-87)		Aeed 63033 9022 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

F-9683



# THE CITY OF

Property Department 527-3400

MT. HOPE CEMETERY . 3751 MARKET STREET . SAN DIEGO, CALIFORNIA 92102 Business hours 8 a.m. to 4 p.m. Monday thru Friday · Gates open daily

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.

arnes DATE: Signed WITNESSED: DATE: ung Machin DATE: 8-19-91

		18. MIDDLE		ST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SI
BLANCH CITY OF DEATH	E	EVELYN Se count		CALIFORNIA, ENTER STATE	NOV.8,192	AILING ADDRESS AND ZIP CODE
EL CAJ	ON	a state of the	N DIEGO		OF INFORMANT	REGROSA-DAUGH
		FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH	78. CALIFORNIA LICENSE NUMBE IF APPLICABLE	4951-D CLA	IREMONT SQ.#2:
ATHERING.		ANDIEGO. C	A	1083 BA. SIGNATURE OF APPLICANT-	the second s	CA, 92117 thing as Such , 88. DATE SIGN
OF APPLICANT	of the dispositions authori	ized by Section 10376 of the Hea to Section 7100 of the Health and S	ah and Safety Code, and	Jeanaril 1	anth	19-12-91
PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT. NOTE THIS PERMIT GIVES NO I	D IN ACCORDANCE WITH PR RNA HEALTH AND SAFETY ( FOR THE DISPOSITION SPEC NOT OF DISPOSAL OUTSIDE OF CALLE ASTRAR OF DISTRICT OF	come IFIED Commune \$7.0	SED 1 0 10	91 Mondel	Cannol, M.D.
IN REQUIRES A NEW	P.O. BOX 8	IN CALIFORNIA	.	IF DISPOSITION IS TO OCCUR	IN ANOTHER DISTRICT IN CALIF	Dânia
C. DISPOSITION THAN IN A CE	OF CREMATED REMAI METERY	NS OTHER	F. DISINTERME	INT		Roner's use only Pending
INTERMENT			3 -7-105	118. DATE INTERRE	DI 11C. SIGNATURE OF PER	RSON IN CHARGE OF INTERME
INTERMENT	MOUNT HO 3751 MAR	PE CEMETERY KET ST., SAN	DIEGO, CA	19/13/71	1. Day	Wait
INTERMENT	MOUNT HO 3751 MAR	PE CEMETERY KET ST., SAN MESS OF CREMATORY NC.	OUR IN Ph	19/12/2		RSON IN CHARGE OF INTERME
200.000.0000.01	MOUNT HO 3751 MAR 12A NAME AND ADD LENEDA I 14065 OL	PE CEMETERY KET ST., SAN MESS OF CREMATORY NC.	DUR IN PRO	128. DATE CREMATEL		Wait
CREMATION	MOUNT HO 3751 MAR 12A. NAME AND ADD LENEDA I 14065 OL 13A. NAME AND ADD N/A	PE CEMETERY KET ST., SAN DRESS OF CREMATORY NC. DE HWY 80 E	CULK JON, C L CAJON, C VING REMAINS	128. DATE CREMATER A. 9/12/9/ 138. DATE RECEIVE	D 13C, SIGNATURE PER	Waits
CREMATION SCIENTIFIC USE	MOUNT HO 3751 MAR 12A. NAME AND ADD LENEDA I 14065 OL 13A. NAME AND ADD N/A 14A. NAME AND ADD REMAINS OF CI N/A 15A. ADDRESS, NEAL	PE CEMETERY KET ST., SAN DESS OF CREMATORY NC. DE HWY 80 E DRESS OF FACILITY RECEI	E OR COUNTRY WHER O BE SHIPPED	A. 9/13/9/ 128. DATE CREMATER A. 9/12/9/ 138. DATE RECEIVE 148. DATE SHIPPED PTION 158. DATE OF	D 13C. SIGNATURE PER	RSON IN CHARGE OF FACILITY

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	MT. HO	E CEM TERY		
		ENTORD	FR	
		San Diego		
	City of	Cast Diego	1	olai
			Date _ 9/ /	2/9/
You are hereby authorized a	nd instructed, subje	act to your rules	and regulations, to	inter the remains
of CHARLES	W COLE	4		
ina finon	Fun	eral, date, time	THE 9/1	11:00 AM
Church, Chapel, Graveside	ChADE116	5. 2	AQSOALE	Mortuary.
All Funeral cars must arrive	CLASSING TO COMPANY AND A	f regular work d	ay or an extra charg	ge will be applied
and filled to undersigned. V	Vər time veteran 🏅	YES. Ho	nor Gu	And
Lot 72 Grave	Row	Section	2 Division/	1100x _//
Grave space & Care Fund .				. 695ª
Additional spaces and care	fund		7	
Opening/Closing & Setup .	I FA			350 00
Burial Container	007.9	0.1001		15000
Handling Fees	0012	9.1991		. 1450
Flower vases - Marker settin	MT. HOPE	CEMETERY		
Recording and filing fee		DIEGO. CALI	8	4500
Sales taxes				12 38
		Tet	al Dua	139730
		#	41254	20000
	Paid fed	eipt numberZ	11001	119738
	. 1	10/20	Aur Tallore	1197.38
I hereby certify I am the	Wile	1 10 1	of the above	named decedent
and this is your authority to that I have the right to make			ove indicated. I cert	tify and represent
any liability on account of s			www.nope.cemete	a y narmissy nom
	Low-Market Statistics			

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

ure of n

9684 E Work Order # PT-883 (REV. 8-86)

St mma C

Invoice Acct.

E-9649 ----CITY OF BAN DIKGO, CALIFORNIA CITY TREASURES ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM CUSTOMER ACCOUNT NO168392 PAYMENT DATA 10-29-91 42 PAYMENT P.M. RECEIVED DATE PAID BY (CIRCLE ONE): CK NE PAYMENT REFERENCE NUMBER . ANDUNT PAID \$1197.38 TREASURER VALIDATION CUSTOMER DATA o shiko sle CUSTOMER ACCOUNT NAME PAYOR NAME XICAC (IF OTHER THAN CUSTOMER ACCOUNT NAME) CUSTOMER (PAYOR) ADDRESS 1920 Dana 92050 REMARKS #172 1 INV. No. 170452 CASHIER 3. 4 TR-1861 (2-82)

MT. HOPE CEMETERY

W.O. # E-9684

NOTE

s 1197-38	San Diego, California	9/12/ 1991
Thirty days after date for value recei	ved, the undersigned maker promises to pay	San Diego City Treasurer, or order at
3751 Market Street, San Diego, CA	92101, the sum of ELEVEN HUNDESDA	NET SEVEN AND TOD DOLLARS
with interest from		on the unpaid principal
accrue at the rate indicated above. F will be liable and consents to renew maturity, and waives presentment, person who signs this note agrees	, payable on demand. Then due, it shall thereafter bear interest on the Principal and interest are payable in lawful movels, replacements and extensions of time for demand and protest and the right to assert that recourse may be held against his/her s nstituted on this note, the undersigned pron	oney of the United States. The maker or payment hereof before, at or after any statute of limitations. A married separate property for any obligation

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 SIGNATURE 92050 ADDRESS 9-74-2853 CALIFORNIA DRIVER LICENSE NUM SSN

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N <sup>g</sup>	€-968L 41254
From: 40 stito Coley Two Humpico Ano	Address (1920 GRALALA	Date:	9/12 in 12	1991 1991 1992 1992 1992
In Payment of		ection _2	Div Div Bto	rision //
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184	0.1005
Acct. No		of Lots Opening/ Closing Burial Containers Handling Fee	100 77184	2/0

AC-212 (Rev. 10-87)

TOTAL PAID \$

APPLICATION	AND PERMI	t for	DISPOSITION	OF	HUMAN	REMAINS

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

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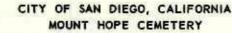
1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	6 X X	C. LAST (FAM	1.00	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	4. SEX
CHARLES		WILLIAM		COLEY,		10-4-25	9-10-91	M
SA. CITY OF DEATH		1 58	SAN DIEGO	SIDE CALIFORM	IA, ENTER STATE	6. NAME, RELATIONSHIP, MU OF INFORMANT YOSHIKO COLE		IP CODE
	DORESS OF APPLICAN	5050_1	TEDERAL BLVD.	JCH 7B. CALL	ORNIA LICENSE NUMBER	1920 GANMA ST	r.	)
ACKNOWLEDGMENT OF APPLICANT	I hereby ocknowledge of the dispositions out	a applicant that the propo orized by Section 10376 o I to Section 7100 of the He	und disposition stated haven is a f the Health and Safety Cade, a aith and Safety Cade.		ture of applicant_f	uneral Director or Person Act	ing as Such 88. DA	TE SIGNE
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, NOTE: THIS PERMIT,	Orinia Health and S Y For the disposition	AFETY CODE IN SPECIFIED	NT OF FEE PAI	SEP 1 6 199	ED BC. SIGNATURE OF LO	CAL REGISTRAP ISSUI	
	9D. ADDRESS OF RE F DEATH OCCURRE VITAL RECO	RDS P.O. 1				DISTRICT OF DISPOSITION-	RNIA	
10. TYPE OF DISPOSI		CHECK ALL APPLICA	CAST MARKANE	TIFIC USE		G. SHIP IN TO C	OUTSIDE OF CALIFO	RNIA
B. CREMATION C. DISPOSITION THAN IN A CO	OF CREMATED REM	uns other	E. TEMPO	DRARY ENVAU ERMENT	LTMENT		ONER'S USE ONL	¥
INTERMENT			751 MARKET S SAN DIEGO, CA		118. DATE INTERRED	Wendy	SON IN CHARGE OF I	
CREMATION	124. NAME AND AL	TER	084 72-6-2- motol-sea	-	12B. DATE CREMATED	12C. SIGNATURE OF PERS	SON IN CHANGE OF CI	REMATION
	134. NAME AND AD	DRESS OF FACILITY	RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PER	Son in charge of F	ACILITY
TRANSIT			3 STATE OR COUNTRY N ARE TO BE SHIPPED	VHERE	14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON I	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			oreline, or other de Lace and <u>district</u> of		15B. DATE OF DISPOSITION	16C. SIGNATURE OF PER CHARGE OF DISPOS	ITION OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

COPY 2 IS RETAINED BY 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-9684

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<b>N</b>	•
MT. HO	PE CEMETERY
INTERM	ENTORDER
City of	f San Diego
	Date Sept. 13, 1991
You are hereby authorized and instructed, subject of Mildred Vittum	ect to your rules and regulations, to inter the remains
	eral, date, time FEi, 150 11:30 AM
Church, Chapel, Graveside Delivery	
	f regular work day or an extra charge will be applied
and billed to undersigned. War time veteran _	0
Int 13 Grave 8 Bow	SectionSlock
	and the second sec
Grave space & Care Fund	-ARED 0-3320 D
Additional spaces and care fund	
Opening/Closing & Setup	DAID 105.00
Burial Container	PAL 40.00
Handling Fees	60.00
Flower vases - Marker setting fee	SEP 2 0 1991
	HOPE CEMETERY
Sales taxes	of SAN DIEGO, CALIF
hin the tore at bring	Total Due
Lavie T of Paid rec	ceipt number 41 411 005, 80
61 met 28	Balance due
I hereby certify I am the 3701	Mus of the above named decedent
and this is your authority to make disposition of	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	William D. Twin pront
Signature of recorded holder of deed	San Dicad Ca 92/10
	State 224-7163 Zip Code
	Invoice #
Work Order # E 9685	Acct. #
FY-693 (NEV. 8-85)	

E-9695



DEED

OWNERSHIP AND I TO Walter A. & Rena M. Livingston	for the sum of \$150.00	(DOLLARS)
LEGAL DESCRIPTION Lot 13, Graves 8		
AS DESCRIBED ON PURCHASE ORDER NUMBER _	B-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:

Cemetery Mana

Flush Memorial

ark and Recreation Director

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Hildred	NT-FIRST (GIVEN)	1B. MIDDLE			ST (FAMILY)	Ê.	2. DATE OF BIRTH	3. DATE OF D	YEAR 4. SEX
A CITY OF DEATH			58. COUNTY OF	and the second sec	California, enter s	1	CONTRACTOR OF A	ivingeto	ne,Brothe
A. TYPED NAME AND A WILLIAM D.	DDRESS OF APPLICAN		CTOR OR PERSON		7B. CALIFORNIA LICEN	SE NUMBER	San Diego, C		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions out was pulliorized person	orised by Section 10	376 of the Health and	Safety Code, and	BA. SIGNATURE OF AS	M A	ral Director or Person Ac	ting as Such I	BE STATE
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT SNES N	ORNIA HEALTH A	ID SAFETY CODE	94. AMOUNT OF \$7.00	and some back one	e permit issued 1991	SC. SIGNATURE OF LO	CAL BEGISTRAF	M.D.
NY CHANGE IN DISPOSI- TION RECARES A NEW	90. ADDRESS OF R LOS H. OCCUP	BIN STREAM	Eleords	Les,CA	9E. ADDRESS OF REG	STRAR OF DIS		NIN 821.863	S222 En Diego, CA
	non(s) authorized ides entombiment)	CHECK ALL APP	LICABLE ITEMS	] D. Scientific	USE		G. SHIP IN TO	California O Outside of C	ALIFORNIA
			100	그네 일양은 영상감독의 영양성 가지?					
B. CREMATION C. DISPOSITION THAN IN A CE		ains other	0	] E. TEMPORARY ] F. DISINTERIME	y envaultment Int			RONER'S USE	ONLY
	ITA. NAME AND A	ORESS OF CEN		F. DISINTERIME	NT	INTERRED, 11	M.M. 2 HOLDER STOR	PENDING	
	ITA. NAME AND A	DORESS OF CEN	S751 Har a Diego,	F. DISINTERIME	118, DATE	20-91		PENDING	we
C. DISPOSITION THAN IN A CE	IIA. NAME AND A HC. Hope (	DORESS OF CEN BE DORESS OF CRE - 7-	MATORY	F. DISINTERIME	118, DATE 9-2 128, DATE	CREMATED 12	L DISPOSITION		OF CREMATION
C. DISPOSITION THAN IN A CE	ILA. NAME AND A ILA. NAME AND A	DORESS OF CEN DORESS OF CRE 	STATY RECEIVING	F. DISINTERIME	118, DATE 9-2 128, DATE 19/22 138, DATE	CREMATED 12	L DISPOSITION	ON IN CHARGE	OF CREMATION

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2

VS9 (REV. 5/89)

E-9685

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		E-9645 Nº 41279
From: Delling Kington De Alender InPayment of III.	Address 5276 June	Date: 9- Xiana A Jak Dollars	<u>20, 19</u> <u>4 12 10</u> (\$ <u>253 2)</u>
Lot Grave		ection	Division Block
Invoice No.         Acct. No.         W.O.         BALANCE DUE         Pre-Need Lot         At Need         On Acct         Pre-need Trust         Cash         AC-212 (Rev. 10-87)		CREDIT 8700 20% Sales Care 7718 80% Sales are 7718 01 Lots 10 01 Lots 10 01 Lots 10 7718 00 Lots 10 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7718 00 7739 7730 7739 7730 7739	1050 400 400 450

Mildred	NT-FIRST (GIVEN)   18. MIDDL	E C.	1. 1 March 200 March 200	AST (FAMILY) /ittum	2. DATE OF BIRTH MONTH, DAY, YEAR Jan. 26,1913	3. DATE OF DEATH MONTH, DAY, YEAR Sept. 9, 1991	4. SE Fema
CITY OF DEATH	a a waaraa dha aa a		maria a conservation of	CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, M	IAILING ADDRESS AND ZI	P CODE
Whittier	DOCOL 100 LONG CHURCH	Los Angel		78. CALIFORNIA LICENSE NUMBER	William Livingst	one - Brother	
	son Mort. 6338 Green		20	-IF APPLICABLE	3275 Loma Rivier San Diego, CA 9		
ACKNOWLEDGMENT OF APPLICANT	I handry acknowledge as applicant the of the dispesitions authorized by Section was authorized pursuant to Section 710	at the proposed disposition state on 10376 at the Health and St	ed herein is one staty Code, and	SA. SIGNATURE OFTAPPLICANT-F			
PERMIT	THIS PERMIT IS ISSUED IN ACCO BIONS OF THE CALIFORNIA HEALT AND IS THE ALTHORITY FOR THE D IN THIS PERMIT. NOTE: THIS HEIMIT GHES NO IDSHIT OF DISH	RDANCE WITH PROVI- TH AND SAFETY CODE INSPOSITION SPECIFIED	9A. AMOUNT O \$7.00	SED 1 9 1991	NED SIGNATURE OF LO		IG PER
IV CHANGE IN DISPOSI- ION RECIDIES A NEW BRMIT TO SHOW FINAL DISPOSITION.	30. ADDRESS OF REGISTRAR O IF DEATH OCCUMED IN CAUFOR 313 N. Figueroa St.	NIA	So secondary 8	96. NODRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN		SINIA	
. TYPE OF DISPOSI	TON(S) AUTHORIZED CHECK ALL		D. SCIENTIFIC	USE	G. SHIP IN TO (	CALIFORNIA O OUTSIDE OF CALIFOR	
RI B. CREMATION				RY ENVAULTMENT	-	IONER'S USE ONL	v
and a second sec			Et TENN STOR		FOH COH	IONER 3 USE UNL	<b>E</b> 2
	OF CREMATED REMAINS OTHER	100	F. DISINTERM	To the second second of			8
C. DISPOSITION THAN IN A CI	OF CREMATED REMAINS OTHER METERY 11A. NAME AND ADDRESS OF Mount Hope Cemetery CA 92102		F. Disinterm	I 118. DATE INTERRED	and the second second second	PENDING	
C. DISPOSITION THAN IN A CE	METERY 11A. NAME AND ADDRESS OF Mount Hope Cemetery	CEMETERY , 3751 Market S 	F. DIBINTERM t., San Di	ENT 118. DATE INTERRED 19 9 20 91 128. DATE CREMATED		PENDING ISON IN CHARGE OF IN	nterme )
C. DISPOSITION THAN IN A CI INTERMENT CREMATION SCIENTIFIC	METERY 11A. NAME AND ADDRESS OF Mount Hope Cemetery CA 92102 13-5- 12A. NAME AND ADDRESS OF Evergreen Crematory,	CEMETERY , 3751 Market S 	F. DIBINTERM t., San Di Wate en Avenue	Tego 118. DATE INTERRED 118. DATE INTERRED 128. DATE CREMATED 128. DATE CREMATED 129-12-91	I. DISPOSITION	PENDING ISON IN CHARGE OF IN ISON IN CHARGE OF CR	
C. DISPOSITION THAN IN A CE INTERMENT CREMATION SCIENTIFIC	METERY 11A. NAME AND ADDRESS OF Mount Hope Cemetery CA 92102 13-5- 12A. NAME AND ADDRESS OF Evergreen Crematory, Los Angeles, CA 900 13A. NAME AND ADDRESS OF	CEMETERY , 3751 Market S 	F. DIBINTERM t., San Di <i>Waa</i> en Avenue EMAINS	ент Tego 118. Date INTERRED 128. Date слематео 128. Date слематео 128. Date слематео 138. Date песетчео		PENDING ISON IN CHARGE OF IN ISON IN CHARGE OF CR	

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Au Deck Lot + Just	
Vie rust	City of San Diego
fot + Ju	Date 9-16-91
You are hereby authorized and in	nstructed, subject to your rules and regulations, to inter the remains
ine T.S Vault	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
and billed to undersigned. War t Lot <u>150</u> Grave <u>10</u> Grave space & Care Fund <u>1</u> Additional spaces and care fund Opening/Closing & Setup	202523
Dunal Container	
Handling Fees	MT: HOPE G
Flower vases - Marker setting	ITY OLSAN
Recording and filing fee	45.00
Sales taxes	Total Due
	Balance due

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

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

9686

Signature of recorded holder of deed

$\square$	Ungon	N To	shr.	·
Signature -	354	QURE	1 5	<u></u>
San	Dize	p, Ca	Lif %	2/05
6/9 Telephone	260	6-81	36	

Invoice # Acet. #



OFFICIAL RECEIPT			ł	= - 9688
WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Nº	41257
		Date:	1-16	. 19.7/
From: Jul gray Joslan	Address: 335 Mar	- AF	AC 1	20100
_ Murten Xhundy.	auto Terr	The D	ollars (\$	)
In Payment of	del plut i toto 14	ace in	cross -	
Lot 150 Grave	/0 Row Se	action		ivision
Lot Grave Invoice No	Row Se	CREDIT 20% Sales Care	67007 77184	
	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lote Opening/	67007 77184	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 100 77184	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee	67007 77184 100 77184 100 77184 100 77185 100 77182 77185	
Involce No Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Misc. Fees Pre-Need		
Invoice No Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees		



9-16-

## MT. HOPE CEMETERY

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains mill of Funeral, date, time Church, Chapel, Graveside TRAUCSIde Chly Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran MO Grave space & Care Fund7 Additional spaces and care fund Opening/Closing & Setup ... **Burial Container** ... Handling Fees ..... SEP 16 1991 Flower vases - Marker setting fee MT. HOPE CEMETERY Recording and filing fee .... N DIEGO, CALIF CITY of SA Sales taxes ..... Total Due Paid receipt number Balance du I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed ine of recorded helder of dead Invoice # 9687 F Work Order Acct. # PY-603 (REV. 8-86)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	N	E-9687 19 41258
From: Jun Mills	Adress: 8127 Certi Theo Ecca fr alla M	Date: 9-10 30/10 Dollars (\$	<u>Division</u>
Lot Grave 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)	Row S	Oction         67007           20% Sales Care         77184           80% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burlai         100           Containers         77182           Handling Fee         77185           Recording & 100         100           Misc. Fees         7183           Pre-Need         63033           Trust         9022           Sales Tax         60101           TOTAL PAID         \$	Block S 350 0 150 0 145 0 45 0 125 0 1

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

LICE	NTFIRST (GIVEN)	1B. MIDDLE	r i	IC. LAST OF	AMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SE
L CAJON			58. COUNTY OF D	EATH-OUTSIDE CALIFO	DRNIA, ENTER STATE	6. NAME, RELATIONSHIP, M. BTRUH T. MILL		P CODE
BROADWA	I - LING	ROVE, CA	TOR OR PERSON AC 91945-153	TING AS SUCH 7B. C		8127 CENTER S LEMON GROVE,		
OF APPLICANT	of the dispositions out	carized by Section 103	proposed disposition stat 76 of the Health and Sc w Health and Safety Coc	alety Code, and	PATURE OF APPLICATE	Weral Director or Person-Act		E SIGN
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH AN TY FOR THE DISPOS	ID SAFETY CODE SITION SPECIFIED	94. AMOUNT OF FEE 1 \$7.00	SEP 1 7 19	UED SIGNATURE OF LO	CAL REGISTRAR ISSUIN	ng pern 9. ho
IN CHANGE IN DISPOSE	ITTAL RECOR	DEPT	O. BOX 85	RVICES .	DDRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION-	RNIA	
	non(s) authorized	CHECK ALL APPL				G. SHIP IN TO C	CALIFORNIA OUTSIDE OF CALIFOR	
	DES ENTOMBMENT)			D. SCIENTIFIC USE		E AND MOUNDAINES	2.2.0003722572272037203225424	692471
B. CREMATION C. DISPOSITION THAN IN A CE	of Cremated Rem.	NINS OTHER		E. TEMPORARY ENV F. DISINTERMENT	ALL THEN I		ONER'S USE ONLY PENDING	r
BITERRATION	STST MARE		17-1	-7-5-	118. DATE INTERRED	11C. SIGNATURE OF THE	SON BYCHARGE OF IN	TERME
INTERMENT	SAN DIEGO,	GA 9210.	VON D	212/21				
CREMATION			IVEN D		128. DATE CREMATED	12C. SIGNATURE OF PER	Son in charge of Cri	EMATIC
	SAN DIEGO,	odress of Crei	MATORYLINE	R	12B. DATE CREMATED			
CREMATION	SAN DIEGO, 12A. NAME AND AD N/A 13A. NAME AND AD N/A	DDRESS OF CRED DDRESS OF FACI DDRESS IN RECEI	MATORY LINE	IC Emains Ountry where	12B. DATE CREMATED	12C. SIGNATURE OF PERS	son in charge of F/	ACILITY

COPY 2

the surger state of the state of

E- 9687

HOPE CEMETERY INTERMENT ORDER City of San Diego 28.6.2-9-110-9 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Patricia AANAS Funeral, date, time + Staberty 4 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 Division. ill 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 Cecil E. Sr. Paid receipt number I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. 9688 Work Order PY-683 (REV. 8-66)

## MT. HOPE CEMETERY

PY-1012 (11-89)

W.O. # E-9688

NOTE

\$ 1111. 50 San Diego, California 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 Elever Hundred Elever 50/10 DOLLARS on the unpaid principal with interest from 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 SIGNATURE ADDRESS CALIFORNIA DRIVER LICENSE NUMBE

	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		E-9688 Nº 41259
· · · ·	From Asyle Desperator	Address: 975 Korba	Date: 9-1	6
	Lot        Invoice No	Row Se	CREDIT         67007           20% Seles Care         77184           80% Seles         700           of Lots         77184           Openingy         77184           Openingy         77184           Openingy         77184           Openingy         77184           Openingy         77181           Burial         100           Containers         77182           Handling Fee         77185           Recording &         100           Misc. Fees         77183           Pre-Need         63033           Trust         9022           Sales Tax         50101           TOTAL PAID         \$	Division Block

•	V5027028025		) PERMIT FOR [			MAN REMAINS	9688
A. NAME OF DECEDE		SE BLACK INK ONI 18. MIDDLE	LY-MAKE NO ERASU	LAST (FAMIL)		2. DATE OF BIRTH 3. (	DATE OF DEATH 4. SEX
FRANCES		PATRICIA-P		PT		6-17-39 9	-12-91 7
SAN DIE	<b>CO</b>		COUNTY OF DEATH-OUTSIDE	e california	, ENTER STATE	6. NAME, RELATIONSHIP, MAILING OF INFORMANT	
			OR PERSON ACTING AS SUCH	TR CALIFO	RNIA LICENSE NUMBER	CECIL E. ESPY,	a tan often the state and the
NDERSON-BAG		. 5050 FEDE	RAL BLVD.	-IF AP	PLICABLE	1120 VALENCIA P SAN DISCO. CA	GARA WAI
ACKNOWLEDGMENT OF APPLIMANT	I hereby acknowledge of the dispositions aut	as applicant that the propose	d disposition stated herein is and the Health and Safety Code, and			uneral Director or Parson Acting an	Such BB. DATE SIGNE
PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE W FORNIA HEALTH AND SAF TY FOR THE DISPOSITION 10 MERT OF DEPOSAL OUTSDE (	TTH PROVI- FETY CODE SPECIFIED \$7.0		BB. DATE PERMIT ISS SEP 1 7 19	91 Donall &	ECUSTRAR ISSUING PERMI
	the state of the s	EGISTRAR OF DISTRICT	Contract of the local data and the			DISTRICT OF DISPOSITION-	
a constant and the	tion(s) authorized udes entombment)	) CHECK <u>ALL</u> APPLICABL	e ITEMS	ic use		G. SHIP IN TO CALIFO H. TRANSIT TO OUT	
B. CREMATION C. DISPOSITION THAN IN A CI	of cremated Rem Emetery	AINS OTHER	F. DISINTERN	vry envault Ment	MENT		R'S USE ONLY
INTERMENT		2 CAN	51 MARKET ST. DIEGO, CA	1	9-17-91	11C. SIGNATURE OF PERSON	N CHARGE OF INTERMEN
CREMATION	12A. NAME AND A	DDRESS OF CREMATOR	TS Vaul	1	12B. DATE CREMATED	12C. SIGNATURE OF PERSON I	N CHARGE OF CREMATION
	13A. NAME AND AL	ddress of facility i	RECEIVING REMAINS		138, date received	13C. SIGNATURE OF PERSON	n Charge of Facility
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS /	STATE OR COUNTRY WHE VRE TO BE SHIPPED	IRE I	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATUR OF TRANSIT	e of Person in Charge
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			Reline, or other descr ice and <u>district</u> of disf		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	N 150. LICENSE NUMBER OF OREMATED 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 MARGE OF DISPOSING OF THE CREMATED REMAINS.

		1 mm	
16 Y			
No startes	MT. HOPE CEMETERY		
T. T.	INTERMENT OR	DER	
50 mm	City of San Diego		
1	1289 7000 500 50000 517 500 107 1	0.11	01
1		Date 9-16-	.41
Yau are barabula shada	ed and instructed, subject to your rule	e and socializes to	
EIL FIL	- 104 -	s and regulations, to	inter the remains
of	Haust	Thuss IN	3 11:00
	Funeral, date, tim		
Church, Chapel, Graves	0		and the second second
	rrive before 3:30 p.m. of regular work	day or an extra charg	e will be applied
and billed to undersigne	ed. Wer time veteran 100		
1 Lot 173 Grave _	Row Section	Division/	12
•			
Grave space & Care Ful	nd		. 495.00
Additional spaces and o	ate fund D.A.I.D.		
Opening/Closing & Set			330.00
Burial Container	001 0 3 1991	200	. 150.00
Handling Fees	001 00 1001	175	. 145.00
Flower vases - Marker :	SeninMT. HOPE CEMETERY		
Recording and filing fee	CITY of SAN DIEGO. CALIF	1	45.00
Sales taxes		lloit	\$ 12.38
11		otal Due	50 1199 28
reard at		4/2/	1150 00
"Gue Boen Unil	Paid receipt number .	11965	112.99
ex · U		Balance d	12150
I hereby certify I am the		41000 of the above	nante deceder
and this is your authorit	ty to make disposition of remains as a take this authorization and I agree to h	above indicated. I cert	tify and epideent
	of said authorization and interment.	S.	A
www.energenergenergenergenergenergenergener	Eta	W Wat	-h
I hereby authorize the in hold under deed.	nterment in lot I	Harren 1970	1 In
Same and the same of the same	All and a second and a second as a second	Jessewou a	24
Signature of recorded holder of deed	Surg C	pings, c	Zip Code
	Tollahana	0267-2	467
	/		
	9689 Invoice	#	
Work Order # E	3003 Acct. #	0	
PY-693 (REV. 8-85)		97	

E-9689 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA NO PROPERTY DEPARTMENT 41265 WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Date: Serry 19 102 El Co Address: From Dollars (\$ 150.00 puen Aundrad Payment of 10-1200 In Division Grave Row Section Block 10 NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 . Invoice No. "PAID' IN THIS SPACE 77184 20% Sales Care 80% Salet 100 00 of Lots Acct No. Opening/ 100 Closing 77181 W.O Burial 100 5.12 77182 Containers BALANCE DUE 47. 38 100 Handling Fee 77185 100 Recording & 40 77183 Misc. Fees Pra-Need 63033 Pre-Need Lot At Need On Acct Trust 9022 Pre-need Trust & Cash Check Sales Tax AD101 78390 1259320 ISSUED BY TOTAL PAID AC-212 (Rev. 10-87) 10

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Ng	E-91 41325
Gary Watky		Date:	10-3	, 19 <u>~7/</u>
One housed that	Address: Source and and	A(	Dollars (\$ 13	150
In Payment of	en maber-+	Durial	Deru,	ice
Lot Grave	Row Se	action/	Divi Bloc	sion 12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184	
Acct. No W.O. E 9689		Opening/ Closing Burial	77181	
BALANCE DUE		Containers Handling Fee Recording &	77182 100 77185 100	1000
Pre-Need Lot At Need On Acct		Misc. Fees Pre-Need Trust Sales Tax	77183 63033 9022	11.50
AC-212 (Rev 10-67)	ISSUED BY D. Canter	TOTAL PAID	\$ 13/	. 50

	US	SE BLACK INK (	DNLY-MAKE	NO ERASUR	ES, WHITEOUTS C	R OTHER	LTERATIONS		
NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE			AST (FAMILY)		2. DATE OF BIRTH	S. DATE OF DE	
HIM		Lacitz			GRE				
CITY OF DEATH	00	16		DEATH-OUTSIDE	CALIFORNIA, ENTER STA	(TE 6.1	NAME, RELATIONSHIP, M	AILING ADDRESS AN	ID ZIP CODE
TYPE 044040	CAJON BUND	SHI DES	D, CA 92		7B. CALIFORNIA LICENS	E NUMBER	ST K ST.		
OF APPLICANT	of the dispositions out	a applicant that the pro- arized by Section 10376 to Section 7100 of the 1	of the Health and	Safety Code, and ode.	<ul> <li>1. 8-68</li> </ul>	Inge-	al Director or Person Act	ing as Such 88	DATE SIGNE
PERMIT THORIZATION OF CAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT.	ORNIA HEALTH AND Y FOR THE DISPOSIT	SAFETY CODE	9A. AMOUNT OF	FEE PAID BB. DATE P	0 1 1991	PC. SIGNATURE OF LO	이 그는 것이 먹다는 것을 하는 것이 없다.	M.D.
	90. ADDRESS OF RE IF DEATH OCCURRE P.O. BOX	GISTRAR OF DISTR			9E. ADDRESS OF REGIL		RICT OF DISPOSITION-	RNIA	
B. CREMATION C. DISPOSITION THAN IN A CE	and services	NINS OTHER		E. TEMPORAR F. DISINTERMI	1 3	MTEDDED, 11		or 2.45 Merces	838822). 
INTERMENT	3751	HARDER ST	175		2 10/3/	12 .	Wendy )	) Jeage	as a start
CREMATION	12A. NAME AND AD	dress of crema	TORY UR	41+	128. DATE C	REMATED 120	2. SIGNATURE OF PERS	SON IN CHARGE OF	CREMATION
SCHENTIFIC USE	13A. NAME AND AD	DRESS OF FACILIT	y receiving i	Remains	138. DATE	RECEIVED 13	C. Signature of Per	son in charge (	F FACILITY
TRANSIT .	14A. NAME AND AD REMAINS OR	DRESS IN RECEIVI CREMATED REMAIN			E 14B, DATE :	SHIPPED 140	C. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSO	N IN CHARG
CATTERING AT SEA	15A. ADORESS, NE	AREST POINT ON S				OF 150	C SIGNATURE OF PER CHARGE OF DISPOS	ITION OF	ENSE NUMBER CREMATED RE

COPY 3

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STATE OF GALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS9 (REV. 5/89)

Million Mi Million Million Mil	PE CEMETERY
	ENTORDER
fre Deed city o	f San Diego
thelet	Data 9-16-91
, Du	Date
You are hereby authorized and instructed, subj	ect to your rules and regulations, to inter the remains
ofERA Hei	
	neral, date, time
Vault/Liner	; Mortuary.
Church, Chapel, Graveside	
and the second	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran 2	<u>Vo_</u>
1 89 Gran 12 Bar -	Section Division/8
Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup D	
Handling Fear	1
nanding reas	γ α γ
Flower vases - Marker setting tee	V 9 3
Recording and filing fee	
Sales taxes	
	Total Due
Paid re	ceipt number 4000 174.2
	10/17 1111 Balance due 52/00
	111 41403 2200
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorization	and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	ind interment.
I hereby authorize the interment in lot I	Vera L Heelman
hold under deed.	2220 main Lemon those
Signature of recorded holder of deal	Addien GIGULA
an Taran Karan Andri Badar an Andri	(419) 465-3532
	Telephone
F 9690	Invoice #
Work Order #	Acct. #
PY-863 (REV 8-86)	

4354 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ..... CEMETERY MOUNT HOPE CEMETERY 527-3400 19 23 4-5 Date: Address: 2220 ma From: Dollars (\$ 22.00 Payment of Division Lot. 89 Grave Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 00% Sales 100 00 7716 Acct. No. of Lois Opening/ 100 Closing 77181 W.O. E - 7696 Burial 100 Contsiners 77182 BALANCE DUE # 125.00 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Pre-Need Lot At Need On Acct Trust Pre-need Trust Cash Check Z Sales Tax 80101 78390 6023 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

and in

**OFFICIAL RECEIPT** 43650 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Date From: 11ena Address: Bollars (\$ \_22.00 Leven Peyment of Division Lot\_ 29 Grave Section Block Bow NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 22 00 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 90% Sales 100 of Lota 7718 Acct. No. Opening/ Closing 100 W.O. E- 9696 77181 Gurial 100 Containers 77182 BALANCE DUE 103.00 1000 Handling Fee 7718 **Recording &** 100 Minc Fors 77183 Pro Need 83033 Pre-Need Lot At Need On Acct Trunt 9022 Pre-need Trust Cash Check N Sales Tax 60101 78390 6045 SSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** 43431 **CITY OF SAN DIEGO, CALIFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY** PINK 527-3400 3-4 073 Date: Address: 2220 m. From: Usa Dollars (\$ \_22.00 Payment of Division 89 Lot Grave Bow Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 20% Salas Cara 22 00 **80%** Sales 100 Acct. No. of Lots Opening/ Closing 100 WO. E-9690 7718 **Barrial** 100 Containera 77162 BALANCE DUE 147.00 100 **Handling Fee** 7718 Recording & Miec. Fees 100 77183 Pre-Noed 83033 Pre-Need Lot At Need On Acct Trust 902 Pre-need Trust Cash Check Sales Tax 80101 78090 6009 ISSUED BY TOTAL PAID 22 AC-212 (Rev. 1-01)

Contraction of the second states of the second stat 3761 **OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA **PROPERTY DEPARTMENT** MOUNT HOPE CEMETERY PINK ...... AUDITOR 527-3400 10/0 Date Aduttas From: Venter TU Dollars (\$\_) Payment of Division Grave Row Section Lot a NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. 32 CREDIT 67007 Invoice No. 20% Sales Care 60% Sales 100 of Lots 77184 Acct. No. Opening/ 100 W.O. E-91-90 Closing 77181 Burlei 100 Containers 77182 100 BALANCE DUE Handling Fee 77185 Recording & 100 Minc. Fees 77183 Pre-Need Lat D At Need D On Acct D Pre-Need 63033 8022 Trust Pre-need Trust Cash Check Sales Tax 60101 78300 6069 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 43313 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK ..... AUDITOR 527-3400 1893 Date: 2220 Mai Fron Dollars (\$ 22.00 Payment of Division 89 7 Lot Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Saler 00 100 of Lots Acct. No. Opening/ 100 Closing WO. E-9690 77181 Burial 100 Containers 77182 BALANCE DUE 167.00 100 Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need 63033 Pre-Need Lot 29 At Need On Acct Trust 8022 Pre-need Trust B Check Sales Tax 60101 Cash 78390 ISSUED BY 5983 TOTAL PAID 97 00 AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 43233 PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR **MOUNT HOPE CEMETERY** 527-3400 Date Address: 2220 pi. From Dollars (\$ Payment of In Division Section Grave Row Lot NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 7718 80% Sales 100 of Lots 77184 Acct: No. Opening/ Closing 100 F- 9690 wot 77181 Burial 100 Containers 7718 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fees 100 77183 Pre-Need 83033 On Acct Pre-Need Lot 100 902 Trust Pre-need Trust Sales Tax 60101 Check Cash ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT CITY OF BAN DIEGO, CALIFORNIA** Nº 43067 PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ..... CEMETERY MOUNT HOPE CEMETERY 627-3400 Date From: Dollars (\$ Payment of Division Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 9 80% Sales 100 7718 Acct. No. of Lota Opening/ Closing .90 100 7718 W.O. Surial 100 Containers 7718 BALANCE DUE 100 Handling Fee 7718 Recording & 100 Misc. Fees 77183 Pre-Need 63033 9022 At Need On Acct Pre-Need Lot Truet Pre-need Trust Sales Tex 50101 Cast Check 712900 ISSUED B TOTAL PAID AC-212 (Rev. 1-01)

**OFFICIAL RECEIPT** Nº 42961 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 . 92 1-9 Date: From: Vera L. lle Address: 2220 M 121/100 Dollars (\$ 22.00 esti-turo Payment of cul Division Grave Rom Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Salas Cars 22 80% Sales 100 Acct. No. of Lots 77184 Opening/ 100 W.O. E 9690 Closing 7718 Burial 100 Containers 77182 BALANCE DUE 235 100 Handling Fee 77188 Recording & 100 Misc. Fees 7718 Pre-Need 63033 Pre-Need Lot On Acct At Need 902 Truel Pre-need Trust Check Cash Sales Tax 60101 ragel 7830 ISSUED BY 27 TOTAL PAID 3916 AC-212 (Rev. 1-91)

" and there are 43870 **OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER CANARY ...... CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 1. 1. Date: Mais Address: From The wist Dollars (\$ lec 12 Payment of Division 3 Grave Row Section Lo 22 4 NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 Invoice No. 20% Sales Cars 80% Sales 100 Acct. No. of Lots 77184 Opening/ Closing 100 77181 W.O Barlei 100 77182 Containers 100 BALANCE DUE Handling Fee 77185 Recording & 100 Miec. Fees Pre-Need 63033 9022 On Acct At Need Pre-Need Lot Trust Check 12 Pre-need Trust Cash Sales Tax 60101 78300 6052 ach ISSUED BY TOTAL PAID AC-212 (Rev. 1-81)

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OFFICIAL RECEIPT Nº 41880 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** 527-3400 -10 Date: Address: 222 Main From: with Dollars (\$ \_ Payment of Division 0 Grave Lot Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 Invoice No. 20% Sales Care 77184 22 au 80% Sales 100 of Lots 77164 Acct No. Opening/ Closing 100 WO E- 9690 77181 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Placonding & Misc. Fees 100 77183 Pro-Need 63033 Pre-Need Lot At Need On Acct Trust 9023 Pre-need Trust Check Sales Tax 60101 78390 5699 ISSUED BY -TOTAL PAID AC-212 (Rev. 1-01)

**OFFICIAL RECEIPT** Nº 41961 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK ...... 527-3400 Date Address: 222 From: Dollars (\$ 22 Kod 1.7-Payment of In. Division Section Grave Row Lot NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 77184 22 80% Sales 100 of Lots 7718 Acct. No. Openina/ 100 - 9650 Closing 77181 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 77183 Pre-Need Lot At Need D On Acct D Pre-Need 63033 902 Trust Pre-need Trust Cash Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42145 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Address: 2220 Main, Lomon Grow 91945 1992 From Vera Hertman wente two dollars and " x/100 Dollars (\$ 22.00 Payment of audit 7 Division 29 Section Lot Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 77184 Invoice No. "PAID' IN THIS SPACE 20% Sales Care 22 60% Sales 100 of Lobs 7718 Acct. No. E 9690 Opening/ Closing 100 7718 WO Buriel 100 Containers 77182 BALANCE DUE \_\_\_\_\_\_\_\_\_ 100 Handling Fee 7718 Recording & 100 Mine Fren 77183 Pre-Need At Need \$3033 9022 Pre-Need Lot On Acct Trust Pre-need Trust Cash 12 Sales Tax 60101 Check ISSUED BY N. 9 1eagul 22 5749 TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42201 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date From Address Dollars (\$ Payment of In Division Grave Section Lot Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Sales Care 22 w 80% Sales 100 of Lots Acct. No. Opening/ Closing 100 7718 WO Rurial 100 Containers 7718 BALANCE DUE 100 Handling Fee 77185 Recording & 100 77183 Pre-Need On Acct 63033 Pre-Need Lot At Need Trust Pre-need Trust Check X Sales Tax 60101 Cash ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42318 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY ..... CEMETER MOUNT HOPE CEMETERY PINK.....AUDITOR 527-3400 Date: 6- 4-10 92 From Vera Hutman Address 2220 Main wenter two and 100 Dollars (\$22.00 Payment of Credit 1d Courson Division 9 Grave Section Lot Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care 77184 -60% Sales 100 of Lots 77184 Acct No. W.O. E 9690 Opening/ 100 Closing 7718 Burial 100 BALANCE DUE 323 Containers 77182 300 Handling Fee 77185 Recording & 100 Misc. Fees 77183 At Need Pre-Need 63033 On Acct Pre-Need Lot Trust 9023 O Check St Pre-meed Trust Cash Sales Tax 80101 78390 USSUED BY U.T. Site TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 42476 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT. WHITE ...... TO CUSTOMER GANARY ...... CEMETERY **MOUNT HOPE CEMETERY** PINK AUDITOP 527-3400 Date: From: Address Dollars (\$ 2 Payment of Division Lot Grave Section Bow NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Sales Care **80% Sales** (0) 100 of Lots 77184 Acct. No. Opening/ Closing 300 W.O. E- 9690 77181 Burial 100 . Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Miac. Fees 77163 Pre-Need Pre-Need Lot On Acct 63033 At Need Trust 8022 Pre-need Trust Check Sales Tax Case 60101 78300 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42612 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** 527-3400 12 Date Address: 20 From Dollars (\$ 3 1. - They Tet Payment of In Division Lot Grave Bow Section Plast NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 Invoice No. 20% Sales Care 7718 22 80% Sales 100 of Lots Acct. No. Opening/ Closing 100 WO E-9690 77181 Surial 100 Containen 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 77183 On Acet Pre-Need 83033 Pre-Need Lot At Nond Trunt 9022 Check Pre-need Trust Cast Sales Tex 60101 78390 **ISSUED BY** TOTAL PAID G-212 (Play. 1-91)

**OFFICIAL RECEIPT** CITY OF SAN DIEGO, CALIFORNIA Nº 42727 PROPERTY DEPARTMENT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 527-3400 Date: From 114 ELA Doilars (\$ Payment of 11 Division Roy Section Lo Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. "PAID' IN THIS SPACE. 20% Seles Care 7718 80% Sales 10 of Lots Acct. No. 7718 Opening/ WO F- 9650 7718 Burial 100 771 BALANCE DUE Handling Fee 7718 Recording & 100 7718 Pre-Need At Need On Acct Pre-Need Lot 8803 Trust 002 Pre-need Trust Check Sales Tax Cash 8010 ISSUED BY TOTAL PAID AC-212 (Nov. 1-91)

**OFFICIAL RECEIPT** Nº 41664 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT WHITE ...... TO CUSTOMER **MOUNT HOPE CEMETERY** PINK AUDITOR 527-3400 Date: Address: Fron Juliter Jun Dollars (\$ 1-7 Jee Payment o Division 89 Lot\_ Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No. "PAID' IN THIS SPACE. 20% Salas Care 80% Sales 100 7718 Acct. No. of Lots Opening/ Closing 105 . WO E- 9690 77181 Gurial 100 Containera 77182 BALANCE DUE 100 Handling Fee 77105 Recording & 100 Misc. Fees 77185 On Acct Pre-Need 63033 9022 Pre-Need Lot At Need Trust Pre-need Trust Check Z Cash Salas Tax 60101 5649 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

**OFFICIAL RECEIPT** Nº 42789 **CITY OF SAN DIEGO, CALIFORNIA** PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK AUDITOP 527-3400 Date/ Address: < From Dollars (\$ Payment of 11 Division Section Grave Rov NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care 77184 80% Sales 100 Acct. No. of Lots 77184 Opening/ Closing 100 77181 W.O Burlat 100 110 Containers 7718 BALANCE DUE 100 Handling Fee 77185 Recording & 100 77183 Pre-Need 63033 Pre-Need Lot At Need On Acct Trust 902 Pre-need Trust Sales Tax 80101 Cash Check 78380 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA Nº 41777 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK 527-3400 Date Main Address 222 From: V Dollars (\$ 22) lucitio-41.7.7000 Payment of in Division 9 Lot Grave How Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE." CREDIT 67007 Invoice No. 20% Sales Care 7718 22 80% Sales 10 of Lots 7718 Acct. No. Opening/ Closing 10 7718 Buriel 100 4330 Containers 7718 BALANCE DUE Handling Fee 7718 Recording A 100 7718 Pre-Need Lot At Need D, On Acct Pre-Need 63033 Trust DOS Pre-need Trust Cash Sales Tax 60101 Z Check **ISSUED BY** TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT Nº 41403 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY CEMETERY **MOUNT HOPE CEMETERY** 527-3400 Date: Main From 224 wenty - 200 Dollars (\$ relt **Payment of** Division Grave Section Row Glack NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 Invoice No. 20% Salos Care 7718 10 80% Sales 100 of Lots Acct. No. Opening/ Closing 100 77181 Durial 100 Containers 77182 BALANCE DUE 100 Handling Fee 7718 Recording & 100 77183 Pre-Mend Pre-Need Lot DAI Need On Acct 63033 9022 Tout . Pre-need Trust D Cash Check Sales Tax 60101 ISSUED BY TOTAL PAID 1.10 AC-212 (Rev. 1-01)

OFFICIAL RECEIPT Nº 41520 CITY OF SAN JIEGO, CALIFORNIA PROPERTY DEPARTMENT **MOUNT HOPE CEMETERY** PINK 527-3400 15- , 1991 Date: WAAN GAAR CASKES Address: 220 Maine ST From: may Dollars (\$ 2000 wenty two and the Payment of Credit 9 Division Lot 89 Grave 12 Section. Row Diant NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No. 87007 77184 "PAID' IN THIS SPACE 20% Sales Care 00 80% Salas 20 100 Acct No. of Lots 77184 Opening/ 100 5-9690 Closing 77181 W.O. **Surial** 100 Containers 77182 BALANCE DUE 100 Handling Fee 7718 Recording & 100 Misc. Fees 77183 At Need On Acct Pre-Need Pre-Need Lot 63033 9022 Trust Pre-need Trust B Check Cash Sales Tax 80101 78390 2000 6626 ISSUED BY TOTAL PAID AC-212 (Rev. 1-91)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address	Date: F. Jerron TIJCO_ Dollars (\$	Nº 41260
In Payment of	12 Row Se	ection	Division
Acct. No W.O. <u>E - 9690</u> BALANCE DUE <u>5010</u>	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT         67007           20% Sales Care         77184           90% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burial         100           Containers         77182	1740

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Lemon Game, Cal. 91945

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Lemon Grove, Car. 91945

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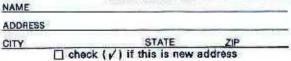
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#### Month and Day Due Indicated Below

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davs Amount due if paid more than after due date above.

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## Month and Day Due Indicated Below

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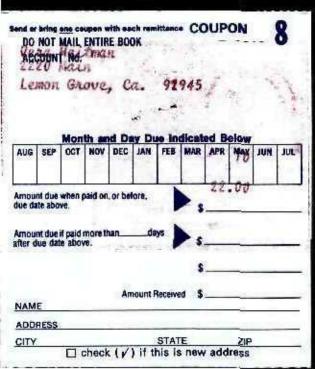


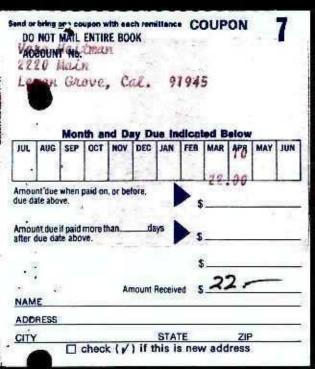
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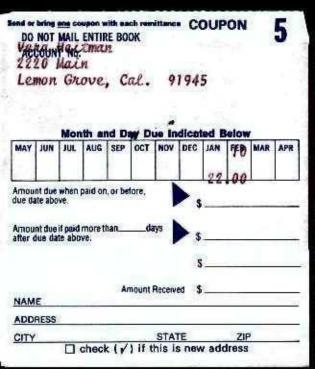
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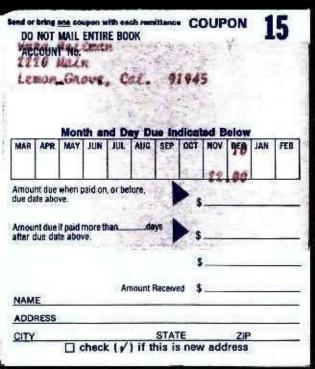
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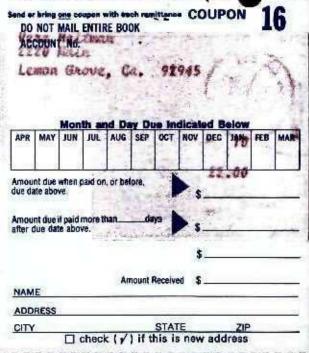
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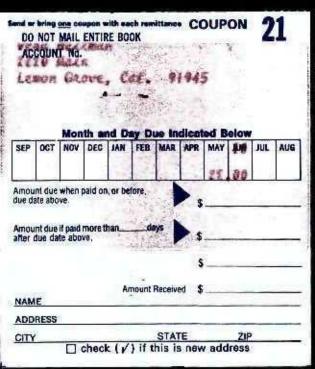
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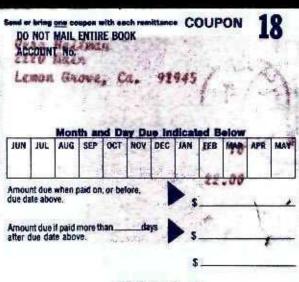
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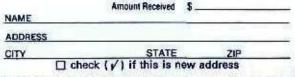


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A DE	C. T. C.	CITY OF SAN DIEGO, CALIFORNIA	E-9690
		MOUNT HOPE CEMETERY	11909
e an		ALLA	83 <sub>107</sub> -
•		OWNERSHIP AND INTERMENT PRIVILEGES	1975 201
TO_	Vera Heitman	for the sum of \$ 695.00	(DOLLARS)
LEGA	AL DESCRIPTION	Lot 89; Grave 12; Section 2; Division 12	
AS D	ESCRIBED ON PUR	CHASE ORDER NUMBER E-9690	
It is monu said be re	ded in the office of M expressly understood ument, head stone, va lot or plot. Cost of same esponsible for damage	linquished without the consent of the Cemetery Authority in each and bunt Hope Cemetery. I however, that said Cemetery Division does not undertake or agree to re- sults or other improvements of like nature that is already, or may hereafter ne shall be assumed by legal owner or representatives of plot. In no case w e, malicious mischief, vandalism and natural causes of deterioration, hereafter tracts from the embellishment of the Cemetery. The following type of memo	make any repairs to any or be erected or placed on ill the Cemetery Division but reserves the right to
•	Regu	lation Marker Size is 12" X 24", Flat Marker Only	
_6	Vendy Jo de	rery Manager T. (. Proverty Dire	>
	(Rev. 12-92)		ector

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MT HO	PE CEMETERY
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City b	f San Diego
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Church, Chapel, Graveside CAAVeside	Only: CAREEN WOOD Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge will be applied
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101-28 Grave & Bow -	Section
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Grave space & Care Fund T. M. T. Je	ed (1933)
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Buriel Container	-AIU 150.00
Handling Fees	SFP 1.7 1991
Flower vases - Marker setting fee	SEP 17 1991
Recording and filing fee	HOPE CEMETERY. 45.00
Sales taxes	of SAN DIEGO. CALIE 12.38
	Total Due
Paid rec	ceipt number 41263 702 38
	Balance due
Q doub	nter In IAW
I nereby certify I am the	
that I have the right to make this authorization a	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cametery harmless from
any liability on account of said authorization a	na interment.
I hereby authorize the interment in lot I	Liener badel
hold under deed.	2041 HONIAHOS BLUD
Signature of recorded holder of dead	Spring Valley CA 91477
	710 389-796A 2000
	Telephone
	Invoice #
Work Order # E 9691	Acct. #
PY-583 (REV. 8-85)	Provide ST Co

ı

1	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		N		169/
	From: Lopia Sector	Address: 2741 444 (a	Date:	4-17	1.00	. 19 <u>21</u>
	In Payment of	suice for Hazel	Secher	ilars (\$	Division	
	Lot     Grave       Invoice No.     Grave       Acci No.     Grave       W.O.     Grave       BALANCE DUE     Grave       Pre-Need Lot     At Need       On Acct     Pre-need       Pre-need Trust     Cash       Check     Ac-212 (Rev. 10-87)	Row SE	ction CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burnal Containers Handling Fee Recording & Misc. Fees Pro-Need Trust Sales Tax TOTAL PAID	67007 77184	35 150 14 14 14	100000 1000000

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE		IC. LAST (FAI	AILY)	2.	DATE OF BIRTH 3. DA	TE OF DEATH	4. SEX
Hazel		I.		Reede	r			H. DAY, YEAR	F
SA. CITY OF DEATH		5	B. COUNTY OF DEATH	OUTSIDE CALIFOR	NIA, ENTER STATE		, RELATIONSHIP, MAILING A	DORESS AND Z	P CODE
Spring Va	lley	1	San Diego				FORMANT ch Reeder: Gra	ndson	
TA. TYPED NAME AND A	Mortuary:	-8056 Imper an Diego,	LaI Avanue	S SUCH 7B. CAL	FORNIA LICENSE NUMBI	ER 432	14 Black Deer mecula, CA 92	Loop #1	102
ACKNOWLEDGMENT OF APPLICANT	of the dispositions outb		posed disposition stated herain of the Health and Sofety Co lealth and Safety Code.		imberlin	X.Q	ector or Person Acting as	Such 98 DAT	8-9
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH AND Y FOR THE DISPOSIT	SAFETY CODE ION SPECIFIED	7.00	SEP 19	ssyset sc. 1991¦⊾	SIGNATURE OF LOCAL RE		
TION REQUIRES A NEW	P. G. BOX 85	D IN CALIFORNIA	NCT OF DEATH-		RESS OF REGISTRAR O SPOSITION IS TO OCCUR		OF DISPOSITION R DISTRICT IN CALIFORNIA	and the second second	
the second state of the second s	San Diego,								
A. BURIAL (INCLU	UDES ENTOMBMENT)	UNEUR ALL AFFOR	🗖 0. SC	MENTIFIC USE	II THENT		G. Ship in to califor H. Transit to outsid	DE OF CALIFOR	신하였다
	OF CREMATED REM	ains other	1.	SINTERMENT			FOR CORONER	1000	Y
INTERMENT	Mount Hope	e Cemetery	NON 58 A San Diego,	làn	118. DATE INTERRE 9/20/91	Di 11C. SI	GNATURE OF PERSON IN	CHARGE OF IN	
CREMATION	12A. NAME AND AD	DRESS OF CREMA	TORY		128. DATE CREMATE	D   12C. SI	GNATURE OF PERSON IN	CHANGE OF CR	EMATION
CREMATION SCIENTIFIC USE	13A. NAME AND AD	DRESS OF FACILIT	ly receiving remains		138. DATE RECEIVE	13C. SI	gnature of Person in	CHARGE OF F	ACILITY
TRANSIT			NG STATE OR COUNTR Is are to be shipped		148. DATE SHIPPED		Doress and signature F transit	of Person in	CHARGE
SCATTERING AT SEA			HORELINE, OR OTHER		158. DATE OF DISPOSITION		GNATURE OF PERSON IN HARGE OF DISPOSITION	ISD. LICENSE	NUMBER

COPY 2 IS RETAINED BY 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-9691

MT HOPE CEMETERY INTERMENT ORDER VERA R. OF City of San Diego Data 9-18-91 nereby authorized and instructed, subject to your rules and regulations, to inter the remains time Church, Chapel, Graveside fortuary. d All Funeral cars must arrive before 3:30 p.m. of regular ge will be applied work and billed to undersigned. War time veteran Row Section Grave space & Care Fund T Additional spaces and care fund Opening/Closing & Setup **Burial Container** . Handling Fees Flower vases - Marker setting Recording and filing fee Sales taxes Total D Paid receipt number Balance due an I hereby certify I am the of the above named decedent and this is your authority to make dispession of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. une of recorded holder of deed 9692

Work	Order	#	1
PY-693 (	REV. 8-85	6	

1000-	
Invoice # 140 495	2524
Acct. # 068 405	



Rebecca A. Cowlishaw Assistant Vice President Private Banking Group

Regional Asset Management 101 West Broadway, Ste, 400 San Diego, CA 92101 (619) 238-6505





E-9692

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	vvie	1. CONDUCTOR	ST (FAMILY) Ohre	2. DATE OF BIRTH MONTH DAY YEAR 9-23-1907	3. DATE OF DEATH MONTH DAY YEAR 9-18-1991 Fenal
SA, CITY OF DEATH				San Diego		OF INFORMANT	MAILING ADDRESS AND ZIP CODE
Cypress View			San Diego	100 million 100	B. CALIFORNIA LICENSE NUMBER	4182 45th Str San Diego, C	
ACKNOWLEDGMENT OF APPLIGANT	of the dispositions and	conized by Section 10	proposed dispesition stat 1376 of the Health and S the Health and Sofety Co	ialety Code, and	A SIGNATURE OF APPLICANT-	Funeral Director or Person Ac	thng as Such 8B. DATE SIGNED 9-18-91
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT. NOTE: THIS PERMIT. NOTE: THIS PERMIT GNES N	ORNIA HEALTH A	ND SAFETY CODE	9A. AMOUNT OF \$7.00	FEE PAID 98. DATESPERMIT ISS		Cal REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- DON REQUIRES A NEW TO SHOW FINAL SPOSITION.	San Diego P.O. Box	County -	Vical Rec	ords	E. ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN		
A BURIAL (NCLU	non(s) authorized Ides entombment)	CHECK ALL APP		D. SCIENTIFIC (	JSE	G. SHIP IN TO	California ) Outside of California
B. CREMATION	OF CREMATED REM	ains other		E. TEMPORARY F. DISINTERMEN	ENVAULTMENT		ONER'S USE ONLY
	Hount Hop 3751 Mark	e Cenete	7 104-	416.E	118. DATE INTERRED	11C. SIGNATURE OF PER	SON IN CHARGE OF INTERMENT
CREMATION	12A, NAME AND AN MILE AND AN	DDRESS OF CRE	MATORY		128. DATE CREMATED	12C. SIGNATURE OF REA	SON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	odress of Fac	ility receiving r	EMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND AI REMAINS OR N/A		EIVING STATE OR C AINS ARE TO BE S		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	NATURE OF PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			n Shoreline, or Al place and <u>dis</u>			15C. SIGNATURE OF PER CHARGE OF DISPO	

COPY 2 IS RETAINED BY 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

City of San Diego

Date 9-20-91

100	cted, subject to your rules and regulations, to inter the remains
of _ YTARY B	RAJEY
ina Linek	Funeral, date, time Wed, 925/51 2:0000
Church, Chapel, Graveside	el + Stang -: Ragalale Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time	veteran Mo
Lot 121 Grave 3 Rom	w Section Division/Steck
Grave space & Care Fund	695.00
Additional spaces and care fund	
obelieun closuin or seroh	
Burial Container	SEP-2.5-1991
Handling Fees	1 1115 10
Flower vases - Marker setting fee	MT. HOPE CEMETERY
Recording and filing fee	ICITY of SAN DIEGO, CALIEI 45.00
Sales taxes	l ht 12.38
Paged bring et	Total Due 1397.38
Wilwise chargen	Paid receipt number 712111071.31 Balance due -
000 T 3: 301	

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

I hereby authorize th hold under deed.	e interment in lot I	Signature	
		Address	<u> </u>
Signature of recorded helder of e	beet	State .	Zip Code
		Telephone	
Work Order # E	9693	Invoice #	
PY-863 (NEV. 8-06)			

OFFICIAL RECEIPT	MOUNT HODE CEMETERY		Contraction of the	-9693 41291
From Linder Jon August In Payment of Z	Vale Address: 5050 Feder Conty Sean Brazle	Date:	1-25 d. 1/ ollars (\$ 13-1 000 ~	<u>, 19</u> 9 2 7 37)
-Lot Grave		ection	Division Block	11
Acct. No Acct. No W.O. <u>E - 9693</u> BALANCE DUE Pre-Need Lot □ At Need ☑ On Acct	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc, Fees Pre-Need Trust	67007 / 3 77184 / 3 100 5 100 3 77184 / 5 100 7 77182 / 5 100 / 4 100 / 4 1	9 00 6 00 0 00 0 00 0 00 0 00 0 00 0 00

-

1.41			1				1. 1990 1997 1997	E-9693
	APPLICATION	AND PE	MIT FOR	DISPOSITION	OF	HUMAN	REMAINS	

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

1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE			IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR 10-8-50	3. DATE OF DEATH 4. MONTH, DAY, YEAR 9-18-91	SEX	
A. CITY OF DEATH	L CITT		68. COUNTY OF	DEATH-OUTSIDE	CALIFORN	A, ENTER STATE	8. NAME, RELATIONSHIP, M OF INFORMANT	ALING ADDRESS AND ZIP CO	DE
Contractor in states ( Property )	DDRESS OF APPLICAN	5050 1	CTOR OR PERSON		IF /	ORNIA LICENSE NUMBER -1329	4341 TEXAS ST	REET #5	
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge of the dispositions outh was authorized pursuan	orized by Section 10	376 of the Health and	Solety Code, and	BA. SIGNA	TURE OF APPLICANT-F	uneral Director or Person Ac.	ling as Such 88. DATE SI	GNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUE SIGNS OF THE CAUF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH A Y FOR THE DISPO	ND SAFETY CODE	9A. AMOUNT C	1967-969-99 2199 )	SEP 2 3 199		CAL REGISTRAR ISSUING P	W.
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	9D. ADDRESS OF RE IF DEATH OCCURRE VITAL REC	DIN CALIFORNIA		222			DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CAUFO	RHIA	10
-	non(s) authorized Jdes entomement)			] D. SCIENTIFIC	USE		G. Ship in to i	California Outside of California	
B. CREMATION C. DISPOSITION THAN IN A CI	of cremated rem Emetery	ains other	C C	] E. TEMPORA ] F. DISINTERN	0.000012000000 00150	TMENT		PENDING	
	114. NAME AND AD MI. HOPE	CENETERY	3751 MA			118. DATE INTERRED	11C. SIGNATURE OF PER	SON IN CHARGE OF INTERI	MENT
CREMATION	12A. NAME AND AL					12B. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CREMAT	TION
SCIENTIFIC USE	13A. NAME AND AL	DRESS OF FAC	ILITY RECEIVING	REMAINS		138. DATE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILI	TΥ
TRANSIT	14A. NAME AND AL REMAINS OR		EIVING STATE OR AINS ARE TO BE		RIE	14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	IATURE OF PERSON IN CHA	RGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NE		n Shoreline, or Al place and <u>di</u>			158. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		SER

COPY 2 IS RETAINED BY 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

City of San Diego

Data ( You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ARAH SWAND of Funeral, date, time in a 5. Church, Chapel, Graveside PAN Aortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day charge will be applied and billed to undersigned. War time veteran Row Section Division/# Grave space & Care Fund . Additional spaces and care fund Opening/Closing & Setup ... Burial Container SEP. 2.4. 1991 Handling Fees ..... Flower vases - Marker setting fe MT. HOPE CEMETERY Recording and filing fee TTY of SAN DIEGO. CALL Sales taxes ... **Total Due** 412 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

hald under dood.

9694 Work Order FY-693 (REV. 8-65)

invoice # Acct. #

a. Ca hubarid burred in 822-3-8

OFFICIAL RECEIPT				E	-9694
WHITE TO CUSTOMER CANARY	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Ng	41	286
		Date:9	-24-	Reali	91.
FROM: SALLY A. WHOSAN	DO AND 38/100	9 57.5.	ollars (\$ 70	02.3	8.
In FULL Payment of INTE	Harris Harrison Harrison Harrison			SWA	NK
Lot 458 Grave	- Bow Se	ection 5	Di	vision S	2
Thvoice No Glave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care	67007 77184		
Acct. No		80% Sales of Lots	100		1
I I WARD AND A COMPANY AND A C			50.000	W LAN YAN I	-
WO F 9694		Opening/ Closing	100	350	-
W.O. L		Opening/	100 77181	350	
W.OE 9694 BALANCE DUE		Opening/ Closing Burial Containers Handling Fee	100 77181 100 77162 100 77185	2.0 -	HIL
W.O. L		Opening/ Closing Burial Containers	100 77181	150	11111
W.O. L		Opening/ Closing Burial Containers Handling Fee Recording &	100 77181 100 77182 100 77185 100	150	1111

ISSUED BY W. Tragle

AC-212 (Rev. 10-87)

Yasi

TOTAL PAID

60103 78390

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	N	IC. LAST (FA		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SA. CITY OF DEATH			58. COUNTY OF DEATH-		NIA, ENTER STATE	6. NAME, RELATIONSHIP, M OF INFORMANT Sally Maggage	AILING ADDRESS AND ZIF	CODE
7A. TYPED NAME AND A Fae theringi		and the second se	Cajon Blvd		FORMA LICENSE NUMBER	3441 Hershey San Diego, CA		
ACKNOWLEDGMENT OF APPLICANT	of the dispositions outly	onland by Section 1032	roposed disposition stated have 16 of the Health and Safety C 9 Health and Safety Cade.	in is one BA, SiGi ade, and <b>B</b> A	Want For	uneral Disactor or Person Act	ing as Such 8B. DAT	e signed . G1
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT.	ORNIA HEALTH ANI Y FOR THE DISPOS	TION SPECIFIED 7.	MOUNT OF FEE P		191 Conall &	CAL REGISTRAR ISSUIN	~1
ANY CHANGE IN DISPOSE REQUIRES A NEW TO SHOW FINAL SPOSITION.	P.O. Box 9 92106-5222	5222, Ser	RICT OF DEATH-			DISTRICT OF DISPOSITION- ANOTHER DISTRICT IN CAUFO	RNIA	
10. TYPE OF DISPOSIT	NON(S) AUTHORIZED	CHECK ALL APPL		CIENTIFIC USE		G. SHIP IN TO (	ALIFORNIA OUTSIDE OF CALIFORI	NIA
B. CREMATION C. DISPOSITION THAN IN A CE		INS OTHER		EMPORARY ENVA ISINTERMENT	ULTMENT		ONER'S USE ONLY PENDING	6
INTERMENT	Mt. Hope San Diego		HERY 458 - 5	- 8 IER_	118. DATE INTERRED	11C. SIGNATURE OF PER	son in charge of int	TERMENT
CREMATION	124. NAME AND AD	IN CREW	ATORY	1	128. DATE CREMATED	12C. SIGNATURE OF PER	Son in charge of Cre	MATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF FACIL	ity receiving remain	s	138. DATE RECEIVED	13C. SIGNATURE OF PER	SON IN CHARGE OF FA	CILITY
TRANSIT			ING STATE OR COUNT INS ARE TO BE SHIPPE		14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF TRANSIT	ATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO		SHORELINE, OR OTHER PLACE AND <u>DISTRICT</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		ATED RE-

OOPY 2 IS RETAINED BY 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-9694

MT. HOPE CEMETERY

**City of San Diego** 

Date 9-23-9 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of I, date, time alle -Church, Chapel, Graveside Mortuary. 2rd . All Funeral cars must arrive before 3:30 p.m. of regular work day of will be applied IDD and billed to undersigned. War time veteran Section Division/ Grave space & Care Fund .... Additional spaces and care fund W Ola, Opening/Closing & Setup < **Burial Container** ... Handling Fees Flower vases - Marker setting fee 811 **Recording and filing** Total 991 Gelpt number OCT alance d MT. HOPE CEMETERY CITY/06 SAM DIEGO I hereby certify I am the of the above name and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make thig authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. ature of recorded holder of deed Invoice # 9695 Work Order Acct. # PY-883 (REV 8-85)

NAME OF DECEDE	and the second se		ST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Spring	Valley Se	n Diego	ALIFORNIA, ENTER STATE	6. NAME, RELATIONSHP, MA	NILING ADDRESS AND ZIP	CODE
	Bonhen Brothers San Dieg		B. CALIFORNIA LICENSE NUMBER 	1232 Maria A Spying Valle	A REAL PROPERTY AND A REAL	7
OF SAPPLICANT	I hereby acknowledge as applicant that the proposed disposition is of the dispositions authorized by Section 10376 of the Health and was authorized pursuant to Section 7100 of the Health and Sofety C	Safety Code, and	A SIGNATURE OF APPLICANT-FI	meral Director or Person Acti	ing as Such 88. DAT 9-23	e signed -91
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROV- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GHES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF \$7.00	FEE PAID 98, DATE PERMIT ISSU SEP 2 4 199	신경에서 그 가슴에서 돈이 앉고 전쟁을 망망했다. 아파 아씨가 좋	CAL REGISTRAR ISSUM	24 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	B.O. Box 85222, San Diego, CA	cords	E. ADDRESS OF REGISTRAR OF I IF DISPOSITION IS TO OCCUR IN		RNIA	
	TION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS IDES ENTOMBMENT)	] D. Scientific	USE	G, SHIP IN TO C H, TRANSIT TO	ALIFORNIA OUTSIDE OF CALIFORI	NIA
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER C	] E. TEMPORARY ] F. DISINTERME	INVAULTMENT		ONER'S USE ONLY PENDING	0
INTERMENT	Mount Hope Constery //6-/ 3751 Market Street, San Die	Sector	118. DATE INTERRED	11C. SIGNATURE OF PER	son in charge of in	TERMEN
CREMATION	12A. NAME AND ADDRESS OF CREMATORY		128. DATE CREMATED	12C. SIGNATURE OF PERS	Son in Charge of Cre	MATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING	Cry 10	138. DATE RECEIVED	13C. SIGNATURE OF PER	son in charge of FA	CILITY
* *Ransit	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	14C. ADDRESS AND SIGN. OF TRANSIT	ATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR SUFFICIENT TO IDENTIFY FINAL PLACE AND DI			15C. SIGNATURE OF PERS CHARGE OF DISPOS		ATED RE-

1.11.1-

24

OFFICIAL RECEIPT Nº 41408 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY PINK......AUDITOR 527-3400 Date: From Dollars (\$ 172 TITING Payment of Division Grave Row Section Lol NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Care BON Sales 100 77184 of Lols Acct. No. Opening/ 100 77 81 w.o. / Burist 100 Containa/3 7718 BALANCE DUE 100 Handling Fee 7718 Recording & 90 a 100 Misc. Fort 77180 Pre-Nined 89033 Pre-Need Lot At Need On Acct 002 Pre-need Trust Sales Tax 60101 78390 Cash Check (SSUED BY TOTAL PAID AC-212 (Rev. 1-01)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Nº	E-9695 41281
From: Bita Curry	Address: 1232 Marca	Date: Dyus_ D	1-23 1000 ollars (\$, 44	,19 <u>21</u> 1 <u>4</u>
In Payment of	RowSe	ection	Divi Blee	sion // ·
Invoice No Acct. No W.O. <u>E - 9695</u> BALANCE DUE <u>41395.23</u>	"PAID" IN THIS SPACE	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	77184 100 77184 100 77181 100 77181 100 77182 100 77185 100 77185 100 77185 100	442 w ,
Pre-Need Lot At Need O On Acct Pre-need Trust O Cash Check A	ISSUED BY JOait	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390 5 4	4200

**MT. HOPE CEMETERY** 

W.O. #\_ E-969"

NOTE

\$ 1720,23	San Diego, California	9-23	19.9/
Thirty days after date for value rece	ived, the undersigned maker promises to pay	San Diego City Treasur	er, or order a
3751 Market Street, San Diego, CA	92101, the sum of Seconter Vande	& Twenty ~270	
with interest from	tober 26, 1991	on the unj	paid principal
	<ul> <li>Consistent and the second statement of the se second statement of the second statement o</li></ul>		

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 IRAY SIGNATURE ADDRESS 1232 Maria 1977 CALIFORNIA DRIVER LICENSE NUMBER 70931543 SSN # 557-30-911

	MT. HOPE CEMETERY
IN	TERMENT ORDER
	City of San Diego
	0 72 C
	Date 9-20-9/
au are nereby autorized and instru	cted, subject to your rules and regulations, to inter the remains
Liner	Wed Him An 905
Vauh Ciner and	Funeral, date, time Wed, 11.00 Hill 10
hurch, Chapel, Graveside	these Aly (Ed) Mortuary.
	30 p.m. of regular work day or an extra charge will be applied
nd billed to undersigned. War time	veteran 42. WW 4 - Noun
at 28 Grave 2 Box	- Section 3 Division/
<u>_</u>	
irave space & Care Fund T.A.C.	Need
dditional spaces and care fund	
pening/Closing & Setup	<u>3500</u>
lurial Container	150.00
landling Fees	145.00
lower vases - Marker setting fee	n VA Grante Marta 125.00
- //	45.00
	1 12.38
	Mala 92738
050 0.2 1001	Total Dos Contraction Day 1.00
SEP 2 3 1991	Paid receipt number 91382621.38
MT. HOPE CEMETERY	Balance due
CITY of SAN DIEGO. CAL	F Dutter of the above named decedent
nd this is your authority to make dis	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said autho	rization and interment.
	Jar AL black
hereby authorize the interment in k old under deed.	nti sunhar in the state
	And magnetatt 121
ignation of recorded toxider of deed	sup A ICUCAL BOOM
	Jane 4486037
100	
E 0000	Invoice #
Work Order # E 9696	Acct. #

Work Order #
PV.583 (INFV 2.95)

OFFICIAL RECEIPT			E	=-9696
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151		Nº	41282
From: Act Alch At Durse Act inPayment ofA	Address: [112 Mage	Date:	ollars (\$	19 <u>(1</u> <u>Ta (2</u> 9) <u>7</u> )
Lot Grave		ection3	Divisi Block	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID' IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 100 77184	
W.O. E TUTE BALANCE DUE		Opening/ Closing Burial Containers Handling Fee	100 77181 100 71182 100 77185	10 W
Pre-Need Lot At Need On Acct	1 2 254 1	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 63033 9022 80101 78390	231
AC-212 (Rev. 10-87)	ISSUED BY	TOTAL PAID	-60	1 20



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

RAYMOND	NT—FIRST (GIVEN)	18. MIDDLE D.		IC. LAS	T (FAMILY) K	2. DATE OF BIRTH	OF DEATH 4. SEX
A. CITY OF DEATH		·····	58. COUNTY OF DE	Construction and the second	LIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING A	brother
FEATHERING		Y San D	I Cajon Mi	NG AS SUCH 7	CALIFORNIA LICENSE NUMBER	8712 Megnolis A Sentee, CA 9207	
ACKN&WLEDGMENT OF APPLICANT	of the dispositions out	orized by Section 100	proposed disposition stated 176 of the Health and Safe Health and Safety Code	aty Code, and	Same of Much	eneral Director or Person Acting as 5	Such 88. DATE SIGNED 5 24-5/
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THE PERMIT GNES IN	ORNIA HEALTH AN	ID SAFETY CODE SITION SPECIFIED	A. AMOUNT OF F	SEP 2 4 19	191, Conall & Con	GISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF RI F DEATH OCCURRE P. U. BOX CA 92186-	85222, S	SEN Biego		E. ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION- A ANOTHER DISTRICT IN CAUFORNIA	
	non(s) authorized Jdes Entomement)	CHECK ALL APP	1993-1997 (1997) (1997) 	d. Scientific u	SE	G. SHIP IN TO CALIFORM	9990
B. CREMATION C. DISPOSITION THAN IN A CI		AINS OTHER	200.000	e, temporary F. Disintermen			
	Mt. Hope San Diego	Cometery	28-2	-3-1	118. DATE INTERRED 9-25-91	11C. SIGNATURE OF PERSON IN	CHARGE OF INTERMENT
CREMATION	12A. NAME AND A	DDRESS OF CRE	MATORY	00	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN	CHARGE OF CREMITION
SCIENTIFIC	13A. NAME AND AD	DORESS OF FAC	LITY RECEIVING REI	MAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN	Charge of Facility
TRANSIT			IVING STATE OR CO NNS ARE TO BE SH		148, DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF TRANSIT	of Person in Charge
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			I SHORELINE, OR O L PLACE AND <u>DIST</u> E			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.

E-9696

MT. HOPE CEMETERY

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains nell of Funeral, date, time Les Church, Chapel, Graveside Mortuary. only iche All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 10 3 Section Division/Pro-Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setu **Burial Container** Handling Fees Flower vases - Marker setting fee Recording and filing f Sales taxes **Total Due** Paid receipt number Balance due I hereby certify I am the Precessive interview of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. nature of recorded holder of deed Invoice # 969 Work Order Acct. # PY-585 (REV. 8-86)

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 responsiblility 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.  $MT H \circ P \in I \in N \in T \leq V$ 

19 91 Dated this day of \_\_\_\_ SON MADNET Address: City State Zip Street 740 SUS(OCA) Signature: Relationship to Deceased Authorized Representative Signature: Authorized Representative Relationship to Deceased FORM: C04 REV. 6/89 CUSTOMER COPY COPYRIGHT @1989 SERVICE CORPORATION INTERNATIONAL

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	APPLICAT	ION AND PERMIT FO	DR DISPOSITION OF I	n autoriana interaction activity of	9697
NAME OF DECEDE	INT-FIRST (GIVEN) 18. M	ack ink only—make no ei Ioole	RASURES, WHITEOUTS OR O	2. DATE OF BIRTH 3. DATE MONTH, DAY, YEAR MONTH,	OF DEATH 4. SI
GITY OF DEATH		San Diego	LUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADD OF INFORMANT	RESS AND ZIP CODE
TYPED NAME AND A	DEBESS OF APPLICANT FUN	BAL DIRECTOR OR PERSON ACTING AS	SUCH 78. CALIFORNIA LICENSE NUM -IF APPLICABLE	BER 723 Selme Place San Diego, CA 92	114
CKNOWLEDGMENT OF SAPPLICANT	of the dispositions authorized by	ant that the proposed disposition stated herein Section 10376 of the Health and Safety Cod on 7100 of the Health and Safety Code.		T-Funeral Director or Person Acting as Suc Dict:	88. DATE SIGN
PERMIT ITHORIZATION OF DCAL REGISTRAR	THIS PERMIT IS ISSUED IN A SIONS OF THE CALIFORNIA I AND IS THE AUTHORITY FOR IN THIS PERMIT. NOTE: THIS PERMIT.	HEALTH AND SAFETY CODE 7.1		1991 Donall & Con	TRAR ISSUING PER
CONTRACTOR OF A	90. ADDRESS OF REGISTRA	1 A LOUIS AN AN AN AN AN AN AN		OF DISTRICT OF DISPOSITION-	
A. BURIAL (INCLU B. CREMATION	Tion(s) Authorized Check Udes Entombment) Of Cremated Remains O' Emetery		ENTIFIC USE IPORARY ENVAULTMENT INTERMENT	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE FOR CORONER'S L DISPOSITION PENDING	OF CALIFORNIA
INTERMENT	11A. NAME AND ADDRESS Mt. Hope Come 3751 Market S	OF CEMETERY LEEY LTDEL, San Diego, (	1	RED, 11C. SIGNATURE OF PERSON IN CH	large of interme
CREMATION	124. NAME AND ADDRESS Greenwood Greek L-805 & Imper	story -6-1	128. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CH	ARGE OF CREMATIC
SCIENTIFIC JUSE	13A. NAME AND ADDRESS ASH Ua	OF FACILITY RECEIVING REMAINS	13B, DATE RECEI	VED' 13C. SIGNATURÉ OF PERSON IN C	ARGE OF FACILITY
TRANSIT		IN RECEIVING STATE OR COUNTR TED REMAINS ARE TO BE SHIPPED		ED 14C. ADDRESS AND SIGNATURE OF OF TRANSIT	PERSON IN CHAR
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		POINT ON SHORELINE, OF OTHER TIFY FINAL PLACE AND <u>DISTRICT</u> O		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE NUMBE OF CREMATED R MAINS DISPOSE - IF APPLICABLE

SUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS9 (REV. 5/89)

PANESE CHE LAKAN		•
At XA HEL.	MT. HOPE CEMETERY	
RAMSEL HUK.	INTERMENT ORDER	
Rom Floyd.	City of San Diego	
the work block	iii	Date 9-24-91
U.X. Mr.		
	and instructed, subject to your rules and	d regulations, to inter the remains
of <u>RAYMON</u>	ID O. HECK	
in a	Funeral, date, time	
Church, Chapel, Graveside	)	Mortuary.
All Funeral cars must arriv	e before 3:30 p.m. of regular work day	or an extra charge will be applied
and billed to undersigned.	War time veteran	
1.28	1	
Lot Grave	DATD	Division/Block
Grave space & Care Fund	FAID	······································
Additional spaces and care	o fund	
Opening/Closing & Setup		
Burial Container	THE WORK OF METERS	
Handling Fees	CITY OF SAN LULUU. CAL	
Contraction Contraction Street Street Street Street Street		
Flower vases - Marker set	Du an and Tax	KEER HEAD
Recording and filing fee .		al.a
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Deed Holley bek		Due
I and K. Mer	Paid receipt number	194 45.00
L'OTI Ruother)		Balance due
(Dr		of the shore exceed decadest
	o make disposition of remains as above	
any liability on account of	e this authorization and I agree to hold N said authorization and interment.	At. Hope Cemetery harmless from
	0.0	1.00 0
I hereby authorize the inte hold under deed.	rment in lot I	and I chan
	( water farm	a a mandrap.
Signature of recorded helder of dead	- (aut)	Zip Code
	Telephone	
	1	
	Invoice #	
Work Order # E	0698 Acct. #	
PY-583 (REV. 8-85)		

OFFICIAL RECEIPT	Address: 10894 Chaving	E90 Date: 9-2 Crass Hel Dollars (	, 19	34
Hickey To hloyer Lot 28 Grave	Row Se	CREDIT 67007 20% Sales Care 77184	Division /	
Acct. No W.O. E. 9698 BALANCE DUE		80% Sales         100           of Lots         77184           Opening/         100           Closing         77181           Burial         100           Containers         77182           100         100           Handling Fee         77185           Recording & 100         100           Misc, Fees         77185	45 -	1111
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87)	ISSUED BY W.J. Tengel	Pre-Need 63033 Trust 9022 Sales Tax 9010 TOTAL PAID \$	45	

E9698 RECORDING REQUESTED BY WHEN RECORDED MAIL TO James C. & Thelma F. Hickey 13300 bos Ooches Road Space Stanget Add R L Rt 2 Bax HGB OTIS 0 ot SPACE ABOVE THIS LINE FOR RECORDER'S USE QUITCLAIM DEED FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged I, Louise M. Allen - -REMISE, RELEASE AND FOREVER QUITCLAIM to James C. and Thelma F. Hickey the real property in the State of California, described as: San Diego County of Lot 28 Graves # and 2, Section 3 Division 1 OINT ON red 3-91 in MOUNT HOPE CEMETERY Dated: August 3, 1973 Μ. 13594 Highway 80. Space 69 Lakeside, California 92040 State of California, County of San Diego On August 3, 1978 ., before me, the undersigned, a Notary Public in and for said State, personally appeared Louise M. Allen executed the same. MARY R. KEIMIG Witness my hand and official seal. SAN DIEGO COUNTY Keimig Mary R NAME (TYPED OR PRINTED Notary Public in and for said Title Order No. Escrow or Loan No\_ MAIL TAX STATEMENTS TO\_ NAME ADDRESS ZIP

Cemitary late me Nope 264. 3151

JAMES A. MARCH Licensed Cometery Broker	Ň	MARCH	·Equa	se se	94 Charing Cross I ring Valley, CA 91 (619) 660-697
PHONE: 448-	Security	v Agreeme	nt	DATE: 9	FAX (619) 460-602
PURCHASER(S):	<u></u>			UATE: 4	20191
	LOND K.	HECK			
5	112 MAGNOLI	<u>a (12) &lt;</u> city	and the second s	2. 92071 Zala Zip	
PROPERTY DES	CRIPTION: Gre 2	Lor 28 Se	יב 3 D.	, <b>j</b> t =	
CEMETERY:	Mt. HOPE				
		2			
REMARKS:	FOR THE BUR	LIAL OF :			
	RAYMOND D	HECK			
· · ·					25 (
•		,			- 0.0 M
123/21 SP		PROPERTY: SELLING PHICI ENDOWMENT		695 	
			TOTAL	695	00
DEED TO	201 - 25				
ADDRESS -	HELL	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		RELATION	M-S
ADDRESSSAME					
TERMS AND CONDITIONS: It is under ment. If payment is not made at that it fully paid and said interest shall apply and the remainder on principal. Should mediately due at the option of the Selle may fix as attorney's fess. When said for the Purchaser agrees to execute or and this Agreement shall terminate. The stitute a waiver of any subsequent pay no title shall vest in the Purchaser and herewith by Seller or by his agent shall this Agreement shall apply to and bind is signed by more then one Purchaser dent's spouse, kin or beneficiary of any paid amount of the total balance and a estate or family allowance or homester place where this contract is entered in	me, then it is agreed that this accou whether an estate claim is filed or. d default be made in any payment of r. If action be instituted on this Agr purchase price together with accrue cause to be executed in favor of the he acceptance of over-due payment ment or subsequent breach of any Seller reserves the exclusive right to not bind Seller unless in writing sig the heirs, executors, administrators acch of such Purchasers shall be join y insurance or death benefits it is housequent interest thereon; and sa ad or other death benefit or survivor	nt shall bear interest at t monthly payments are n sement, Purchaser prom d interest, if any, is fully a Purchaser a deed or con- bear and any is fully a purchaser a deed or con- bear any and any it term, condition or provis o remove any marker or i ned by Seller and attache and assigns of both Sel ntly and severally bound areby agreed that a first of accurity shall consist	the rate of 12% per ai nade. Each payment due, the whole :sum lass to pay all collect paid, March Asso riflicate of ownership erm or condition of ion hereof. Until all the memorial tablet from ad to this Agreement. Her and Purchaser. If and Itable hereounder lien is hereby create of any interest own e. Purchaser agrees t	num from the date of i shall be credited first i of principal and intere- tion costs including su ciates. I known as the p or other evidence of t this Agreement by the he sums due hereunde said property. Any ste ht is mutually agreed t is further agreed that w . When this Agreement d thereon and vested in d or to be acquired by	this Agreeme on interest ti sist shall bec- ch sum as if Seller, and/k Seller ahali i er shall be fu tement inco- hat the provi- when this Agr then this Agr Seller as to or for in dec
ANY TIME PRIOR TO MIDNIGHT AFTER THE DATE OF THIS TR TERMENT OR SUBSTANTIAL	ANSACTION, PROVIDED NO	AT AY IN- SE	byl f	Hec	RELATION

C + 1000 / CL /	A 10 10 Co.1	N	 

đ.

MARCH ASSOCIATES • 10894 Charing Cross Road • Spring Valley, CA 91978 • (619) 660-6975 • FAX (619) 660-6033

MAIL WRITTEN NOTICE OF YOUR INTENT TO:

# POWER OF ATTORNEY

E9698

SPECIAL

· · · · · · · · · · · · · · · · · · ·	, the undersigned
(joinity and severally it more than one, hereinatter colle appoint. James A. March d.b.a. March	
principal's true and lawful attorney to act for principal principal's use and benefit:	and in principal's name, place and stead and for
<ul> <li>(a) To perform and sign in (his/her,</li> </ul>	their) place in all matters
pertaining to the sale, disposal	l, 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, Divisi	on 1, Mt. Hope Cemetery
. This listing and Power of Attor	
time by giving ten days written provided no sale is in process	
Principal hereby grants to said attorney in fact full power and thing which may be necessary, or convenient, in c intents and purposes, as principal might or could do if that our said attorney in fact shall lawfully do or car	connection with any of the foregoing, as fully, to all personally present, hereby ratifying and confirming
Wherever the context so requires the singular nu	nber includes the plural.

WITNESS my hand this 4 - day of 19 Somes C Aicky X A	ulone say Theler
TALL OF GALIFORNIA OR FOON	2
GUNTY OF _ Concola	
	OD
	d Thelma tay Hickey
ing for said State, personally appeared <u>Samus</u> C. Hickey an	F
natur said State, personally appeared <u>Samus</u> C. Hickey an	d Thelma tay Hickey

City of San Diego  Pate Date  Pate  You are hereby suthorized and instructed, subject to your rules and regulations, to inter the remains  of SubAPIC  in a Funeral, date, time  in a	•		•
DOROTHEA SHIELDS INTERMENT ORDER FITCH TO SMAY MAGS AMEL SHAY City of San Diego <u>Jete</u> <u>9-24-91</u> Date <u>9-24-91</u> Vou are hereby suthorized and instructed, subject to your rules and regulations, to inter the remains of <u>ARAH A. SWAPK</u> In a <u>watter</u> Funeral, date, time <u>Church, Chapel, Graveside</u> and billed to undersigned. Wer time veteran <u>Vot USS</u> Grave <u>Rev</u> <u>PArtic D</u> Division/Bernt <u>Additional spaces and care fund</u> <u>SEP</u> 2.4 1991 <u>Additional spaces and care fund</u> <u>Opening/Closing &amp; Setup</u> Burial Container Flower vases - Marker setting fee Recording and filing fee <u>Poid receipt number HIQSE</u> <u>Flower Wass Count of said suthorization and lagree to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization and lagrees to hold ML. Hope Cametery harmless from any lability on account of said suthorization</u>	TRADSFER FROM	MT HOPE CEMETREY	
City of San Diego  Pate Date	D AMUEA SHIELDS	INTERMENTORDER	
Date	FITCH TO SALLY MAGSAMEN		924-91
of       SARAH A. SWAPK         in a		Date	<u></u>
Varuer       Mortuary.         All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran			ulations, to inter the remains
Varuer       Mortuary.         All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran	in a	Funeral date time	
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. Wer time veteran         Lot HSP       Grave         Row       PAtio D         Opening/Closing & Setup       Rev         Step 2: 4: 1991       Additional spaces and care fund         Opening/Closing & Setup       Rev         Buriel Container       CITY of SAN DIEGO. CALLE         Handling Fees       Flower vases - Marker setting fee         Recording and filing fee       Total Due         August       HSCOO         Paid receipt number       HSCOO         Buriel Container       Total Due         Handling Fees       Flower vases - Marker setting fee         Recording and filing fee       Total Due         Paid receipt number       HSCOO         Paid receipt number       HSCOO         Support       For above named decodent that have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability on account of said suthorization and lagree to hold Mt. Hope Cemetery harmless from any liability on account of said suthorization and interment.         I hereby authorize the interment in lot 1 hold under deed.       Suma Lagree         Supporter H       B6899         Work Order #       B6899	Yest/Line Church Chanal Graveside		Mortuary
and billed to undersigned. Wer time veteran	And the second second second second	The second in the second second second second	A STATE OF THE OWNER
Lot #SP       Grave       Rw       Particle Division/Biters         Grave space & Care Fund       SEP 2.4 1991         Additional spaces and care fund       SEP 2.4 1991         Opening/Closing & Setup       MT. HOPE CEMISTERY         Buriel Container       CITY of SAN DIEGO. CALIF         Handling Fees       CITY of SAN DIEGO. CALIF         Handling Fees       Flower vases - Marker setting fee         Recording and filing fee       Total Due         Seles taxes       MM         Paid receipt number       #Sc.00         Paid receipt number       #Sc.00         Paid receipt number       #Sc.00         Rew Whtte       Paid receipt number         I hereby certify I am the       of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent this have the right to make this authorization and linterment.         I hereby authorize the interment in lot I hold under deed.       Supation         Signature of recorded holder of dead       Supation         Signature of recorded holder of dead       Image and recorded holder of dead         Work Order #       96.99       Invoice #			orne entrige miniee oppriou
Grave space & Care Fund       SEP 2.4 1991         Additional spaces and care fund       MT. HOPE CEMETEEY.         Burial Container       MT. HOPE CEMETEEY.         Handling Fees       CITY of SAN DIEGO. CALLE         Flower vases - Marker setting fee       CITY of SAN DIEGO. CALLE         Recording and filing fee       TRANSFER         Sales taxes       M.         Sales taxes       M.         MARKANSE       Total Due         MARKANSE       ME.         Sales taxes       M.         Markan       Total Due         Sales taxes       M.         Bulance due       E         Sales taxes       M.         I hereby certify I am the       of the above named decodent and his is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment.         I hereby authorize the interment in lot 1       Marken         Bare       Ze Code	1100		
Opening/Closing & Setup       MT. HOPE CEMETERY.         Buriel Container       CITY of SAN DIEGO. CALLE         Handling Fees       Flower vases - Marker setting fee         Recording and filing fee       TRANSFER         Sales taxes       TRANSFER         Buriel Container       TRANSFER         Buriel Container       TRANSFER         Handling Fees       #Scool         Sales taxes       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Sales taxes       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Sales taxes       Transfer Setting fee         Build receipt number       #Scool         Bulance due       Intereby certify I am the         Intereby certify I am the       Internent in lot I         Intereby suthorize the interment in lot I       Summe	Lot 45 8 Grave	-Row Partice P	Division/Black
Opening/Closing & Setup       MT. HOPE CEMETERY.         Buriel Container       CITY of SAN DIEGO. CALLE         Handling Fees       Flower vases - Marker setting fee         Recording and filing fee       TRANSFER         Sales taxes       TRANSFER         Buriel Container       TRANSFER         Buriel Container       TRANSFER         Handling Fees       #Scool         Sales taxes       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Sales taxes       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Sales taxes       Transfer Setting fee         Build receipt number       #Scool         Bulance due       Intereby certify I am the         Intereby certify I am the       Internent in lot I         Intereby suthorize the interment in lot I       Summe	Group space & Care Fund	INE	
Opening/Closing & Setup       MT. HOPE CEMETERY.         Buriel Container       CITY of SAN DIEGO. CALLE         Handling Fees       Flower vases - Marker setting fee         Recording and filing fee       TRANSFER         Sales taxes       TRANSFER         Buriel Container       TRANSFER         Buriel Container       TRANSFER         Handling Fees       #Scool         Sales taxes       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Sales taxes       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Recording and filing fee       Transfer Setting fee         Sales taxes       Transfer Setting fee         Build receipt number       #Scool         Bulance due       Intereby certify I am the         Intereby certify I am the       Internent in lot I         Intereby suthorize the interment in lot I       Summe	Grave space & Care Fund	SEP 2 4 1991	
Buriel Container       CTTY of SAN DIEGO. CALLE!         Handling Fees		•	
Handling Fees	Opening/ Closing & Setup	MT. HOPE CEMETERS	
Flower vases - Marker setting fee Recording and filing fee Recording and filing fee Seles taxes FL AUXIMASE AUXIMASE AUXIMASE AUXIMASE AUXIMASE AUXIMASE AUXIMASE AUXIMASE AUXIMASE Paid receipt number Hareby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and Interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Mork Order # E 9699 Acct. #			ā
Recording and filing fee       IRANDSFER       HEE       46.00         Seles taxes       ME       Total Due       45.00         Purchtables       Paid receipt number       45.00         Shuth       Paid receipt number       45.00         Shuth       Balance due       45.00         Balance due       5.00       6.00         I hareby certify I am the       of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that have the right to make this authorization and Interment.       Superior         I hereby authorize the interment in lot I hold under deed.       5.00       5.00         Signature of recorded holder of deed       5.00       5.00       5.00			
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Hold under deed.     Signature       Signature of recorded holder of deed     Address       Signature of recorded holder of deed     Siene       Siene     Zip Code       Talaphone     Invoice #       Work Order #     9699       Acct. #	and this is your authority to mai that I have the right to make this	ke disposition of remains as above indi authorization and lagree to hold Mt. Ho	cated. I certify and represent
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	Work Order #	Acct. #	

		CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 2594 Channey	96 Date:	9.24 Al		) 1283
	Payment of Prop Date Minden	MED Row Se	077117		Division	Fires
In Ar W B. - Pr Pr	ALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Prs-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 63033 9022 60101 78390 \$	45	000

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# 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 FORTH- ENE POLLARS + NO/100

I/We DOROTHON SHIELDS FITCH

THE CITY OF

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 &

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<u>91</u>

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Auster Shick Intel